University of Wollongong

Research Online

Faculty of Science, Medicine and Health -
Papers: part A

Faculty of Science, Medicine and Health

1-1-2013

It's time to examine the status of our undergraduate mental health curricula

Susan J. Thomas

University of Wollongong, stthomas@uow.edu.au

Brahmavar N. Pai

University of Wollongong, nagesh@uow.edu.au

Kerry Dawes

University of Wollongong, kerryd@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/smhpapers>

Part of the [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Thomas, Susan J.; Pai, Brahmavar N.; and Dawes, Kerry, "It's time to examine the status of our undergraduate mental health curricula" (2013). *Faculty of Science, Medicine and Health - Papers: part A*. 693.

<https://ro.uow.edu.au/smhpapers/693>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

It's time to examine the status of our undergraduate mental health curricula

Abstract

To the Editor: Review of undergraduate mental health education is timely, given the growing disease burden of mental disorders and the need to better equip doctors for their central role in treatment. Curricula should prepare all doctors with competencies in recognising and treating mental health problems,¹ because these occur frequently in patients across all branches of medicine, leading to poorer outcomes.² Curricula should also prepare a minority of doctors for specialist psychiatry training.

Keywords

status, our, undergraduate, mental, examine, health, time, curricula

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Thomas, S. J., Pai, B. N. & Dawes, K. (2013). It's time to examine the status of our undergraduate mental health curricula. *Medical Journal of Australia*, 198 (10), 533-534.

It's time to examine the status of our undergraduate mental health curricula.

Med J Aust 2013; 198 (10): 533-534.
doi: 10.5694/mja12.11383

Susan J Thomas, Lecturer
Brahmavar N Pai, Professor of Psychiatry
Kerry Dawes, Lecturer
Graduate School of Medicine, University of Wollongong, Wollongong, NSW.

Correspondence:
sthomas@uow.edu.au

TO THE EDITOR: Review of undergraduate mental health education is timely, given the growing disease burden of mental disorders and the need to better equip doctors for their central role in treatment. Curricula should prepare all doctors with competencies in recognising and treating mental health problems,¹ because these occur frequently in patients across all branches of medicine, leading to poorer outcomes.² Curricula should also prepare a minority of doctors for specialist psychiatry training.¹

Review of practices is particularly pressing in Australia, where current medical school expansion provides critical opportunities to influence many training doctors' competencies. Despite this expansion, published reviews and curriculum models are notably lacking. Australian medical schools, unlike those of other countries, have yet to agree on a core curriculum in undergraduate psychiatry, and delivery, content and assessment vary widely.³ These factors increase the probability of isolated curriculum development and inefficiency in preparing doctors with core skills. The Royal Australian and New Zealand College of Psychiatrists has called for greater collaboration across medical educators to develop core psychiatry curricula.¹

A strategic curriculum requires learning outcomes that move beyond traditional psychiatry competencies in mental status examination, to include preventive health care as well as key attitudes, knowledge and skills needed to equip future doctors to treat mental illness. Chronic challenges also require consideration — these include difficulty in recruiting psychiatrists, lack of clinicians for teaching, and stigma towards psychiatry as a specialty and towards those with mental disorders. High-quality, multidisciplinary, multi-setting teaching may boost teaching resources, expose students to first-line psychological interventions and sensitise them to early-stage presentations. Additionally, with current concerns over the mental health of doctors, medical education provides opportunities to better equip doctors to take care of their own wellbeing.

There are calls to allocate a third of medical school curriculum time to teaching about brain and mental disorders, proportional to their disease burden.^{4,5} We estimate that the current proportion in Australia is far lower. In 1999, an Australian study found inconsistency among medical schools, and an overall average of 416 hours psychiatry teaching.⁶ We have been unable to locate published figures on the percentage of total teaching hours allocated to psychiatry in Australian medical schools. More recent, and proportional, figures are needed.

Current challenges are to achieve consensus on core mental health curricula across Australian medical schools, and to ensure adequate curriculum time to enable updated learning outcomes. Publishing and critiquing our approaches to curriculum delivery will facilitate reform.

Competing Interests:

No relevant disclosures.

References:

1. Australian Medical Education Study. What makes for success in medical education? Synthesis report. Canberra: Department of Education, Employment and Workplace Relations, 2008.
2. Walton H, Gelder M. Core curriculum in psychiatry for medical students. *Med Educ* 1999; 33: 204-211.
3. Sawyer MG, Giesen F, Walter G. Child psychiatry curricula in undergraduate medical education. *J Am Acad Child Adolesc Psychiatry* 2008; 47: 139-147.
4. Olesen J, Leonardi M. The burden of brain diseases in Europe. *Eur J Neurol* 2003; 10: 471-477.
5. Wittchen HU, Jacobi F. Size and burden of mental disorders in Europe — a critical review and appraisal of 27 studies. *Eur Neuropsychopharmacol* 2005; 15: 357-376.
6. 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.