

Are Australian medical students missing out on psychological skills?

David Antone Monash

MBBS, BMSc, MFamMed, MGPPsych, FRACGP, FACRR, is a rural general practitioner, and Chair, East Gippsland Division of General Practice, Victoria. mlilliput@nex.net.au

Jeffery Richards

PhD, MPsychol, BA(Hons), FAPS, is Professor of Primary Care Research, Monash University, Victoria.

Grant Blashki

MD, FRACGP, is Senior Research Fellow, Department of General Practice and Program Evaluation Unit, University of Melbourne, and Honorary Senior Lecturer, Health Services Research, Kings College London.

Graham Meadows

MD, MPhil, MBChB, MRCP(UK), MRCPsych, FRANZCP, is Professor of Adult Psychiatry, Monash University, and Director, Southern Synergy – the Southern Health Adult Psychiatry Research, Training and Evaluation Centre, Victoria.

BACKGROUND

Common mental illnesses such as depression and anxiety can often be treated with evidence based psychological interventions. Existing research indicates that Australian medical courses are poorly preparing their graduates for this role.

METHOD

A mail survey of the Chairs of curriculum committees in the 11 Australian medical schools providing 5 or 6 year undergraduate medical education in 2004.

RESULTS

Nine of the 11 universities returned their surveys with only three dedicating more than minimal resources to educating students in the area of psychological therapy.

DISCUSSION

More time and resources are required in the Australian medical school curriculum to increase the level of psychological skills training for medical students.

High prevalence mental health disorders such as depression and anxiety disorders can potentially be treated with evidence based psychological interventions. Patients principally present to general practitioners in the first instance. General practitioners often don't refer patients for psychological interventions for a range of reasons including lack of access, patient stigma, patient resistance, or the GP having a special interest in the area.¹ However, the information available to date indicates that doctors are poorly trained for this role.²

A review of the Australian literature yielded two published papers. A 1999 study by O'Connor, Clarke and Presnell,² concluded: 'There is a need to broaden the clinical experience of students to better equip them for future medical practice. There appears to be a serious mismatch between the settings in which most students are taught and the settings in which most will work later as nonpsychiatrist practitioners'.

A study by Sahhar and O'Connor³ in 2004 concluded: 'In an earlier survey it was found that Australian and New Zealand medical school curricula focused largely on the diagnosis and pharmacological management

of psychosis and depression. The GPs in the present study most commonly applied psychologically orientated treatments of anxiety, depression and substance abuse. It is proposed that medical schools provide tuition to medical students in counselling'.

Both studies suggest that graduates are under trained in this area so we sought to detail the hours being taught in the area of psychotherapy skills training in our universities. Given that a large proportion of our medical students go on to become GPs, this article aims to examine how the undergraduate medical curriculum is preparing our future doctors for this role.

Method

During 2004, we surveyed the 11 Australian medical schools. The survey consisted of five questions and was sent to the curriculum committee chairs of each university. Repeat surveys were sent to nonresponders over a 12 month period. There was no effort made to substantiate the answers received from the universities as this was beyond the scope of this preliminary work.

The study was approved by the Standing Committee on Ethics in Research involving Humans at Monash University, Victoria.

Table 1. Combined total and mean reported number of hours training in psychotherapy in Australian universities in 2004 by year of medical course

Year of course	Combined total hours of training in psychotherapy (nine universities)	Average number of hours per year per university
Year 1	32.4	3.6
Year 2	46.8	5.2
Year 3	22.5	2.5
Year 4	41.4	4.6
Year 5	74.7	8.3
Year 6	63.0	7.0

Results

Nine of the 11 universities responded. Three reported that the number of hours in their students' syllabus (years 4–6) devoted to diagnosing and treating the high prevalence mental disorders was more than 45 hours. The remaining six medical schools provided less than 45 hours, with two of these providing less than 15 hours.

Participants were asked how many hours of instruction in specific psychotherapeutic techniques were provided to medical students (eg. cognitive behavioural therapy, psycho-education techniques, motivational interviewing, relaxation strategies, skills training and interpersonal therapy). Eight of the 9 universities indicated less than 30 hours with one reporting greater than 45 hours in this area.

Each university was also asked to report how many teaching hours were allocated to psychotherapy training in each year of the curriculum. Mean teaching hours per year are reported in *Table 1*. Most teaching was provided in years 5 and 6, with an average of 8.3 and 7 hours per year respectively.

Only three of the 9 responding universities gave their students the opportunity to practise psychotherapeutic skills.

Discussion

Within the limitations of this type of survey, our research indicates that only three of the respondent universities are providing their medical students with more than minimal teaching in the area of psychotherapeutic techniques and methods.

The need for these skills has recently been highlighted by a report from the Mental

Health Council of Australia,⁴ and the first report from the Senate Select Committee on Mental Health.⁵ These reports have added to the figures originally produced by the National Mental Health and Wellbeing Survey in 1998.⁶

General practitioners have played a central part in Australia's mental health workforce and will continue to do so. They are being encouraged to undertake additional mental health training to participate in the Commonwealth government funded Better Outcomes in Mental Health initiative, and uptake has been high. In the first 15 months of this program over 3046 (15%) of Australia's GPs registered and undertook level one training and 356 (1.7%) undertook level two training.⁷ These numbers have continued to grow with recent figures indicating that approximately 6000 GPs (30%) have now undertaken level one training and about 800 GPs (4.0%) level two training.⁸

It makes sense then to introduce to medical students the types of mental health skills they will use as GPs to manage common mental disorders. In our view, the skills GPs are taught in level two training could be introduced at an undergraduate level so there is a gradual acquisition of skills throughout medical training.

Research by O'Connor and Clarke² reached the conclusion in 1999 that: 'It was disappointing that psychological therapies received so little attention given the central place of counselling in modern medical practice'. Sahhar and O'Connor³ concluded in a 2004 study of GPs that further research is needed on the practicality and efficacy of teaching psychological therapy to medical students. Our survey results lend further

support for the argument that medical student training in psychological care is inadequate.

General practitioners have a central role to play in Australia's mental health workforce, and mental health skills are important for most other specialist roles. It is therefore logical that more resources be dedicated to increasing the level of undergraduate skills in psychotherapy.

Implications for general practice

- There is extensive community need for people trained in mental health care.
- General practitioners have a key role in Australia's mental health workforce.
- Few Australian universities are providing more than minimal training of medical students in psychotherapeutic techniques.

Conflict of interest: none declared.

References

1. Ellen SR, Norman TR, Burrows GD. Assessing anxiety and depression in primary care. *Med J Aust Practice Essentials* 1998;14–9.
2. O'Connor DW, Clarke DM, Presnell I. How is psychiatry taught to Australian and New Zealand medical students? *Aust N Z J Psychiatry* 1999;33:47–52.
3. Sahhar D, O'Connor D. How well do Australian medical schools prepare general practitioners to care for patients with mental disorder? *Australas Psychiatry* 2004;12:26–30.
4. Mental Health Council of Australia, Human Rights and Equal Opportunity Commission, Brain and Mind Research Institute. Not for service: experiences of injustice and despair in mental health in Australia. Available at www.mhca.org.au/notforservice/documents/NFS_Summary_Finaldoc.pdf [Accessed October 2006].
5. Senate Select Committee on Mental Health. A national approach to mental health: from crisis to community. First report, March 2006.