



Health and Disability Commissioner  
Te Toihau Hauora, Hauātanga

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Tēnā koe Professor Wilkinson

**Proposal to remove psychological medicine from Otago Medical School's compulsory curriculum for the sixth year programme**

I write to express my deep concern about Otago University Medical School's proposal to remove psychological medicine from its compulsory curriculum for the sixth and final year. Mental health is an integral part of health. An understanding of psychological medicine is an important underpinning for interaction with and care of people regardless of medical speciality. Twenty percent of the population are estimated to be living with a diagnosable mental illness and/or addiction every year. Estimates increase to between 50 and 80% over a lifetime. While nearly 4% of the population will access specialist mental health services and addiction services each year, the majority of interactions people will have with the health and disability system for mental distress and addiction will happen in primary care:

- A recent survey by the Royal New Zealand College of General Practitioners estimated that mental distress and addiction makes up around a third of all general practice consultations.
- According to HQSC's Atlas of Healthcare variation, around 840,000 New Zealanders were dispensed one or more psychotropic medicines in 2018, with 425,000 receiving such medicines regularly throughout the year.
- The number of people receiving help in primary care will only increase with the Government's \$455m investment to increase access and choice for mental health and wellbeing support within primary care settings.

Other specialties will also cross over with psychological medicine. For example, according to data collected by the Australasian College of Emergency Medicine over a seven day period, around 7% of all presentations to emergency departments are for people seeking help for mental distress.

Understanding of psychological medicine is important for addressing equity in our healthcare system. Evidence collated for the Aotearoa NZ Equally Well collaborative identifies that people living with mental distress and addiction experience worse physical health outcomes than others, and that outcomes are worst for Māori. Some of this disparity relates to additional risk factors, however, disparity in the quality of physical health care received is also a factor. These disparities include diagnostic overshadowing and failure to adequately screen for risk factors associated with mental distress, addiction and associated treatment.

Currently, the 6<sup>th</sup> year medical programme gives all students the opportunity to get hands on experience in the provision of mental health care. This opportunity to put theory into practice and to

get practical instruction from more experienced professionals is particularly important for addressing these inequities and the stigma and lack of understanding that contribute to them. I urge you to reconsider this proposal.

Nāku iti noa, nā

Kevin Allan

**Mental Health Commissioner**

**Deputy Health and Disability Commissioner**

CC Dr Mark Lawrence, National Committee Chair, The Royal Australian and New Zealand College of Psychiatrists  
Associate Professor John Allan, President, The Royal Australian and New Zealand College of Psychiatrists