

This is a submission to the productivity commission enquiry into the mental health system.

I have decided to write this submission because I believe while the draft report has covered most of the significant issues which need to be addressed as part of this enquiry. There is one significant gap, that is the training of doctors which needs to be included.

Most people when they are unwell will either go to a GP or present at a hospital emergency department. These are often the first port of call for patients with a mental illness. They will either be with a family member/friend/partner/carer or alone. It is at this stage their treatment journey begins. Therefore the knowledge, understanding, approach and interpersonal skills of the first treating doctor will significantly impact on the appropriateness of patient's treatment and influence the outcome.

My comments are based on 15 years experience training doctors for medical specialty interviews across a wide range of specialties including GP's. More recently I have trained consultants for senior roles. My medical training experience includes Australia and New Zealand.

Based on this experience, I have identified the following areas as significant influencers on a doctor's ability to make safe and competent patient centred decisions particularly where mental health issues are involved.

Medical Training

- Medical training is typically based on the problem/solution teaching model (memorised knowledge), underpinned by evidence based medicine and the process of elimination to reach a diagnosis. This process minimises the focus on the individual patient. While this approach works well in terms of diagnosis and treatment in an academic setting, in a clinical setting it does not take into account the uniqueness of each patient.
- Based on this model, medical students and doctors are highly skilled in memorising vast quantities of complex information, the knowledge they need to pass exams. However in a clinical setting the essential skill required, is the ability to apply this knowledge to an individual patient. Having the knowledge and technical skills, and being able to apply these, within a patient centred environment requires additional skills. These skills are not a key part of medical training and yet vital to make the individual a competent and safe doctor. These skills include listening and hearing the patient, understanding the patient's perspective and the ability to adapt their management plan accordingly. There is also a need to be 100% present when seeing a patient. This is not always the case.

The Hospital System

- Within the hospital system doctors are expected to work long hours, be available for frequent on calls and to manage additional responsibilities including study, professional development, research and prepare for exams. These often

conflicting demands limit the time a doctor has to listen and hear what their patient is saying to them. It also makes it almost impossible for doctors to spend the extra minute or two to hear their patient and respond to their concerns. What often happens while the patient is talking to the doctor, is that the doctor is already writing their management plan and thinking about the next patient they need to see. The doctor's focus is on time and the medical condition. *The patient becomes a medical condition to treat.* Not a person with a medical condition.

- The combination of lack of time and the problem/solution medical model reinforces the need to solve the clinical problem in the shortest possible time. This approach fails to take into account broader aspects which may directly impact on the patient's overall well being. While a more holistic approach is essential for managing all patients, it is particularly important for managing patients with a mental illness.
- Few doctors have any experience or training in dealing with patients with mental illness. Even junior doctors who have had a psychiatry rotation do not reflect on what they have learnt and therefore do not adapt their approach for these patients. It is not a valued rotation.
- Doctors quite early in their careers start to specialise and choose rotations that provide them with the skills and experience to successfully prepare for entry into their chosen specialty. This results in an increasingly narrow focus and patients with complex problems are 'lost' in the system. Often patients are 'passed around' different specialties without understanding the system or who can help. Patients and families don't know where to get the help they need.
- A significant concern is limited beds available for patients with a mental illness in public hospitals and limited qualified staff which affects the treatment of patients. There is always a waiting list for these beds. Therefore the focus is treat - often 'give medication' and discharge with very limited follow-up or support. Patients and/or families are left to find their own supports and resources. Patients with particularly complex problems are frequently left to families or friends etc to be cared for.
- Psychiatrists are too busy to talk to the family and provide advice. Psychiatrists rarely include families/partners/carers in obtaining background information. While patient privacy and confidentiality are very important, these are also used as a reason to exclude families carers' or close friends from understanding the specialists decisions and most importantly getting advice on how to deal with the person with a mental illness on a day to day basis. It is not about breaching confidentiality but about knowing how to provide appropriate support.

The Feedback System

- The post-graduate training system is based, to a significant extent, on the concept of reflection and continuous improvement. The focus of feedback is to facilitate continuous improvement to meet the level of skills and knowledge required for progression. As a result, doctors are always focused on what they need to achieve and don't reflect on their achievements.
- In reality, there is always room for improvement, however the problem is that doctors rarely get any positive feedback and therefore the safe approach is the medical model. The system and time constraints do not encourage questioning seniors decisions. Senior doctors also rarely reflect on their instructions or approach. They are too busy. Reflection is used mostly when an adverse event occurs. Then it is too late.

- The consequence of negative feedback is that doctors often lack self confidence. Given the lack of insight into their acquired skills (and also limitations) they are more likely to follow the problem/solution model and the directions of their seniors with few having the confidence or patient centred approach skills to question them. The patient again is seen as the provider of a medical condition to diagnose, treat and discharge, rather than a person with a medical condition that needs to be treated more holistically. This medical model makes it difficult for a patient with a mental illness to be provided with the treatment they require. Which is rarely short term or straight forward.
- The medical approach is reinforced by the fact that doctors often refer to their patients by their medical condition rather than their name. Using such language takes away the human and they become a medical problem to be solved.

Role Modelling

- Role modelling is an important part of the hospital training system. Junior doctors learn many of their skills, behaviours and approaches to managing patients from their more senior colleagues. This approach works well in theory, however, the success of this approach depends not only on their senior's knowledge, skills and experience but also on the senior doctor's patient centred focus, interpersonal, communication and management skills. There are limited guidelines or training provided for these essential non-clinical skills. From residency onwards, doctors are expected to supervise and train their juniors. This is a challenge for many doctors at all levels as they have limited experience in supervision or an understanding of the skills required to be a competent supervisor/role model.
- To address some of the non-clinical skill gaps, some specialties have recently introduced a role play as part of their specialty selection interview process. The candidate is put into the position of having to resolve a common situation with a patient and/or their family/carer. What I have found most doctors believe their patient relationship and communication skills are one of their strengths. It is only during a role play, they come to realise they have not listened or responded to the patient/patient/family/carer, they simply continue to say what they intended to say without acknowledging the patient/family/carer comments or adapting their approach. This is significant issue for most doctors and needs to be addressed much earlier in their training.

Achievement Culture

- Doctors are high achievers by nature, they are not used to failing nor skilled in reflection which makes dealing with any perceived or real failure very difficult. They are determined and expect to achieve their career goals. This mindset influences the way they approach patients. particularly those patients who they see as non compliant . The doctor's approach to non compliant patents is to continue to tell them what they need to do. as if telling a patient often enough will change their behaviour. This approach is especially damaging to patients with a mental illness.
- The other concerning aspect of the achievement culture is that those doctors who do not succeed in their first or second attempt feel isolated and too ashamed to admit to having problems or ask for help. They fear they will lose their training and career opportunities even when the issues are short term. This is particularly concerning when talented and capable doctors commit suicide or self harm rather than asking for help. In the achievement culture, struggling doctors may not even

confide in their close friends. it is time to review this culture, doctors are not superhuman and the idea that working long hours makes them more skilled is unrealistic. Many reputable studies show that people who do not get sufficient rest or breaks become more inefficient, lose concentration and make mistakes. This will lead to poorer outcomes for both patients and doctors.

While there is no easy solution, it is time that training institutions(universities), hospitals, health departments, the profession and of course government reflects on these issues and more importantly takes action to improve the outcomes for patients, the medical profession and broader community.

It is not about statistics although important or just funding, it is about the impact on individual patients, doctors and other health professionals their families, friends and communities which is so much more costly in the longer term if not addressed.

While many of these issues will take time, more research and also funding to address fully, there are some changes which can be made in the short term.

- Doctors need to change their language and use the patients name not their medical condition, they will then start to see their patients as people.
- As part of the medical training programs run by departments and/or the hospital, develop a program to include listening hearing and communication (plain English) as part of the training - not an online model but a face to face practical one with constructive feedback.
- Provide some tailored training on supervision so that all doctors, especially junior doctors have practical skills to manage their supervision responsibilities.
- Develop a reflection model that includes what each doctor has achieved not only what they need to learn. This model will provide each doctor with a more realistic perception of their skills and limitations and make them a safer and more competent practitioner.
- As a short term measure require all specialty selection interviews to have one station where a role play is required.
- Provide a supportive environment for all doctors - so that those dealing with stress and other issues feel safe to discuss it with their supervisors in confidence without judgment.
- Provide senior staff with training to understand and manage staff issues without judgment. This needs to be a structured program delivered in person. Online training will prove ineffective.

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I am a Sydney based trainer, author, consultant and Director of Impressive Interviews specialising in training candidates for job interviews. For the last 15 years I have specialised in training doctors for medical specialty selection interviews and more recently consultants for senior roles.

Prior to this, my career included selection and recruitment, evaluation of government-funded programs and working with disability employment services. I hold a Bachelor of Economics Degree from the University of Sydney and a Graduate Diploma in Personnel Management and Industrial Relations from UTS.