

# ARE WE ADEQUATELY

# Training specialists in women's mental health

**A** knowledge and understanding of mental health in relationship to obstetrics and gynaecology is essential. Unfortunately, there can be a chasm in clinical medicine between the evidence based approach—treating the statistical entity—and treatment of the individual patient. Treating the individual patient includes ascertaining information about—and being aware of the possible implications of—the woman's mental health, socioeconomic background, social skills, knowledge and education, her lifestyle, emotional status and personality, coping skills, and genetic background. Best medical practice requires the physician to be able to integrate all these bio-psychosocial factors with the evidence based 'facts'.

## Best medical practice is also preventative medicine

Many medical schools are now training their students to effectively listen to and communicate with their patients, and to be sensitive to their patients' differing needs. This includes an awareness of women's mental health and the impact of a woman's mental health on her presenting problems, acceptance of treatment and outcome. Fully informing women about possible treatments—and involving each patient in her treatment—is likely to result in a more positive outcome and be less likely to end in litigation.

One of the greatest improvements has been in the teaching of students to conduct a gynaecological examination. Students learn to perform the examination with skill and sensitivity, to explain to the patient at the outset what they are going to do and describe what they are doing during the examination. Students are taught to be aware of individual women's needs at all times and they receive feedback from the women they examine.

## What can go wrong?

With increasing time since medical school, long hours at work, somewhat repetitious work, a continual need to update procedural skills, isolation from all but a few friends with similar interests and background, thankful patients giving only positive

feedback, and respect and status in the community it is easy to understand how doctors can lose their sensitivity to their patients.

Asking patients questions when four times out of five the answer is 'No' and you do not know clearly what to do if the answer is 'Yes' can lead to simply not asking certain questions. Questions not asked by obstetricians in private practice include: 'Have you ever suffered any psychological or psychiatric problems such as depression?'; 'Have you had problems controlling your body weight or suffered from an eating disorder?'; 'Do you have any family history of psychiatric or mental health problems?'

As an example of good practice let us look at managing a woman during her first pregnancy and the postpartum year.

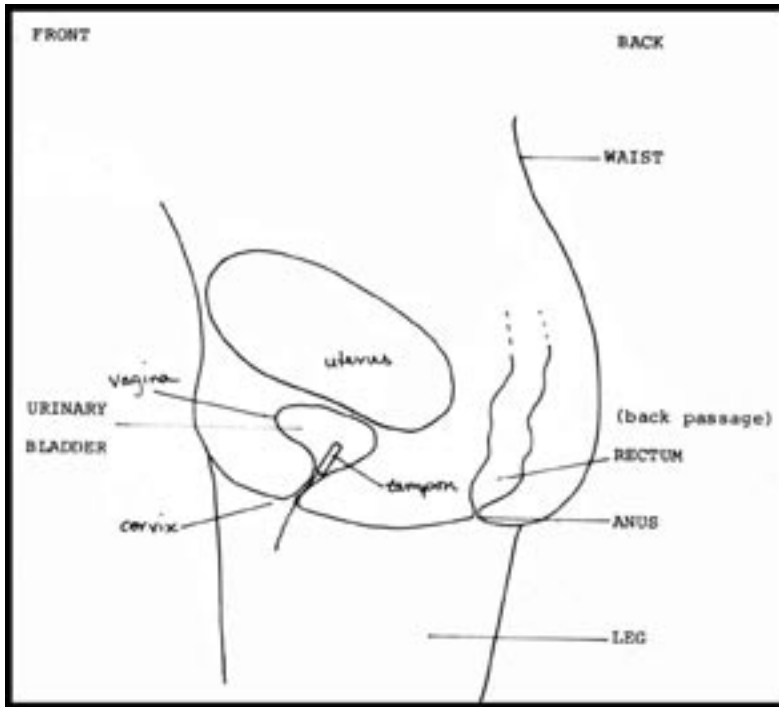
Let us say she is one of the 20 per cent of women with a history of an eating disorder. You find she was at a low weight as a young teenager with sufficient weight loss for her parents to take her to a doctor. She then became overweight and has struggled to keep her weight under control ever since. She thought she was a bit depressed as a teenager but not since.

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Offering a referral to a dietician to talk about eating and pregnancy and being sensitive about the challenge pregnancy presents to some women's body image, would be a start. Incorporating assessment of body weight, exercise and mood at antenatal visits

**Figure 1**



A woman's response to being asked to show where a tampon would sit if it was correctly placed.

would allow early intervention, if necessary, and prevent problems such as infant growth retardation and postnatal depression. Many women who suffer from postnatal depression are depressed during pregnancy and/or have a history of psychological or psychiatric problems including eating disorders. The Royal Australian College of General Practitioners (RACGP) provides training programs in these areas.

**'Who will train the teachers?'**

Ten years ago when the new medical curriculum was developed at the University of Sydney we asked: 'Who will train the teachers?' It was felt that the students would be the ambassadors and they would slowly ensure these skills were practised and retained. Whether enough of these graduates and graduates of like-minded universities have embarked on specialisation in women's health and retained these skills is not known.

The fear is that these skills can be lost. Interns and registrars also learn from and model themselves

on their seniors. If they perceive it is not necessary to have good individual clinical patient skills to be respected by their peers, or to have a good income, these skills can be forgotten.

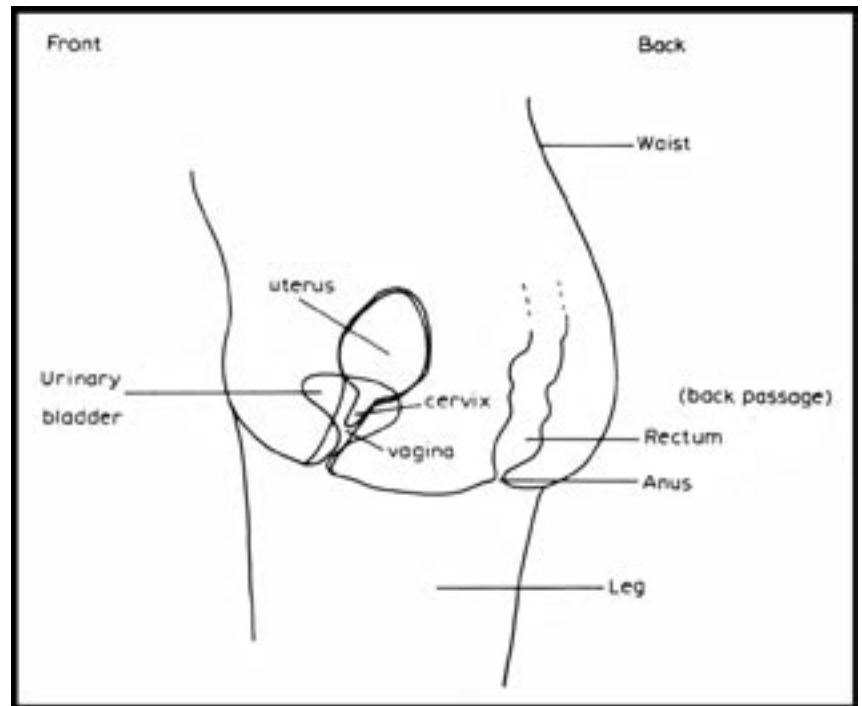
There are ways senior specialists can sensitise themselves and support younger doctors in training to continue this practice of clinical medicine that permits treatment of the individual woman. Some of the general and specialist societies promote this integrated approach. For example, the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG) meets each year and is in Sydney in August 2006. The RANZCOG promotes psychological skills and provides good multidisciplinary information on their website; particularly impressive is the training manual *Medical responses to adults who have experienced sexual assault*.\*

**Patient information**

The introduction of brochures, booklets and health websites, usually written in simple reader-friendly language with clear uncomplicated diagrams, has been a great improvement in the delivery of healthcare to women.

Unfortunately, there can be a down-side to this progress. When professionals give or recommend reading material they may assume the woman reads it, finds it is applicable to her and that the

**Figure 2**



A woman's response to being asked to draw in and label the uterus, cervix and vagina.

information provided answers any questions she may have. They may assume the woman is able to conceptualise the simple diagram provided and able to integrate this with the information given.

Women find the reproductive system difficult to visualise (see Figures 1 and 2). Apart from reading and having visual input, many women learn and understand by discussion with a question and answer approach—everyone learns differently. The clinician should not assume information from other sources decreases the need of the woman to be fully informed and discuss her problems with her own doctor.

### The importance of psycho-social skills

The lack of psycho-social skills in the postgraduate training of doctors is not restricted to Australia. The Royal College of Physicians and the Royal College of Psychiatrists in the UK have working parties, and a paper making recommendations for the psycho-social aspects of care in clinical settings in North America was published this year.

Ultimately, it is surprising that more emphasis has not been placed on an awareness of the mental health of women as this is where harm can be done. For example, currently, examination of young women who have difficulty inserting a tampon or achieving penetration can be done under anaesthetic. Afterwards, this can be perceived by the woman as reinforcing that she is not normal, as a loss of

control and even as abuse and can be associated with exacerbation of a psychological or psychiatric problem.

It is vitally important that obstetricians and gynaecologists have mental health knowledge and skills to ensure that when treating a patient's presenting symptoms, her best possible quality of life is maintained.

### What can be done?

Continuing education in obstetrics and gynaecology needs more than liaison psychiatry input and training, it needs input from general practitioners. A series of well-written articles on 'psychiatry for the non psychiatrist', specifically for people who work with women, would be a great start. Practise in taking long, integrated histories from women, and more time to talk with patients would also help, though this would likely necessitate training more specialists in women's health.

### Further reading

All patient brochures produced for patients by the medical colleges, women's magazines and popular TV series such as *Home and Away* (Seven Network).

\* For more information, and to order, see:

[www.ranzcog.edu.au/sexual-assault-module](http://www.ranzcog.edu.au/sexual-assault-module)

## Request for contribution of MCQs for Diploma Written Exam

- (a) The College is seeking contributions of multiple choice questions (MCQs) for use in the Diploma Written Examination: all Fellows and Diplomates of the College are invited to submit questions.
- (b) Fellows can claim 1 CPD point in educator activities for each question that is accepted into the Diploma Written Examination item bank.
- (c) Guidelines on writing questions, the Diploma syllabus and an MCQ Item Submission Form are all available on the College website at [www.ranzcog.edu.au/fellows/examiners](http://www.ranzcog.edu.au/fellows/examiners)
- (d) Questions regarding MCQs should be directed to:

One CPD point available for each question accepted

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