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Dr Maria Tomasic
President Royal Australian and New Zealand College of Psychiatrists
309 La Trobe St
Melbourne, Vic, 3000

Subject: Psychotherapy training in psychiatry

Dear Dr Tomasic

The Mental Health Coordinating Council (MHCC) is the peak body representing community managed organisations (CMOs) in NSW. Our members provide a range of clinical, psychosocial, education and information resources and services with a focus on recovery orientated practice. MHCC's membership consists of over 250 CMOs whose business or activity is wholly or in part related to the promotion and/or delivery of services for the wellbeing and recovery of people affected by mental health problems.

Working in partnership with both State and Commonwealth governments to promote recovery and social inclusion for people affected by mental illness, we participate extensively in mental health policy and sector development and facilitate linkages between government, non-government and private sectors. MHCC consult widely in order to respond to legislative reform and sit on national and state committees and boards in order to affect systemic change. MHCC also manage and conduct research projects and develop collaborative programs on behalf of the sector. We are a Registered Training Organisation delivering nationally accredited mental health training and professional development to the workforce.

MHCC were recently informed that there are moves to reduce or completely cut out the psychotherapy training that has been a mandatory part of registrar psychiatry training, and we wish to express our concern regarding any such change to the skill set that a psychiatrist must develop.

MHCC have been vocal for many years of the way psychiatry has moved toward "biologising distress" and the over-utilisation of diagnosis of symptoms under the DSM or ICD, and targeting the symptoms with medication, representing an over-reliance on "objectivity" and a focus on what constitutes a "problem."

This is of particular concern with regards to people with complex presentations who may present at a diversity of mental health settings, many of whom are survivors of a childhood trauma (a group of people whose complex needs have been extensively ignored by governments and health professionals). These people may have adopted extreme coping strategies in order to manage the impacts of overwhelming traumatic stress, including suicidality, substance abuse and addictions, self-harming behaviours such as cutting and burning, dissociation, and re-enactments such as abusive relationships. Although their trauma may be core to their difficulties and awareness of it pivotal to their process of recovery, in many public mental health settings their trauma per se is seldom identified or addressed, and yet it is central to their treatment and recovery. Without addressing the core issues of their trauma, they will continue to struggle with daily functioning whether they are taking medication or not.
An understanding of alternative ways of working with consumers is key to 'the recovery approach' to mental illness, and in our view it is vital that psychiatrists have other and additional ways of treating their patients apart from medication.

In a National Inquiry into the Human Rights of People with Mental Illness, a report tabled in Parliament in 1993, Commissioner Brian Burdekin wrote, *some professionals place an over reliance on symptomatology and purely medical models to the exclusion of psycho-social and environmental factors in diagnosing psychiatric disorders* (Ch. 5). Whilst all modalities have their critics, the medical model has been highlighted here because it does little to validate and explore the consumer's subjective experiences, and because it is the dominant model utilised by clinicians working in mental health settings, it is almost universally criticised by psychotherapists working with survivors of childhood abuse.

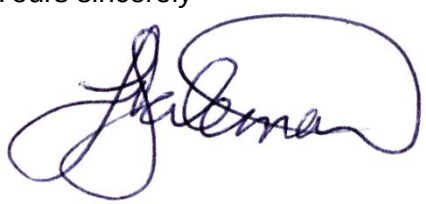
We endorse the sentiments of the Binational Psychotherapy Committee that views *registrar training in psychotherapy as a critical part of psychiatry training which provides some balance with respect to the biologising of mental illness*. We understand that for many years part of psychiatry training has involved a mandatory 40 session psychotherapy case. This requires the trainee to sit with his/her client and their distress, listen and understand their lived experience of mental illness and symptoms, as well as consider their psychosocial functioning and work together towards achieving personal goals over a 12 month period; whilst refraining from focussing on symptoms and medication.

We understand that over recent years *many in the College have thought that this training was an impediment to registrar progress, and have sought to "water down" the experience,* and that a 10,000 word write up of this case which requires a pass is no longer mandatory. It is only through write up and critical case and self-reflection (and supervision) that registrars can come to grips with psychotherapeutic concepts, reflect and understand people at much deeper, complex and sophisticated levels.

Lastly, in view of the significant research into neuroscience and recent theoretical perspectives and technological advances in brain imaging which have revealed that the brain is an organ continually built and re-built by a person's experiences, we are now beginning to learn that the brain has the ability to 'heal' and 'repair' neural pathways and that many forms of psychotherapy are supported by neuro-scientific findings. Louis Cozolino (2010) in the *Neuroscience of Psychotherapy* eloquently argues that all forms of psychotherapy are successful to the extent to which they enhance change in relevant neural circuits. In the light of this research and extensive research by Stevenson, Meares and D'Angelo,2004, reporting on positive outcomes in a *Five-year outcome of outpatient psychotherapy with borderline patients*, Psychological Medicine, 2005, 35, 79–87.,and Bateman and Fonagy (2001) *Treatment of personality disorder with psychoanalytically orientated patient hospitalisation: an 18-month follow-up,* American Journal of Psychiatry 158, 36–42., the importance of psychotherapy can hardly be ignored as critical to the skills that the profession needs to retain and indeed we strongly urge the College to enhance in the future.

We are keen to hear your thoughts on the views expressed in this letter, and would welcome the opportunity to meet with you to clarify this matter.

Yours sincerely



Jenna Bateman
Chief Executive Officer