MAPP Inc.

Melbourne Association for Psychodynamic Psychiatry Inc.

Reg.No. A 0044583N

MAPP submission to the Royal Commission into Victoria's Mental Health System.

Who are we?

The Melbourne Association for Psychodynamic Psychiatry (MAPP) is an organization set up almost 20 years ago primarily because of a lack of psychotherapy training opportunities for psychiatrists-in-training and psychiatrists. It runs a comprehensive eighteen month program which allows psychiatrists to learn more about psychodynamic psychiatry and psychotherapy. The program is accredited for the Advanced Training certificate in the Psychotherapies, RANZCP. It is the major independent provider of RANZCP accredited training in psychotherapy in Victoria. We are assisted by many experienced psychiatrist psychotherapists who lead seminars and offer supervision and mentorship. We have also set up series of seminars about Starting out in Private Practice and an Introduction to Psychodynamic Approaches to the Practice of Psychiatry.

Psychodynamic psychiatry is based historically on a psychoanalytic approach but is now situated within a broad biopsychosocial model.

The MAPP committee consists of psychiatrist psychotherapists who work in private practice with some also doing work in the Victorian public mental health system, particularly supervising trainees on their mandatory 40 session psychotherapy case.

As an organization which is in close contact with trainees and supervisors we would like to make some observations which relate to issues of workforce, psychiatric training and the importance of a psychotherapeutic approach.

Support

Firstly we would like to express our full support for the submission by the Victorian Subsection of the Faculty of Psychotherapy (FOP), RANZCP, which is submitted as an appendix to the Victorian Branch, RANZCP submission. Their submission authored by Drs Melinda Hill and Gabriel Feiler is extraordinarily comprehensive. We think that it is an excellent document and if followed would lead to a more humane and effective psychiatric system for Victoria in the 21st century.

Our observations

As a famous psychiatrist said "It is in the very way we treat each other that treatment itself lies…"

It is our observation that many psychiatric trainees have not received adequate training in person centred interview skills and creating a therapeutic alliance at the outset of their training or subsequently. By this we mean an interview that is designed to create a warm trusting relationship with the patient rather than to just elicit symptoms and signs of illness and risk. Unfortunately this latter type of interview can create more risk by alienating and re-traumatizing the patient such that he/she is unwilling or unable to reveal what has been happening to him/herself. On the other hand empathic listening skills make it easier and more satisfying for doctor and patient and allow the doctor to bear the patient's distress, which in itself is containing and therapeutic.

Trainees need to be comprehensively looked after in their work. Trainees have much work and time pressure and they work with patients who are often highly distressed and traumatized. This can be traumatizing for trainees and they need much support, supervision, mentoring and training in how to deal with such emotionally charged situations. There can be support from their consultant psychiatrists and peers but trainees can also be helped by personal therapy and by group discussions in the workplace that add reflective process and emotional containment, such as Balint-style groups as recommended in the FOP submission.

If such support is not available it is quite likely that the trainee will burn out or cut off emotionally/dissociate such that they will not be able to treat the patient well. (Dissociation is a normal human way of coping when a person feels overwhelmed and lacking in adequate support for the circumstances in which they find themselves/are placed.) This will cause suffering as well as the risks of vicarious traumatization and secondary traumatization for both trainee and patient. Trainees may become mentally unwell themselves. Recent nationwide focus on mental health and suicide of doctors in training, particularly psychiatry trainees highlights the need for adequate support

In their psychiatric training, trainees often have little opportunity to build on their listening and psychological treating skills. Unfortunately much work is crisis and time driven. **Often the mandatory 40 session psychotherapy case is the only time that trainees see any patient consistently over a period of time**. There is also very little other opportunity for psychotherapy.

Unfortunately it means that some trainees when they come for advanced training in psychotherapy have had very little basic training in Psychotherapy**. It is vital that trainees in basic training have far more experience of psychotherapy than they receive at present.** For the psychiatrists who have not chosen to complete advanced training in psychotherapy, this may mean that they have very little understanding and experience in the psychological treatment of patients. The recommendations by Hill and Feiler will make a massive difference in this regard. It is a common finding that patients want to be treated by conversation not medication, where possible. Training in psychotherapy, both at a basic and advanced level of psychiatric training, allows this to occur more readily and with approaches that are evidence based.

Over a number of years, as stated by Hill and Feiler, there has been an overall loss in psychotherapeutic culture in the state system such that basic psychotherapy skills have not been adequately embedded in training and clinical practice. Not only trainees suffer from these problems. **Many of the psychiatrists who are supposed to be training the trainees have themselves not been adequately trained.**

This serious state of deficit in the state system needs urgent attention for which the FOP make recommendations in terms of appointing consultant psychiatrist psychotherapists. We agree that such positions should be created.

A number of psychiatrists want to learn more about psychotherapy, to treat patients in a more complex way psychologically and /or to specialize in a psychotherapeutic modality. Many of these psychiatrists attend our course. **Unfortunately there are very limited psychiatric training posts in psychotherapy and it is recommended that more training posts become available.** Graduates of our course would be interested in taking on the types of roles that Hill and Feiler recommend.

Many in our organization are in private practice. Many psychiatrists have left the state system because they do not feel able to do good enough work in that sector, or that the work risks doing harm to patients. Many private psychiatrists in our observation would be very interested in taking up roles in the state system if they felt they could take a role that was valued and beneficial or as one psychiatrist wrote: "psychiatrist psychotherapists are not disinterested in the public sector and only interested in catering to those who can afford private treatment (which is a common misconception) but rather that they are appalled and alarmed at the extent to which the capacity to provide psychotherapeutically-informed treatments has been eroded in the public sector, and would like to see if they can do their bit to improve the situation."

Our observations build on the work of Hill and Feiler. They have addressed the importance of psychotherapeutic approaches in a very comprehensive way, suggesting ways that the Victorian system should change. Our observations address the linked issues of "attracting, retaining and better supporting the mental health workforce" and training.

We hope that our observations are of some help to the commission.

Best wishes

Charles Le Feuvre, on behalf of the MAPP committee

President MAPP, Consultant Psychiatrist in Private Practice and The Royal Melbourne Hospital, Past Chair of the Binational and Victorian Sections of Psychotherapy, RANZCP.