My Journey in Psychiatry

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My group and some of the department specialists in the CPU room

'Mental people', 'Problem to the society', 'Mad', and 'Lunatics' are the few terms used by many to identify and describe patients with psychiatric disorders. Patients with psychiatric illnesses experience a painful stigma where they are not given any form of respect by society.

Despite being medical students, my batch mates and I did not think much of them either until we did our psychiatric rotation. I still remember how scared we were before we started this posting.

Lunatic screams, uncontrollable aggressive behaviours, chilling moans, and people lost in their own world are the first few things that enter our imagination when we picture a psychiatric ward.

Let me assure you that this was my own initial assumption about the patients in the ward based on the biased views of society and the media. I still remember I was having tachycardia on the first day of posting. I was so scared to enter the ward. However, this perception changed the moment I stepped in.

I learnt that Psychiatry is a branch of medicine that specialises in the treatment of brain disorders which primarily causes disturbance of thoughts, behaviours and emotions. Here I also learned the importance of communicating with the patient and treating them as a whole person.

My batch mates and I realised that people with psychiatric illnesses are just like any other person we interact with in our daily lives. They also have feelings, are susceptible to other physical illnesses, and have hopes and dreams like anyone else. This is how my journey in this ward began.

My batch mates and I had an orientation on the first day where we met the staff in charge of the ward. We were introduced to the specialists, medical officers, and house officers in the department.

We were then brought around the ward by the staff to get acquainted with the running of the ward. She briefed us about the various divisions in the Psychiatric Department that we would need to be attached to: the ward, outpatient specialist clinic, Community Psychiatry Unit, Rehabilitation Unit, and grand ward rounds. She also informed us that we would be required to witness Electroconvulsive Therapy being carried out on patients. She briefed us on how all these subdivisions worked together as part of the department. We were briefly exposed to the patients on the first day.

Our apprehension gradually disappeared when we realised that many of them were forthcoming and friendly. We were cautioned not to approach the patients who were hostile and those who were less stable.

There is only one psychiatric ward in Hospital Sultan Abdul Halim, Sungai Petani. This ward consists of 28 beds, 20 beds for the male patients and 8 for the females. The male beds are on the left while female beds are on the right, separated by a lounge for the patients to relax. Here they carry out their indoor activities, read and watch television.

Opposite the lounge is the working area where the specialists and medical officers, conduct their daily rounds.

Every morning, we would follow ward rounds. We observed how the doctors conducted the interviews with the patient and how they arrived at a diagnosis. It was an eye-opening experience as it was different from other disciplines.

Here I saw how important it was to have effective communication skills, not to mention the patience one must have to sit through the interview! It was not easy to get information from these patients who sometimes kept changing their answers! The doctors would discuss with us about the patients' presenting complaints and symptoms, and explained how they went about making the diagnosis and treatment based on standard criteria and guidelines.

After observing the doctors, we got to interview the patients. This was what we would do on non-clinic days. We would briefly ask them their history and how they got admitted into the hospital. They would tell us about their illnesses, experiences and sufferings. They confided how sometimes their families and society would treat and label them unfairly. Sometimes we would get more information from the patients and inform the treating doctors who would be very appreciative of our input. It felt good to know that we had in some way contributed to the patients well-being.

While some doctors were doing the ward rounds, the others would start the general psychiatric follow-up clinic, held twice a week at 8.00am sharp every Monday and Tuesday.

After attending the ward rounds, we would go down to the clinic. On the days with outpatient clinic sessions, we would distribute ourselves, three to a room, and sit in with the allocated doctors. In the clinic, we observed how the specialists interviewed the patients who came for their follow-up. The specialists would evaluate the progress of the patients, revise the effectiveness of their medication, address their concerns, and provide both the patient and their family members with psychoeducation about their illnesses.

We were also given the chance to interview the patients. We were guided on how to enhance our communication skills so that we would be able to extract relevant information from them. Sometimes, there were patients who had defaulted their medication for a while. These patients required a longer consultation time than the regular follow-up patients.

We also attended grand community rounds where the doctors would discuss each individual patient's progress and treatment plan which includes the Bio-Psycho-Social aspect, a holistic approach

Another experience we had was following the Community Psychiatry Unit (CPU) for their visits. Community Psychiatry is a branch of Psychiatry where the doctors and the staff in the unit will have to follow-up with certain patients in the community. These patients would be referred to the CPU by their treating doctors for several reasons ranging from giving acute treatment to ensuring their compliance to medication as well as giving support, both emotional and moral, to the patients and their families. Depending on the severity of their condition, the patients will be placed under acute, subacute or assertive care. The team also does home visits for these patients when necessary.

The CPU team also enlists the help of neighbours, villagers, local village heads as well as the Welfare Department and other NGOs as part of their management of the patient in the community. A lot of dedication, perseverance and networking is required to ensure that each patient receives optimum treatment and support. We were lucky to have been able to follow the team for home visits. It was a different experience altogether, seeing the patients at home in their environment. We were lucky as the families were welcoming. We were informed that sometimes, certain families would refuse to open their doors despite being informed that the team would be coming for a visit. We also attended grand community rounds where the doctors would discuss each individual patient's progress and treatment plan which includes the Bio-Psycho-Social aspect, a holistic approach.

The Rehabilitation Unit in the Psychiatric Department is run by an occupational therapist and the department staff. This unit assesses the activities of daily living (ADL), and guides and encourages patients to carry out normal living activities such as self-care, cooking and being independent. The stable patients are also brought to do grocery shopping sometimes to teach them how to use money. Apart from that they are also taken for activities like car washing and gardening, where they will be paid according to the work they do. This unit is also involved in supported employment where patients are interviewed and placed in suitable jobs. Support is given, whilst they are working, by using the 'place and train model'.

Another interesting aspect of my psychiatric rotation was witnessing patients going through Electroconvulsive Therapy (ECT). There are numerous indications as to why a patient is referred for ECT. Basically it is done to achieve a quicker recovery and to stabilise a patient in a shorter duration of time. I used to have the wrong impression about this procedure before I witnessed it first-hand. It is not as inhumane as painted by the stories we often hear. It is carried out in the operation theatre where patients are sedated, with the help of the Anaesthetic team, while a mild dose of electric current is sent through two electrodes placed on the scalp to achieve a seizure, which is recorded on a graph. The results were amazing, for I saw how quickly these patients started recovering.

That was my journey in Psychiatry. Being in the psychiatric ward was an eye-opening experience and patients with psychiatric illnesses are definitely not scary. It is all in the manner of how one approaches them and the respect one shows them.

By the end of the posting, my batch mates and I realised how Psychiatry was not what we thought it would be. While it has its similarities to other postings, it also has its unique differences. In fact, I learnt a lot during my posting and had a really good time.