Can we teach psychiatry in medical school in a better way?

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As a final year medical student who has finished their psychiatry medical school training through the University of Auckland, I feel able to comment on the current teaching model, being aware that my perspective is but my own over a short space of time. At the heart of my concern around the current teaching model is the lack of recognition and teaching about the deficiencies of the psychiatry model.

The 2018 *Lancet* meta-analysis on whether anti-depressants work, showed that almost all outperform a placebo in trials.[1] A significant question that these studies do not answer is whether there is any long-term benefit or not of these medications, as most studies have a short duration (<6 months); the cost of long studies and the duration to publish being a barrier. The effects of anti-depressants on those with mild depression is almost insignificant (it is greater in those with more significant depression),[2] yet this makes up a large proportion of prescribing. Studies around anti-depressant effectiveness don't factor in the withdrawal effects with stopping an anti-depressant medication. The side effects from mental health medications can be very significant, such as with medications used to treat diagnoses of bipolar disorder and schizophrenia. I couldn't find any published research on how often mental health diagnoses in individuals are changed, but this is a regular occurrence in clinical psychiatry. A holistic evaluation of the upsides and downsides of anti-depressants and other psychiatric medication is not easy for studies to establish, and therefore personal experiences and population-level outcomes seems important to engage with to supplement whether our approaches in diagnosis and management are effective.

The recent government enquiry into mental health and addiction found numerous concerns about the mental health system including wait times, concerns with access and a limited range of options.[3] Issues with mental health are found in all parts of society. The rate of suicides in New Zealand has increased consecutively over the past six years to the highest rate since 1999.[4] This despite rates of SSRI prescribing (an anti-depressant) increasing from 2014 to 2018.[5] It is now recommended that we talk before we prescribe for mild cases of depression.

There is a huge amount of positive work that people that work in this field do. I could name many workers in this field that I have personally been able to study under who I saw do many wonderful things in this field. I am very grateful for the opportunities these people have given me as a student with their time and effort while working. Without these opportunities students wouldn't get a chance to be exposed to many of these problems.

In the context of where we are in history, it appears to me that there are great needs in mental health in New Zealand. The current models of mental health taught in medicine seem adequate at best, but hardly rising to meet the needs of our community. It feels to me that we could do much better, but we would have to find new ways to approach these issues, and to let go of approaches that bring little effective benefit to make use of our limited time. Being open and honest about the limitations of the psychiatric model may allow for the emergence of inspirational ideas and better critical thinking by our "leaders of tomorrow" in evaluating solutions for these problems. Just because the solutions are not at hand, does not meant that they are not close by.

ISSN 1175-8716

Competing interests:
Nil.

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URL:
www.nzma.org.nz/journal-articles/can-we-teach-psychiatry-in-medical-school-in-a-better-way

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