Review of the Mental Health Graduate and Residential Syllabus in the Republic of Moldova

REPORT

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Abbreviations

MoH – Ministry of Health

WHO – World Health Organization

PAHO - Pan American Health Organization

MPSU – Medicine and Pharmacy State University

CMHC – Community Mental Health Center

FMC – Family Medicine Center

NHIC – National Health Insurance Company

PHCF PCH – Public healthcare facility Psychiatric Clinical Hospital

PHCF - Public healthcare facility

MLSPF – Ministry of Labor, Social Protection and Family

MH – Mental health

NGO – Non-governmental organization

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INTRODUCTION

Education and training of staff in mental health shall obviously be aligned with the human resources planning objectives (Green, 1999). Training aims at meeting the mental health needs of a society by training the health workers specialized in mental health and competent to deliver care in a way that is in line with the human resources planning and policy objectives (Boelen and other, 1995). It requires coordination and developing aligned policies across the mental health service delivery sector and the training sector (WHO, 1995). The key professional education facilities shall actively participate in providing MH care services in each of its facilities (community, residential and hospital care).

There is a higher risk of major discrepancy between academia, education, professional training, real life and daily routine during rapid transformation of the MH system. Under such circumstance, more attention should be paid to links between the training and service delivery facilities. To wrap up, one may say that there should be an open and constructive partnership between the planning specialists and trainers. The layout of training courses shall draw upon the target skills required of health workers to deliver MH services.

Therefore, the WHO mix of services pyramid is used in this paper (Figure 1) as a framework to discuss education and training of human resources. Training shall be closely linked to the service delivery level, functions and competencies required for service provision. Each level of the service delivery pyramid provides for[1]:

WHO Optimal Mix of Services Pyramid for MH Services

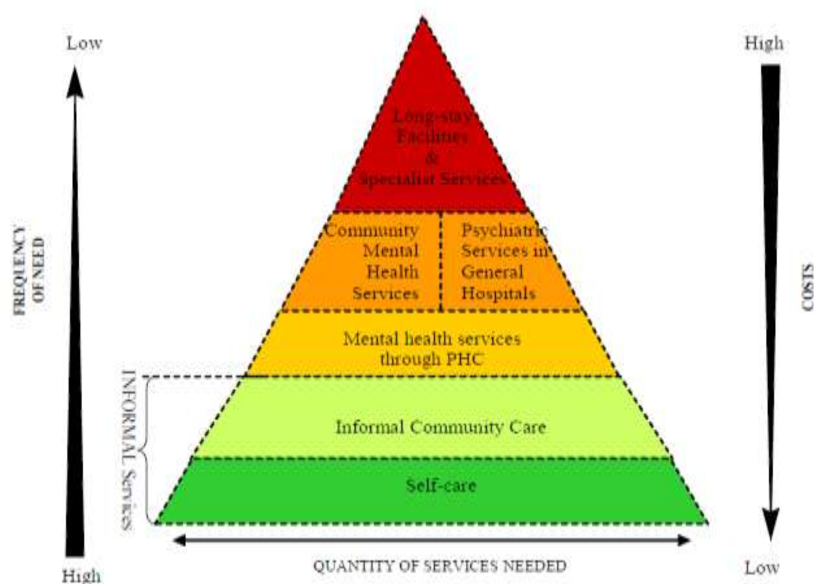

***Fig.1.** WHO Optimal Mix of Services Pyramid for MH Services*

[1] Integrating MH care into PHC – a global overview; WHO; WONCA; 2006

- *Functions* of the health care delivery level,
- *Competencies* required of various professionals and MH practitioners
- *Examples* of training programs, teaching strategies and useful resources.

Human resources (HR) are the most valuable assets within the MH services. The latter are based on the competences and motivation of its staff in promoting MH, preventing health conditions and providing services to care for the mentally ill. In many of the MH services the lion's share of recurrent annual budget is spent on staff and payroll. Nevertheless, often time there are significant challenges in HR planning and training in the MH care delivery system.

Countries have to adopt several courses of actions in order to overcome such challenges:

- An adequate **HR policy** for MH shall be developed to provide for a coherent framework for HR development;
- The policy shall be directly **linked to HR planning** together with health program managers and training facilities;
- There is need for a systemic **method** to compute the required number of staff specialized in MH and set forth the mix of skills required in such a facility;
- There is need for **adequate management strategies** to run, motivate, recruit, scale up and uphold the staff, which is often scanty;
- **Training** of MH staff shall be reviewed and strengthened in line with evidence-based practices and people's MH needs;
- Once the staff is already skilled, one has to develop **education, training and in-service oversight** in order to ensure the highest possible quality of care to meet the needs of customers.

From a HR standpoint, such changes bring about significant implications. One has to: shift staff from hospitals to community-based services; develop a new mix of community work competencies for staff and focus on recovery and rehab in hospital facilities; training more workers (for community care and PHC) in MH, as well as changing the associated training models in line with the new evidence based care.

Moreover, mental disorders and physical health conditions are strongly cross-related and are often influencing each other. It also has multiple HR ramifications, such as: the general staff from the health sector requires training in basic skills for MH, the purpose of which was to identify mental disorders, to provide basic care and to refer complex cases to specialized services; likewise, MH specialists shall be equipped to work together with general

health care professionals and provide support and oversight.

Developing labor force specialized in MH requires coordination across several professional and non-professional disciplines. Teamwork is a core competence required for all categories of MH workers. Personnel shall be able to perform:

- In a wide variety of communities, residential and inpatient facilities;
- Across facilities, cross-linking service users with a wide array of statutory services or of any other nature;
- Under a variety of procurement and service delivery modes;
- In multidisciplinary teams consisting of several agencies;
- Beyond certain service delivery levels (e.g., upholding the link between PHC and specialized services);
- In a way that is conducive to competencies and motivation, even when facing a wide array of challenges and competition.

In-service training and education (ISTE) works in the best interest of MH and staff alike. For the services as a whole, it makes sure that the care being provided is in line with the latest trends in the area, based on the evidence of most efficient interventions. When it comes to the staff, one has to make sure that their work is rewarding and that it provides career growth opportunities all throughout the path. In-service education is a cornerstone of continuously building one’s hands-on skills and of ensuring a balance between the quality of care and patient safety.

Changing and improving one’s knowledge in MH requires of MH workers to progressively learn more as compared to their baseline knowledge at the time of graduation. This knowledge gap started to deepen with new interventions for MH patient assessment, treatment and management emerging. This discrepancy shall further worsen unless the training will be in line with one’s qualifications: people tend to forget what they learnt in the first place and there is a growing gap of retaining the information they learnt.

The combination of knowledge and information retention discrepancy is conducive to a growing gap in one’s body of knowledge and skills. In-service training and education is the most efficient way to fill in this gap.

I. Standard curriculum for the discipline “Medical Psychology, Psychiatry, and Pediatric Psychiatry”

Psychiatry has a special place among all medical disciplines, given the significant morbidity owing to mental disorders and the high disabling potential they pose. At the same time, it is well recognized that the nervous system is virtually involved in the development of any somatic condition, so that about 80% of conditions were acknowledged as psychosomatic disorders. In turn, somatic conditions cause various mental disorders, resulting in a wide array of psychosomatic syndromes. Knowing the basics of psychiatry is critical for all physicians.

One has to thoroughly know how mental disorders develop, their clinical features and evolution, how to prevent and treat those today. Having been adequately trained in psychiatry will help general medicine physicians to correctly evaluate the various mental disorders. This goes beyond merely making an early diagnosis, prevention of disease and of potential complications, but also ascertaining the basic mechanisms in the pathogenesis of mental disorders.

The standard curriculum for the **discipline “Medical Psychology, Psychiatry, and Pediatric Psychiatry”** is for the sixth-year medical students of the general medicine track of the Medicine and Pharmacy State University (MPSU) “Nicolae Testemitanu”. It has a relatively new syllabus that was endorsed in 2009 and is in line with the MPSU curriculum and is taught as follows: 89 academic hours, of which 24 hours in courses, and 65 hours – hands-on practice (Annex 1 “Standard Curriculum for the Discipline “Medical Psychology, Psychiatry, and Pediatric Psychiatry”).

The topics raised by the courses of lectures include methods of psychological assessments, key elements of semiological orientation, symptom and signs, presentation of new methods and techniques for a mentally ill patient examination. Moreover, it also reflects the most important and burning issues in psychiatry in terms of etiology, classification, pathogenesis, clinical features, diagnosis, including differential, treatment and prevention of diseases. The courses provide for the presentation of patients with such conditions.

Pursuant to the standard curriculum, hands-on courses are meant to discuss the above topics, while testing the student knowledge gained during courses, along with textbook self-studying, methodological recommendations, and any optional home readings. The clinical assessment of a patient and apprehending psychiatric assessment methods are paramount. When debating the patients they examined, consideration will be given to the results of additional investigations (craniograms, EEG, CAT and MRI scans etc.), as well as to issues related to assessing one’s medical disability, forensic expert opinion on one’s mental status, ascertaining if one is military fit etc. Emphasis is put on a student’s work one-on-one with patients. All lectures and hands-on courses are to be carried out in the PHCF Clinical Psychiatric Hospital subordinate to the MOH.

All of the above underpin the following objectives for the medicine track:

1. In-depth knowledge of general psychopathology and clinical manifestations of mental disorders;
2. Learning key treatment approaches and how to provide emergency psychiatric care;
3. Learning how to set up, follow up and transport patients, specific features in children and the elderly;
4. Details of a psychiatric examination, outpatient chart review and clinical observation file;
5. Apprehending hands-on practices and cooperation with the mentally ill in order to identify pathological signs and follow-up;
6. Adequate review of the additional investigation results;
7. Setting a clinical diagnosis of the commonest mental disorders occurring in one’s clinical practice, thus making it possible to start up adequate treatment and efficient prevention measures.

II. Syllabus for Postgraduate Residency Training in PSYCHIATRY and SUBSTANCE ABUSE (ADDICTIONS)

The curriculum and syllabus for the three-year residency training in psychiatry and drug addiction were developed in 2003, being subsequently updated by the Methodological Specialized Committee “Neurology, Neurosurgery, Psychiatry, Drug Addiction, Medical Psychology, Neuropediatrics and Traditional Medicine” in 2009. Residency courses consist of lectures and hands-on courses in core modules of psychiatry and associated modules, such as neurology, endocrinology, internal medicine, anesthesiology and resuscitation, clinical pharmacology, public health and management.

Year I includes 260 hours of lectures, year II – 234 academic hours, and year III – 203 hours. Therefore, the psychiatry course lasts 697 hours + 80 hours in associated modules. Courses for year I-II-III residents tally up to 873 hours on psychiatry topics, and 52 hours – on associated modules. Hands-on courses for psychiatry residence sum up 925 academic hours. A full residency course lasts 1,702 hours, including 777 hours as lectures, and 925 hours as hands-on clinical practice (Annex 2).

By and large, year-I residents study psycho-pathology and psychiatric syndromes, nosology and taxonomies (ICD-10 and DSM IV TR), classification and clinical picture of schizophrenia, mood disorders, classification and clinical features of neuroses, somatoform conditions, classification and features of seizures and epileptic psychoses, and mental health emergencies. Likewise, the course of lectures for year-1 residents includes initiation into psychopharmacology.

The trainings courses for year-2 residents include topics, such as forensic psychiatry, simulations and forensic expert opinion on one’s mental status, classification of organic mental disorders, dementia, endocrinopathies, mental disorders in infectious diseases, climate-related somatic conditions in involution and senescence. This is the year to study the treatment in gerontology, mental retardation and forensic psychiatric expert opinion and military fit assessments.

Year-III residents study personality and conduct disorders in adults, conduct and emotional disorders with onset in childhood and adolescence, affective disorders, differential diagnosis between various mental conditions, work ability expertise in mentally ill, military fit and psychiatric expertise, child and adolescent psychology, and medical psychology.

III. Syllabus for the discipline PSYCHIATRY and ADDICTIONS for Family Medicine Residents

The MPSU Chair of Psychiatry, Addictions and Medical Psychology developed and endorsed a module on “Psychiatry and Addictions” for the Family Medicine residency students in 2009. This is a training course linked to the “Family Medicine” discipline for year-II residents, but it is optional. Over the last three years, there were no requests lodged with the MPSU chair by the family medicine residents for this module.

The length of this module is 36 academic hours, including 14 hours of lectures, 18 hours of hands-on lectures, 4 hours of seminars, and 36 hours of additional hands-on practice. This associated module has 72 hours in all (Annex 3). The course covers the following topics: semiology of mental disorders, endogenous psychoses, schizophrenia, bipolar disorders, personality and conduct disorders in adults, somatoform conditions, stress-related neurotic disorders, conduct and emotional disorders with childhood onset, psychiatric emergencies, alcohol intake related mental and conduct disorders, psychoactive substance abuse related mental and conduct disorders, principles of treatment of mental disorders, cerebral lesion and impairment related mental and conduct disorders, infectious diseases related psychoses in adults and children, classification, clinical features, treatment, psychogenic conditions (reactive psychoses).

IV. Syllabus for postgraduate education in Psychiatry for the discipline “Mental Health in Primary Healthcare”

This curriculum module was developed and endorsed by the Methodological Specialized Committee “Neurology, Neurosurgery, Psychiatry, Drug Addiction, Medical Psychology, Neuropediatrics and Traditional Medicine” in 2007. The syllabus for the module “Mental Health in Primary Healthcare” lasts 0.5 months, i.e. 2 weeks, and it has 78 academic hours overall as an optional course (Annex 4). The syllabus consists of 20 hours of lectures covering the following topics: psychiatric semiology, schizophrenia, affective psychoses, neurotic disorders, personality and conduct disorders, somatoform conditions, psychiatric emergencies, psychoactive substance abuse related mental and conduct disorders, principles of the treatment of mental conditions. The clinical course consists of 34 hours, making it possible for physicians to visit psychiatric wards, to see patients with various conditions and get acquainted with the specific nature of the psychiatric patient charts. There are 24 hours planned for seminars, including 7 hours for examination.

Having endorsed this curriculum module by the MPSU Chair of Psychiatry, Addictions and Medical Psychology, there were only two training sessions organized. Since 2009 the MPSU chair got no requests for this family medicine retraining module.

V. In-service Training Programs for Psychiatrists

In Moldova the in-service training of psychiatrists is carried out by the MPSU Chair of Psychiatry, Addictions and Medical Psychology. Modules are planned on a yearly basis subject to demand. There are about ten modules organized on average each year, including two modules – out there in the regions, at the psychiatrists' workplace, i.e. CPH in Costiujeni and PH in Balti. All modules are 3 weeks long, i.e. 15 days of training, another module (psychosomatic disorders) has 7 days of training, whereas the module "Updates in Psychotherapy" for psychotherapists, psychiatrists and medical psychologists is 10 days long (Annex 5). In-service training modules for psychiatrists cover the following topics: modern approaches to treatment in psychiatry, neurotic personality and conduct disorders, pediatric psychiatry, psychoactive substance abuse related mental and conduct disorders, psychosomatic disorders, forensic psychiatry, clinical features, treatment and recovery within endogenous psychoses, current issues in psychotherapy, and updates in psychotherapy.

In 2010, The MPSU Chair of Psychiatry, Addictions and Medical Psychology had an attempt to raise the quality of knowledge of MH professionals by developing a curriculum within the framework of the Moldovan-Swiss project "Developing a System of Mental Health Services in Moldova (Community Center in Chisinau)", endorsed at the chair meeting no.16 of 13 May 2010. The topics covered in that curriculum showed the experience of developed countries in setting up community services. It was developed for academia training professionals in areas, such as: psychiatry, family medicine, MH managers. One may see the "Syllabus for the curriculum developed and endorsed by the Chair of Psychiatry, Addictions and Medical Psychology meeting no.16 of 13 May 2010" in Annex 6. The total length of additional topics is 30 hours: 14 – theory and 16 – practice. Annex 7 describes the distribution of topics in the graduate and postgraduate curricula as endorsed at the meeting on 13 May 2010.

VI. International Review of MH Training Reforms

Example 1 MH training programs in CHINA

The Department for Health Management of the Ministry of Health of China has been in charge of MH care layout before 1998. That department was mostly responsible for how healthcare facilities were organized and managed in the country and to a lesser extent – for control over morbidity. Starting in 1998, in order to develop MH care, the MH care system was transferred to the Department for Disease Control under the MOH.

There was a special task force set up within the MOH in 2000, which, having reviewed several studies, found out that lack of manpower was the key barrier to developing adequate MH care services for the 1.3 billion of Chinese. MOH set forth the following objectives:

(i) Beef up MH education for medical students. Intended purpose was to provide for a clearer concept of MH for about 100,000 medical graduates each year;

(ii) Beef up in-service education for 14,000 psychiatrists countrywide. In-service training shall aim upgrading to quality care and building the capacity to train other relevant workers in MH;

(iii) Provide MH education to the health professionals working in general hospitals. It purses the goal of bettering the diagnosis and treatment of mental disorders in general hospitals;

(iv) Provide basic knowledge in MH for primary and secondary school teachers to advocate for MH to school-age children;

(v) Provide MH education services to the staff working in prevention of outbreaks. There are plans to integrate MH in services coping with natural disasters;

(vi) Training of community clinicians to make MH care a key component of the community healthcare;

(vii) Provide for the training of obstetrical staff and pediatricians. It is planned that the latter shall provide mothers with information on MH along with physical health and shall encourage next generations to make use of MH services whenever needed.

The main challenge for accomplishing the above ambitious objectives is that continental China has only 14,000 professional psychiatrists and less than half of them are medical graduates. Moreover, the scarce MH resources are by and large concentrated in big cities. Therefore, training of trainers in MH is a priority.

Starting in 2000, the MOH launched a number of 5-year training programs to strengthen MH human resources in China:

- ✓ **"Planting Hope Project"** focusing on clinical psychiatry professors working in medical colleges in various parts of China. There have been 69 key professors in 30 provinces benefiting from TOT before 2004;
- ✓ Training of teaching staff from general hospitals;
- ✓ Training of primary and secondary school teachers.

The first four MH centers (MHC) in China were the top tier of training. Those have been working together to set the training objectives and teaching targets, each one of those providing training to 7-8 provinces. Those shall increase the number of trainings conducted each year and shall jointly oversee the training process. MOH is responsible for the general oversight and upholding the training standard through the aforesaid four MHC. Provincial MH facilities make tier two of the training system and are responsible for the education within any given province. Such double tier education networks have the advantage of maximizing the use of more skilled and experienced manpower from the top-tier MHC. The trained trainers shall get back to their provinces and take over the responsibility of MH advocacy and training of local MH staff working in psychiatric hospitals, general hospitals, community clinics and health education facilities.[2]

Example 2 HR planning and MH training in Jamaica

There was a MH program put in place in Jamaica at the beginning of 1970s to replace the traditional psychiatric hospital model, which was built by the British colonial administration hundreds of years before. A limited number of community nurses specialized in psychiatry (hereinafter referred to as MH officers) and regional psychiatrists have been deployed around the island to set up and implement community MH services. Those MH professionals have been paid from the core budgets of the MH hospital. Thirty years later, despite implementing major administrative reforms that regionalized health service delivery, many of the MH positions still are covered by the MH hospital's core budgets. Paradoxically, 10% of the MH hospital budget finances the community MH program on the island, despite these services providing care to over 90% of the patients with severe MH issues in the country. Despite some new MH positions being created within the regional health administrations, most of the

[2] MA Hong, deputy director, National Center for Mental Health, China, personal accounts, WHO source

MH budget goes to fund the only traditional MH hospital available. Notwithstanding the situation review and the specific strategic plan, ascertaining clearly this paradox and setting programs to change it, this inadequate budget system still hampers the development of MH services in the country.[3] Training in psychiatry for the university professionals and postgraduate psychiatrists was set up at the West Indies University (WIU), Mona, in 1965. A training and service module was created in 1972, reflecting the focus on community psychiatry prevailing at that time. Nevertheless, even at that point, there was some ideological dichotomy between the model used in the community psychiatry, based on the WIU training module, and the innovative approach of community MH services within the Government's MH services. The latter created clear-cut geographic coverage areas and interdicted the admission of patients from other geographic areas to the Bellevue Hospital – the only psychiatric hospital in the capital city of Kingston. University psychiatric services, on the other hand, continued to operate based on the model encouraging the referral of difficult patients to the psychiatric hospital, thus perpetuating the concept that made it dependant of the confinement settings of MH hospital among a whole generation of University graduates – physicians and psychiatrists. Thirty years later, this ideological dilemma led to uncomfortable contradiction in MH service development island-wide, as there was an operational discrepancy between the general medicine physicians and the MH professionals in the country. In an attempt to work this contradiction out, The Chair of Psychiatry of the WIU launched community psychiatric services in 2001, covering a certain geographic location and interdicting the referral of difficult patients to a psychiatric hospital. In order to have this happen, jointly with the WIU Hospital, there were administrative and budget planning processes initiated, along with staffing standards for the MH officers for three years starting in 2003. Nevertheless, the economic slowdown of 2003 has frozen all new positions, halting implementation and looking for alternative funds to make it operational. This readjustment process revealed administrative practices, in which current nurse staffing procedures in psychiatry bared little resemblance with the formal budget lines accepted for staffing under this Section.[4]

In order to meet the overwhelming community MH needs, the Chair of Psychiatry of

[3] *WHO source*: Frederick Hickling, head of the Chair of Psychiatry, Department of Community Health and Psychiatry, University of West Indies, Kingston, Jamaica, personal accounts;

[4] *WHO source*: Frederick Hickling, head of the Chair of Psychiatry, Department of Community Health and Psychiatry, University of West Indies, Kingston, Jamaica, personal accounts;

the WIU sought grant financing for new community MH services to bypass current budget and planning procedures to bring in new staff for those programs. To that end, *there were two new programs set up to provide community psychotherapy services to children and adolescents in the inner communities of cities* devastated by violence. Other community initiatives have been planned for this approach, focusing on collaboration with international bodies for HR development.[5]

Example 3 MH training programs in CHILE

1. Public Health master's degree program, MH specialty (University of Chile): This two-year postgraduate training program for health professionals was funded by the Pan American Health Organization (PAHO) and the Ministry of Health (MOH) of Chile to support the implementation of a first National MH Policy and Plan (formulated back in 1992). The training program began in 1993 for a period of 4 years. It pursued the goal of training health professionals as leaders and managers of MH initiatives within the framework of the National MH Policy and Plan implementation. As many as 26 professionals have been trained overall (psychiatrists, psychologists, social workers and ergotherapists) – 4 to 8 people enrolled in this program each year. About 50% of trained professionals have been working in MH to enforce the policy and plan, 30% have been working in university centers contributing to the training of MH professionals, and 20% have been still working in the area they had been trained for. This program has proven useful for trainers in implementing the first National MH Policy and Plan, despite the low health professional retention rate in the public system[6].

2. Training of psychiatrists with focus on community care and local MH program management (University of Santiago): This 3-year training course for physicians was funded by the MOH. It was meant to design a new model of psychiatric education adjusted to the needs set forth by the new policy for community care and decentralization. The program rolled since 1996, with 5 new students getting enrolled each year, tallying up to over 20 graduates overall. All trained psychiatrists operate within the public system that adopted the community approach, whereas most of them are running local programs. This program was successful in training psychiatrists focused on community care as per the new MH policy. There was a high retention rate reported for the public system at local level[7].

[5] *WHO source*: Peter Lindley, director a.i., Hands-on Training & Development, MH Center in Sainsbury, UK, personal accounts;

[6] *WHO source*: Alberto Minoletti, MOH, Santiago, Chile, personal accounts;

[7] *WHO source*: Alberto Minoletti, director, MH Unit, MOH, Chile, personal accounts;

Example 4 MH training programs in Grenada and Saint Lucia

The Chair of Psychiatry of the University of Dalhousie (Canada) was actively involved in this initiative in the Caribbean, the main purpose of which was to heighten the development of MH care. It consisted of training programs for acute psychiatric care for the psychiatry nurses from Saint Kitts and Nevis, and acute psychiatric emergencies for the health professionals from Trinidad. Those actions were in line with the PAHO strategies based on the "Psychiatric Care Change Initiative" designed in the 1990s, as outlined in the PAHO Board of Directors resolution on MH (CD43.R10). More recently, the MH Division of the PAHO got the statement of the Caribbean Nations MOH that MH was a priority for the region, in particular focusing on MH training for physicians, MH legal framework and health system reforms.

MH Training Project: The Chair of Psychiatry of Dalhousie designed an innovative model for MH training for health professionals. This model was further developed to support a national MH care strategy and advocate for integrating MH services into PHC with support from existing health services and healthcare providers. The strategy aims at building skills-based MH services to meet the needs of the health system, community and patients alike. The model shall provide for further development of such skills and care delivery based on a body of data / evidence to build up over time and which is to be embedded into the health system to ensure sustainability and capacity building.

The traditional models of education based on health professionals and run within institutional settings are expensive, time-consuming and are designed specifically to meet the MH needs of a defined population. Moreover, those are usually not integrated into local healthcare systems and are not harnessing the use of HR available in healthcare. The mode designed by the Chair of Psychiatry of the University of Dalhousie is based on the needs of a defined population, is competency-based and is integrated into the health care system, while being sustainable at local level. This model is efficient from an economic standpoint and may be developed, delivered and rapidly integrated into the health system's existing infrastructure. The training model was built as a collaborative effort between the Chair of Psychiatry Dalhousie, MH Division of the PAHO and the Caribbean Project Coordinator (CPC), Barbados, in order to develop, deliver and assess a competency-based training program for MH care for the health professionals from Grenada and Saint Lucia.

This pilot project had the following objectives:

(i) Design and deliver two specific MH training modules for the training teams – one – for Grenada and one – for Saint Lucia. Modules were selected by the national policy makers based on the priorities identified during needs assessment;

(ii) Assess the competency of the training teams to deliver such modules for the health workers in the region.

Two training teams (one per country) made up of four-to-five people each were identified by each of the two countries to benefit from the training in two modules designed by Dalhousie University educators based on the "training of trainers" module. The training modules were delivered in Grenada for both teams from Grenada and Saint Lucia. Following the training session, each of the trained teams was evaluated in its own country in terms of delivering the program to the individuals selected in a territorial health care area. The baseline assessment shows that the pilot program was efficient in heightening the competencies of both groups of trainers and health professionals trained by those trainers[8].

[8] *WHO source*: Kutcher, associate dean, University of Dalhousie, Halifax, Canada, and Jose-Miguel Caldas De Almeida, regional MH program coordinator, WHO/PAHO, Washington DC, USA, personal accounts

CONCLUSIONS

1. The ***standard curriculum for students*** for the discipline "Medical Psychology, Psychiatry and Pediatric Psychiatry" is studied during year VI of the General Medicine track of the MPSU "Nicolae Testemitanu";
2. The standard curriculum for students for the discipline "Medical Psychology, Psychiatry and Pediatric Psychiatry" is 89 academic hours long, including 24 hours of courses and 65 hours of hands-on work. The program is relatively new and was endorsed in 2009;
3. Some topics of the lectures include psychological examination and psychotherapy approaches, key elements of semiology orientation, symptoms and signs, psychiatric patient examination techniques and methodologies, most important issues in psychiatry as to the etiology, classification, pathogenic mechanisms, clinical features, diagnosis and prevention of diseases;
4. The discipline "Medical Psychology, Psychiatry and Pediatric Psychiatry" is 13 days long only, yet it tends to cover the full course of psychiatry according to the syllabus. Each theoretical topic is very vast, covering several areas and even disciplines (e.g., a topic on medical psychology, a topic on psychotherapy);
5. The standard curriculum for students for the discipline "Medical Psychology, Psychiatry and Pediatric Psychiatry" has no key elements of MH service setup, psychiatric emergencies, integrated treatment and psychosocial rehab;
6. ***The residency curriculum and syllabus*** for the specialty Psychiatry and Addictions were developed in 2003, last time updated in 2009 and consisting of 3 years of education. The residency education includes lectures and hands-on basic course of psychiatry and associated modules, such as neurology, endocrinology, internal medicine, anesthesia and resuscitation, clinical pharmacology, public health and health management;
7. ***The residency curriculum and syllabus*** for the specialty Psychiatry and Addictions have no elements of running community MH services, psychosocial rehab and multidisciplinary team work approaches, such as "case management", "affirmative community therapy", one-on-one and group counseling, and cognitive-conduct therapy;
8. There are 260 academic hours of lectures planned for year 1, 234 hours – for year 2, and 203 hours – for year 3. In total, the psychiatry course is 697 hours long + 80 hours for associated modules. The hands-on courses for the residency students of year I to III total 873 hours on psychiatry and 52 hours – on associated modules. A full residency course would consist of 1,702 hours - 777 hours of lectures and 925 hours of hands-on work;

9. ***The "Psychiatry and Addictions" module for the 'family medicine' residency students*** was suggested as an associated course for the "family medicine" track year II of residency, but it is optional;
10. The module is 36 hours long, including 14 hours of lectures, and 18 hours of hands-on work, 4 hours of seminars, and 36 hours of additional hands-on practice. This associated module has 72 hours in all. This module is basically similar to the standard curriculum for students **for the discipline "Medical Psychology, Psychiatry, Pediatric Psychiatry"**, yet there were no requests to organize this module lodged by 'family medicine' residency students with the Chair over the last 3 years;
11. In the Republic of Moldova the in-service training for psychiatrists is organized by the Chair of Psychiatry, Addictions and Medical Psychology of the MPSU "Nicolae Testemitanu". The planning of modules is done on a yearly basis subject to demand. There are about ten modules organized on average each year;
12. In order to raise the quality of knowledge among MH professionals, in 2010 the Chair of Psychiatry, Addictions and Medical Psychology had a tentative to design curriculum topics within the framework of the Moldovan-Swiss project "Development of MH Services in RM (Community Center in Chisinau)", endorsed at the Chair meeting no.16 of 13 May 2010.

RECOMMENDATIONS

1. Improve the training programs for the residency students enrolled in Psychiatry and Addictions by adding elements of a psychiatric patient rehab, psychosocial rehab, multidisciplinary MH community team work approaches etc.;
2. Add elements of efficient psychotherapy treatment used in psychiatric conditions, in particular the cognitive-conduct approach, new methodologies such as “case management”, “affirmative community therapy”, one-on-one and group counseling;
3. Design a training module for family doctors based on the OMS recommendations[9];
4. Add elements of international and national laws on the rights of patients with disabilities, including for mental conditions;
5. Improve the module “Health Management” by adding elements of MH service layout at all levels of health system, including at PHC level and the health system by using the WHO Optimal Mix of Services Pyramid for MH Services;
6. One has to initiate students, medical residents and physicians into MH medical, social and education services, decentralization of MH services and elements of decentralization of the mentally ill;
7. Review the syllabus of curriculum modules suggested and approved of at the Chair of Psychiatry, Addictions and Medical Psychology meeting no.16 of 13 May 2010 to improve the graduate and in-service education curricula.

[9] mGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings, WHO 2010, Mental Health Gap Action Programme

ANNEXES

Annex 1 Standard Curriculum for the Discipline “Medical Psychology, Psychiatry, Pediatric Psychology”

Syllabus for the General Medicine Course, Year VI, Semester XI, Study Year 2012–2013, Discipline of MEDICAL PSYCHOLOGY, PSYCHIATRY, PEDIATRIC PSYCHIATRY	
#	Topic
1.	Medical psychology – goal, objectives, history of this discipline. Medical psychology of different age groups. Psychodiagnosis
2.	Health, quintessence of mental health. Psychological issues in patients with various conditions. Psychosomatic medicine. Physician-patient relationship. Psychological correlations in cancer. Death and mourning as issues of medical psychology. Psychological aspects of suicide.
3.	Psychotherapy – goal, objectives, history of this discipline. Methods. Hypnosis, autogenic training, cognitive-conduct group psychotherapy. Psychoanalytic psychotherapy. Psychoanalysis.
4.	Psychiatry – goal, objectives, history of this discipline. Its current status. Place of psychiatry among other medical disciplines. Epidemiology of mental disorders. Psychiatric care (inpatient and outpatient regimens). Classification of mental and conduct disorders as per ICD-10 and DSM-IV. Psychopathological syndromes. Perception disorders.
5.	Semiology of memory and intellectual disorders. Korsakov syndrome. Mental retardation, QI. Semiology of thought disorders. Semiology of affective, psychomotor and volitional disorders. Mood (affective) disorders. Bipolar affective disorder in adults and children, differential diagnosis, treatment.
6.	Schizophrenia, etiopathogenesis, clinical forms, evolution, treatment. Schizophrenia in children, clinical forms, evolution, diagnosis, treatment. Schizotypal disorders (paraphrenia, paranoia), differential diagnosis, treatment, prognosis.
7.	Semiology of consciousness disorders. Epilepsy. Clinical features. Evolution. Affective paroxysmal seizures. Treatment. Epilepsy in children.
8.	Exogenous psychoses (alcoholism in adults, adolescents and children), diagnostics, treatment. Psychoactive substance abuse related mental and conduct disorders in adults, adolescents and children (opioids, cannabinoids, sedatives or hypnotics, cocaine, caffeine, hallucinogens, tobacco, volatile solvents). Clinical picture. Evolution. Dynamics. Treatment. Features in adolescents.
9.	Somatogenic psychoses. Psychoses of infectious nature in adults and children. Classification, clinical picture, treatment. Mental disorders in craniocerebral trauma in adults and children. Mental disorders in cerebral tumors.
10.	Organic mental disorders. Alzheimer dementia. Vascular dementia. Dementia in Pick disease, Creutzfeld – Jakobs disease, Huntington dementia, Parkinson dementia, HIV–AIDS related dementia. Presenile and senile dementia. Clinical picture. Evolution. Dynamics. Treatment.
11.	Borderline disorders. Neurotic disorders associated with stress and somatoform disorders in adults and children. Etiopathogenesis. Classification. Clinical features. Evolution. Dynamics. Treatment. Psychopathies (personality and conduct disorders in adults and adolescents). Etiopathogenesis. Classification. Clinical picture. Evolution. Dynamics. Treatment. Peculiarities in children.

12.	Neurotic, psychotic, emotional and conduct disorders in children and adolescents. Etiopathogenesis. Classification. Clinical picture. Evolution. Dynamics. Treatment.

Syllabus for the seminars for the medicine track, year VI, semester XI, university year 2012–2013, for the discipline MEDICAL PSYCHOLOGY, PSYCHIATRY, PEDIATRIC PSYCHIATRY		
#	**Topic**	**Hours**
1.	Medical psychology – goal, objectives, history of this discipline. Medical psychology of different age groups. Psychodiagnosis.	**5**
2.	Health, quintessence of mental health. Psychological issues in patients with various conditions. Psychosomatic medicine. Physician-patient relationship. Psychological correlations in cancer. Death and mourning as issues of medical psychology. Psychological aspects of suicide. Tests.	**5**
3.	Psychotherapy – goal, objectives, history of this discipline. Methods. Hypnosis, autogenic training, cognitive-conduct group psychotherapy. Psychoanalytic psychotherapy. Psychoanalysis.	**5**
4.	Patient care. Psychiatric patient chart. Psychiatry – goal, objectives, history of this discipline. Its current status. Place of psychiatry among other medical disciplines. Epidemiology of mental disorders. Psychiatric care (inpatient and outpatient regimens). Classification of mental and conduct disorders as per ICD-10 and DSM-IV. Recovery of the mentally ill. Care for patients with mental disabilities. Paraclinical investigation methods, research and genetic methods in psychiatry. Psychopathological syndromes. Perception disorders.	**5**
5.	Semiology of memory and intellectual disorders. Korsakov syndrome. Mental retardation, QI. Semiology of thought disorders. Semiology of affective, psychomotor and volitional disorders. Mood (affective) disorders. Bipolar affective disorder in adults and children, differential diagnosis, treatment.	**5**
6.	Schizophrenia, etiopathogenesis, clinical forms, evolution, treatment. Schizophrenia in children, clinical forms, evolution, diagnosis, treatment. Schizotypal disorders (paraphrenia, paranoia), differential diagnosis, treatment, prognosis.	**5**
7.	Semiology of consciousness disorders. Epilepsy. Clinical features. Evolution. Affective paroxysmal seizures. Treatment. Epilepsy in children.	**5**
8.	Exogenous psychoses (alcoholism in adults, adolescents and children), diagnostics, treatment. Psychoactive substance abuse related mental and conduct disorders in adults, adolescents and children (opioids, cannabinoids, sedatives or hypnotics, cocaine, caffeine, hallucinogens, tobacco, volatile solvents).	**5**
9.	Somatogenic psychoses. Psychoses of infectious nature in adults and children. Classification, clinical picture, treatment. Mental disorders in craniocerebral trauma in adults and children. Mental disorders in cerebral tumors.	**5**
10.	Organic mental disorders. Alzheimer dementia. Vascular dementia. Dementia in Pick	**5**

	disease, Creutzfeld – Jakobs disease, Huntington dementia, Parkinson dementia, HIV–AIDS related dementia. Presenile and senile dementia.	
11.	Borderline disorders. Stress-related neurotic disorders and somatoform disorders in adults and children. Etiopathogenesis. Classification. Evolution. Dynamics. Treatment. Psychopathies (personality and conduct disorders in adults and adolescents). Etiopathogenesis. Classification. Evolution. Dynamics. Treatment.	**5**
12.	Neurotic, psychotic, emotional and conduct disorders in children and adolescents	**5**
13.	Psychological development disorders. Etiopathogenesis. Classification. Evolution. Dynamics. Treatment.	**5**
Total		**65**

Annex 2 Topics of the lectures taught to year 1-to-3 residents-PSYCHIATRISTS

Year I

#	Topic of the lecture	Hours
1.	History of psychiatry; Psychiatry development milestones	2
2.	Layout of psychiatric services in Moldova	2
3.	Medical ethics and deontology	2
4.	Classification of psychopathological syndromes	2
5.	Asthenic syndrome	2
6.	Neurotiform syndromes	2
7.	Psychopathiform syndromes	2
8.	Perception disorders	2
9.	Hallucinatory syndromes	2
10.	Thought disorders	2
11.	Delusional syndromes	2
12.	Mood disorders	2
13.	Consciousness disorders	2
14.	Confusional syndromes	2
15.	Memory related psychopathology	2
16.	Volitional psychopathology	2
17.	Compulsive (motivational) disorders	2
18.	Psycho-organic syndrome	2
19.	Dementia syndrome and intellectual disorders	2
20.	Modern methods of investigation in psychiatry	2
21.	Modern psychiatry & new taxonomic entities (**ICD-10** & **DSM IVTR**)	2
22.	Schizophrenia; Notion; Etiology and pathogenesis	4
23.	Classification of schizophrenia	4
24.	Syndromic features of schizophrenia	4
25.	Schizophrenia, simple form	4
26.	Schizophrenia, hebephrenic form	4
27.	Schizophrenia, paranoid form	6
28.	Schizophrenia, catatonic form	4
29.	Undifferentiated schizophrenia	4
30.	Post-schizophrenia depression	4
31.	Residual schizophrenia	4
32.	Schizotypal disorders	4
33.	Persistent delirious disorders	4
34.	Acute and transitory psychotic disorders	4
35.	Polymorphic psychotic disorder with symptoms of schizophrenia	4
36.	Schizophrenia-like acute psychotic disorder	4
37.	Schizoaffective disorders	4
38.	Manic-type schizoaffective disorders	4
39.	Depressive-type schizoaffective disorders	4
40.	Schizophrenia treatment	8
41.	Classification of stress-related neurotic disorders & somatoform disorders	4
42.	Phobic anxiety disorders; Agoraphobia	4
43.	Panic attacks	4
44.	Obsessive-compulsive disorders	4
45.	Reactions to severe stress and adaptation disorders	4
46.	Dissociative disorders	4
47.	Somatoform disorders	4
48.	Neurasthenia	4
49.	Depersonalization-derealization syndrome	4

50.	Treatment of stress-related neurotic disorders	4
51.	Treatment of somatoform disorders	4
52.	Epilepsy; Notion; Etiology and pathogenesis	4
53.	Classification of epilepsy	4
54.	Clinical forms of epilepsy	4
55.	Status epilepticus	4
56.	Epileptic psychoses	4
57.	Treatment of epilepsy	4
58.	Psychopharmacology	4
59.	Neuroleptics; Classification	4
60.	Antidepressants; Classification	4
61.	Tranquillizers	4
62.	Insulin therapy – methods	4
63.	Electroconvulsive therapy	4
64.	Emergency treatment of psychomotor excitation	4
65.	Emergency treatment of hallucinatory-paranoid states	4
66.	Emergency treatment of depressive states	4
67.	Emergency treatment of status epilepticus	4
68.	Emergency treatment of febrile accesses in schizophrenia	4
69.	Emergency treatment of confusional disorders	4
70.	Emergency treatment of acute stress disorders	4
71.	Alcohol-intake related mental and conduct disorders	14
72.	Psychoactive substance abuse related mental and conduct disorders	20
73.	Treatment of alcohol intake related mental and conduct disorders	4

TOTAL 260 hours

Year II

#	Topic of lectures	Hours
1.	Forensic psychiatry; History; Clinical-legal aspects	4
2.	Law on existing psychiatric practices	4
3.	Civil code	4
4.	Offenders with various mental disorders	16
5.	Criminal responsibility	4
6.	Treatment of offenders with mental disorders	8
7.	Violent offences	4
8.	Sexual offences	4
9.	Property offences	4
10.	Psychiatrist and tribunal	4
11.	Simulation and dissimulation of mental disorders	6
12.	Forensic expertise of minors	4
13.	Organic mental disorders; Classification	4
14.	Alzheimer’s disease	6
15.	Vascular dementia	4
16.	Pick dementia	4
17.	Huntington dementia	4
18.	Creutzfeldt-Jacob dementia	4
19.	Parkinson dementia	4
20.	Organic amnesia syndrome	6
21.	Mental disorders owing to cerebral lesions or impairment	14
22.	Cerebral lesion related personality and conduct disorders	14
23.	Endocrinopathies	10
24.	Mental disorders in infectious diseases	10
25.	Mental disorders in somatic conditions	10

26.	Cerebral syphilis; progressive paralysis	4
27.	Climate related mental disorders	4
28.	Mental disorders during involution	10
29.	Senescence related mental disorders	10
30.	Treatment features of gerontological psychiatry	10
31.	Mild mental retardation	6
32.	Moderate mental retardation	6
33.	Severe mental retardation	6
34.	Profound mental retardation	6
35.	Treatment; Social recovery	6
36.	Military fit and forensic psychiatric expertise	6

TOTAL 234 hours

Year III

#	Topic of lectures	Hours
1.	Personality and conduct disorders of adults	20
2.	Habitus and compulsive disorders	4
3.	Disorders of identity with one's own sex	4
4.	Disorders of sexual preference	6
5.	Conduct and emotional disorders with onset in childhood and adolescence	30
6.	Tics	6
7.	Mixed disorders of conduct and emotions	6
8.	Hyperkinetic disorders	6
9.	Affective mood disorders	10
10.	Maniacal episode	4
11.	Bipolar affective disorder	6
12.	Depressive episode	6
13.	Current depressive disorder	4
14.	Mood persistent disorders	10
15.	Differential diagnosis of endogenous psychoses	23
16.	Differential diagnosis of endogenous and exogenous psychoses	10
17.	Expert opinion on a psychiatric patient's working ability	10
18.	Military fit and psychiatric expertise	12
19.	Medical psychology	20
20.	Psychology of the child and adolescent	6

TOTAL 203 hours

The total number of hours of the psychiatry course – 697 hours + 80 hours of associated modules (neurology, endocrinology, internal medicine, anesthesia and resuscitation, clinical pharmacology, public health and management)

TOTAL COURSE HOURS - 777 hours

TOPICS OF HANDS-ON PRACTICE

Psychiatry residency students, year I-II-III

Year I

#	Topic of course	Length, hours
1.	Mental health issues; Laws on psychiatric care in Moldova	34
2.	Psychopathology of communication	14
3.	Psychopathology of thought	14
4.	Psychopathology of imaginative / creative processes	24
5.	Psychopathology of expressive conduct and psychomotricity	24
6.	Psychopathology of orientation and prosection actions	14
7.	Psychopathology of memory processes	24
8.	Mood disorders	24
9.	Psychopathology of volitional processes	24
10.	Compulsive (motivational) disorders	24
11.	Suicidology and psychiatry	24
12.	Psychopathology of sensoriality	24
13.	Consciousness disorders	24
	Year II	
1.	Non-organic (psychopathogenetic) disorders of the hypnic activity	24
2.	Experimental psychopathology: modalities and means to accomplish the psychotic "model"	16
3.	Modern psychiatry and new taxonomic entities (**DSM IVTR** and **ICD-10**)	34
4.	Schizophrenia and delusional disorders	54
5.	Schizoaffective disorders	24
6.	Affective disorders	24
7.	Neurotic and somatoform disorders	14
8.	Conduct syndromes associated with physiological disorders	14
9.	Personality and conduct disorders	24
10.	Senescence related mental disorders (organic mental disorders, including symptomatic)	24
11.	Psychoactive substance abuse related mental disorders (alcoholism & substance abuse)	24
12.	Deontology and ethics in clinical psychiatry	14
13.	Mental condition, offence and legal responsibility	14
14.	Psychiatric therapeutics	24
15.	Apprehending skills required of a psychiatrist-to-be for shifts at a psychiatric hospital	14
16.	Benchmarks of a psychiatrist-to-be in a psychiatry ward	14
17.	Learning by the psychiatrist-to-be of certain research methodologies	14
18.	Learning by the psychiatrist-to-be of psychiatric forensic methodologies	24
19.	Involving the psychiatrist-to-be involved into mental hygiene and prevention programs	14
20.	Mental development disorders	14
21.	Specific development disorders of speech and language	14
22.	Specific development disorders of school abilities	14
23.	Specific development disorders of motor functions	14
24.	Invasive (pervasive) disorders of mental development	14

	Year III	
1.	Conduct and emotional disorders	4
2.	Other conduct and emotional disorders	4
3.	Objectives, areas and directions of contemporary psychosomatics	14
4.	Traditional nature of relations between psychology and medicine	4
5.	Genetic psychology	10
6.	Stages in mental development of a human subject	9
7.	Sensorial mental (information processing) processes	4
8.	Representations as a process and secondary mental images	4
9.	Memory processes	4
10.	Thinking and intelligence	4
11.	Communication and language	4
12.	Imagination and imaginative processes	4
13.	Expressive conduct and activity	4
14.	Mood and affective processes	4
15.	Volitional processes	4
16.	Prosector’s attributions	4
17.	Consciousness as an expression of a human psychic system	14
18.	Human personality system	4

Annex 3 Syllabus for the Course "Psychiatry and Addictions" for 'Family Medicine' Residents

Syllabus for the theoretic and practice course for the discipline "Psychiatry and Addictions" for 'family medicine' residents			
#	Topic	Theory, hrs.	Practice, hrs.
1.	Semiology of mental disorders	1.5 hrs.	4.5 hrs.
2.	Endogenous psychoses; Schizophrenia; Manic-Depressive Psychoses	1.5 hrs.	4.5 hrs.
3.	Personality and conduct disorders of the adult and adolescent	1.5 hrs.	4.5 hrs.
4.	Somatoform disorders	1.5 hrs.	4.5 hrs.
5.	Stress related neurotic disorders; Emotional and conduct disorders with childhood onset	1.5 hrs.	4.5 hrs.
6.	Emergency states in psychiatry	1.5 hrs.	4.5 hrs.
7.	Alcohol intake related mental & conduct disorders	1.5 hrs.	4.5 hrs.
8.	Psychoactive substance abuse related mental & conduct disorders	1.5 hrs.	4.5 hrs.
9.	Principles of treating mental disorders	1.5 hrs.	4.5 hrs.
10.	Mental & conduct disorders associated with cerebral lesions / impairment	1.5 hrs.	4.5 hrs.
11.	Psychoses of infectious nature in adults and children; Classification, clinical picture, treatment	1.5 hrs.	4.5 hrs.
12.	Psychogenic conditions (reactive psychoses)	1.5 hrs.	4.5 hrs.
TOTAL		**14 hrs.**	**58 hrs.**

Annex 4 **Syllabus for the Module "MH in PHC" (lasting 0.5 months 78 hours)**

#	Topic	Hrs./course	Hrs./clinical practice	Hrs. of practice	Hrs. total
1.	Semiology of psychiatry	4	8	3	15
2.	Schizophrenia	2	2	2	6
3.	Affective psychoses	2	2	2	6
4.	Neurotic / personality / conduct disorders	4	8	3	15
5.	Somatoform disorders	2	4	2	8
6.	Emergency states in psychiatry	2	4	2	8
7.	Psychoactive substance abuse related mental and conduct disorders	2	4	2	8
8.	Principles of treating mental disorders	2	2	1	5
	Exam			7	7
TOTAL		**20 hrs.**	**34 hrs.**	**24 hrs.**	**78 hrs.**

Annex 5 **In-service Training Syllabus for Psychiatrists, 2013**

#	Name of module	Dates	Length
1.	Modern approaches to treatment in psychiatry *(PT – for psychiatrists and addiction professionals)*	14.01 – 01.02	0,64
2.	Neurotic / personality / conduct disorders *(PT – for psychiatrists and addiction professionals)*	04.02 – 22.02	0,64
3.	Pediatric psychiatry *(PT – for psychiatrists-pediatricians)*	11.03 - 29.03	0,64
4.	Psychoactive substance abuse related mental / conduct disorders *(PT – for psychiatrists and addiction professionals)* *Field course in Chisinau*	01.04 – 19.04	0,64
5.	Psychosomatic disorders *(PT – for psychiatrists and addiction professionals). Enrollment with the University Chair*	22.04 – 30.04	0,32
6.	Forensic psychiatry *(PT – for forensic psychiatrists)*	20.05 – 07.06	0,64
7.	Clinical picture, treatment and rehab in endogenous psychoses *(PT – for psychiatrists and addiction professionals).* *Field course in Balti*	02.09 – 20.09	0,64
8.	Current issues in psychotherapy *(PT – for psychiatrists and addiction professionals)*	30.09 – 18.10	0,64
9.	Updates in psychotherapy *(PT – for psychotherapists, psychiatrists and medical psychologists)*	04.11 – 19.11	0,48
10.	Psychoactive substance abuse related mental / conduct disorders *(PT – for psychiatrists and addiction professionals)* *Limited enrollment course*	25.11 – 13.12	0,64
TOTAL			**5,92**

Annex 6 Syllabus for the Curriculum Modules suggested and endorsed at the Chair of Psychiatry, Addictions and Medical Psychology meeting no.16 of *13 May 2010*

<table>
<tr><th rowspan="2">#</th><th rowspan="2">TOPICS</th><th>Planning of hours</th></tr>
<tr><th>theory / practice</th></tr>
<tr><td>1</td><td>ABC of ethics of MH services and equal opportunities for the mentally ill</td><td>2 / 0</td></tr>
<tr><td>2</td><td>Integrated MH services, development, evolution and historical grounds:
• History and context;
• Community, MH and PH services</td><td>2 / 2</td></tr>
<tr><td>3</td><td>Matrix-like model of MH: geographical spread:
• National and regional levels;
• Local level;
• Patient level.</td><td>4 / 2</td></tr>
<tr><td>4</td><td>Typology and methodology of community services for the mentally-ill:
• Description and review of international models of community MH services;
• General methodology for setting up community MH services;
• Administrative and organizational layout of a community MH center;
• Psychosocial rehab as a key tool in community services;
• Psychotherapy as a key method for psychosocial rehab in community services. Key directions and currents.</td><td>4/ 8</td></tr>
<tr><td>5</td><td>HR as a key component of community MH services:
• Training and morale of staff.
• Multidisciplinary community teams as a structural unit of intervention for community MH services</td><td>2 / 2</td></tr>
<tr><td>6</td><td>Professional skills required for community MH service delivery:
• Knowledge and hands-on competencies required to implement community MH services;
• Commonest psychotherapeutic practices</td><td>0 / 2</td></tr>
<tr><td></td><td>Total</td><td>14 / 16</td></tr>
</table>

Annex 7 Share of Topics across Graduate and Post-graduate Curriculum Programs

#	Theory / Practice modules	Hrs. planned	students	residents	trainees
1	ABC of ethics of MH services and equal opportunities for the mentally ill	2 / 0		2 / 0	
2	Integrated MH services, development, evolution and historical grounds	2 / 2	2 / 2	2 / 0	
3	Matrix-like model of MH: geographical spread	4 / 0		4 / 0	
	Assessment of the social and psychological environment in community MH services	0 / 2		0 / 2	
4	Typology and methodology of community services for the mentally-ill: • Description and review of international models of community MH services;	4 / 0		4 / 0	
	• General methodology for setting up community MH services;	0/2		0/2	
	• Administrative and organizational layout of a community MH center;	0/2	0/2	0/2	
	• Psychosocial rehab as a key tool in community services;	0/2	0/2	0/2	
	• Psychotherapy as a key method for psychosocial rehab in community services. Key directions and currents	0/2	0/2	0/2	
5	HR as a key component of community MH services: • Training and morale of staff;	0 / 2		0 / 2	
	• Multidisciplinary community teams as a structural unit of intervention for community MH services	2 / 0			
6	Professional skills required for community MH service delivery	0 / 2		0 / 2	
	Total	14 / 16	2 / 8	12 / 14	