



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

**ADAPTATION TO THE PRACTICE OF PSYCHIATRY  
IN AUSTRALIA AND NEW ZEALAND**

working  
with the  
community



# ADAPTATION TO THE PRACTICE OF PSYCHIATRY IN AUSTRALIA AND NEW ZEALAND

The curriculum for Specialist International Medical Graduates comprises the basic training curriculum and the advanced training general adult curriculum.

Whilst this theoretical knowledge and experience is essential to the competent practice of psychiatry in Australia and New Zealand, it is not sufficient in itself. Additionally, although the practice of psychiatry in Australia and New Zealand is similar, there are some areas of knowledge and practice specific to each country.

Psychiatry is practised within a cultural context. Familiarity with the culture and with the use of language and colloquialisms is essential.

In order to safely and competently practise psychiatry in Australia and New Zealand, familiarity with the following areas is required:

- 1 Language** - psychiatry is a language rich discipline. As well as fluency in English, it is necessary to understand the national and regional nuances. American English, British English, Indian English, and Australian/New Zealand English all have differences. Where English is not the first language for the overseas trained psychiatrist, further difficulties in communication may arise. Becoming familiar with colloquialisms/local expressions/slang is important. It is important to be aware of not only the literal meaning of words, but also the emotional meaning.  
  
There is also a need to become familiar with common abbreviations and terms in common use, eg. DSP (Disability Support Pension), CentreLink, Housing Commission, WorkCover, Motor Accident Commission, ACC (Accident Compensation Commission) and WINZ (Work and Income).
- 2 Interview style and empathy** - interview style varies in different cultures. In Australia and New Zealand the style is non interrogative, listens to what the patient and family have to say, manages boundaries, demonstrates empathy, and adapts to the patient's culture, age and gender.
- 3 Communication** - styles of communication differ between cultures. It is important to begin to adapt to the style of communication in Australia and New Zealand, which tends to be less formal, reserved and hierarchical than in some other regions of the world.
- 4 Culture** may be defined as the beliefs, norms, values and behaviours that are

learned and shared by members of a group. Psychiatrists practise within a variety of cultures and require an awareness of these variables

- a There should be an understanding of the broad culture of Australia and New Zealand, and of local characteristics. Both countries have a multicultural nature. It is important to be aware of the interaction of these different cultures with the broader community, and of cultural variations in physical and mental health issues
- b Indigenous issues are important in Australia and New Zealand. The Indigenous people have a range of cultural and personal backgrounds which can influence their health and presentation in different ways. The history of Indigenous peoples influences mental health and physical wellbeing; hence historical knowledge is important. In the New Zealand healthcare system, there is an additional focus on the needs of other historically disadvantaged groups, particularly Pacific Island peoples. Clinicians need to have a good working knowledge of the principles of the Treaty of Waitangi
- c Issues of class and hierarchy may be very different from other parts of the world; obtaining an understanding of and making an adaptation to these differences is important
- d Community ethics and morals (eg. teenage behaviour, use of alcohol, de facto and same sex relationships) also need to be understood in the Australian and New Zealand context
- e Family structure, gender roles, and sexual norms and expression of sexuality vary considerably across cultures
- f Patient and family expectations of doctors, treatment, and care is different in Australia and New Zealand, as compared to some other countries. Their expectations about their role in decision making and participation in care may also differ significantly. The active role of patients and families is reflected in patient rights legislation and complaints procedures
- g Confidentiality practices may be different in the Australian and New Zealand context as compared to other cultures and an awareness of this is essential
- h Other important matters include 'sick role' variances, alternative health and therapies, the role of social welfare, and the role of unions, insurance and compensations schemes

During clinical practice, cultural differences will become apparent and the capacity for, awareness of and self reflection on these is important.

- 5 **Communication and Collaboration within health services** - psychiatrists from some cultures are relatively reluctant compared to Australian and New Zealand doctors to offer opinions and to solicit issues, or to seek, listen and take account of the opinions of other staff. Issues of hierarchy may play some role, as can a cultural reticence. It is important to become comfortable and learn to appropriately offer, solicit and take on board the opinions of others in a respectful manner.
- 6 **Medical and Health Service Culture** - medical culture varies considerably between countries, and it is important to be familiar with the medical and health service culture of Australia and New Zealand.
- 7 **Mental Health Service culture** - factors in Australia and New Zealand which need to be understood include:
  - a multidisciplinary teams
  - b working with and relating to other disciplines
  - c community psychiatry
  - d general hospital psychiatry
  - e medico-legal psychiatry
  - f working with the private sector, including general practitioners and private psychiatrists
  - g working with individuals and the role of the family
  - h the role of non government organisations
  - i gender in the workplace
  - j relating to students in the workplace
  - k relating to administrators in the workplace

Due to the geography and population distribution of Australia, rural and remote psychiatry is a special area of psychiatry; issues include isolation, economic problems, confidentiality in a small community, suicide and burnout of professionals.

The influence and authority of doctors including psychiatrists is less in Australia and New Zealand than in developing countries and a collaborative approach to treatment is required.

Many psychiatrists work across both the public and the private sectors. Some psychiatrists work in subspecialties in addition to general psychiatry, with the primary qualification from the RANZCP being a generalist one.

- 8** **Veteran culture** - there are issues specific to Australia and to particular wars or conflicts; it is important to understand these issues in relation to war veterans and other service personnel, both within the veteran population and in the general population.
- 9** **Recent history of Australia and New Zealand** is a fluid part of the culture; it is important to acquire some knowledge of major events and of their emotional impact on the communities, eg. the Bali Bombings, Cyclone Yasi, Ash Wednesday Bushfires, the Greymouth mine explosion, Christchurch earthquakes and the Foreshore and Seabed debate in New Zealand. It is also important to have awareness of how recent world events have impacted on Australia and New Zealand.
- 10** **Culture influenced conditions** - the conditions about which it is important to be familiar include, but not are limited to: eating disorders, anxiety disorders, substance use disorders, pathological gambling, post traumatic stress disorder, high prevalence disorders, borderline personality disorder, chronic pain syndromes and workers compensation issues.
- 11** **Health care systems in Australia and New Zealand** - familiarity with the structure of health care systems is necessary. In Australia it is important to have knowledge of Federal and State divisions, the public and private sectors, Medicare, provider numbers, prescriber numbers, and the Pharmaceutical Benefits Scheme (PBS). In New Zealand it is important to understand the PHARMAC regulations and the workings of government agencies such as the ACC and the Health and Disability Commission, with its various patient rights and complaints procedures.
- 12** **Boundaries** - concepts of boundaries as applied to health practitioners differ between countries, professional practice and clinical settings. Knowledge of and respect for boundary issues, both boundary crossings and boundary violation, are essential.
- 13** **Ethics** in relation to dealing with pharmaceutical companies, other private organisations, the media and legal profession and response to gifts also differ between cultures. Awareness of and respect for what is acceptable and appropriate behaviour in Australia and New Zealand is required.

**14 Medico-legal Psychiatry** - familiarity with forensic psychiatry in the Australian and New Zealand setting is necessary, including the criminal, civil and family court. It is important to be able to evaluate for the courts, write medico-legal reports and be able to function as an expert witness.

It is also important to be aware of reporting obligations (eg. child abuse, firearms notification), informed consent, and legislation relating to confidentiality.

Familiarity with the local Mental Health Act and particular applications such as involuntary treatment, use of ECT and seclusion and restraint, and community treatment orders is essential.

## ABOUT RESOURCES

An extensive or exhaustive list of references is not provided in this document. Overseas trained psychiatrists are expected to familiarise themselves with the issues outlined via orientation programs provided by employers, via access to workshops and training programs, through discussion in supervision, via personal research and self directed learning, and via Specialist International Medical Graduate networks. In this way, the resources will be living and dynamic, rather than static with the risk of becoming dated.

Some resources, which may be useful as a starting point to learn about Australian and New Zealand culture include:

- Australian 'soap operas' such as Packed to the Rafters, Neighbours, Home and Away, Blue Heelers and Sea Change
- New Zealand 'soap operas' such as Shortland Street, Go Girls and Outrageous Fortune
- Australian movies such as The Castle, The Sum of Us, The Boys, and Priscilla Queen of the Desert
- New Zealand movies such as Boy, Whale Rider, Once Were Warriors and Eagle versus Shark
- Indigenous (Aboriginal/Torres Strait/Maori/Islander) movies including Sampson and Delilah, Rabbit Proof Fence and Once Were Warriors or Maori Television [www.maoritelevision.com](http://www.maoritelevision.com) depict issues relating to history, culture and endemic Indigenous problems
- Australian and New Zealand literature - Australian authors include Tim Winton, John Marsden, Ruth Park, Marcus Clarke, Miles Franklin, Patrick White.

<http://australia.gov.au/about-australia/australian-story/austn-language-letters-and-literature>

New Zealand authors include Robin Hyde, Allen Curnow, Keri Hulme, and Guthrie-Smith. <http://www.nzhistory.net.nz/culture/nz-book-month>

Further information in Australia is available from Medicare Australia [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au), PBS Online [www.pbs.gov.au](http://www.pbs.gov.au), WorkCover (in each state), drug and alcohol services (in each state), and the RANZCP website, eg. Code of Ethics, Code of Conduct, position statements and guidelines, and the Exemption Pathway Handbook [www.ranzcp.org/prefellowship/specialist-assessment.html](http://www.ranzcp.org/prefellowship/specialist-assessment.html)

There is also information available at Rural and Remote Medical Education Online (RRMEO) website and at DoctorConnect [www.doctorconnect.gov.au/](http://www.doctorconnect.gov.au/) relating to many of the issues in this document, but because content is specific caution is required as it may not always be current.

Further information in New Zealand is available direct from the Ministry of Health [www.moh.govt.nz](http://www.moh.govt.nz), Te Pou [www.tepou.co.nz](http://www.tepou.co.nz), Mental Health Foundation of New Zealand [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz), and the RANZCP website, eg. Code of Ethics, Code of Conduct, position statements and guidelines, and the Exemption Pathway Handbook [www.ranzcp.org/prefellowship/specialist-assessment.html](http://www.ranzcp.org/prefellowship/specialist-assessment.html). The works of Mason Durie, both on-line and in print, are worth a special mention in regard to issues of Maori culture and health.

There is also information available at the MHO/RANZCP site [www.mho.org.nz/](http://www.mho.org.nz/) relating to many of the issues in this document, but because content is specific caution is required as it may not always be current.

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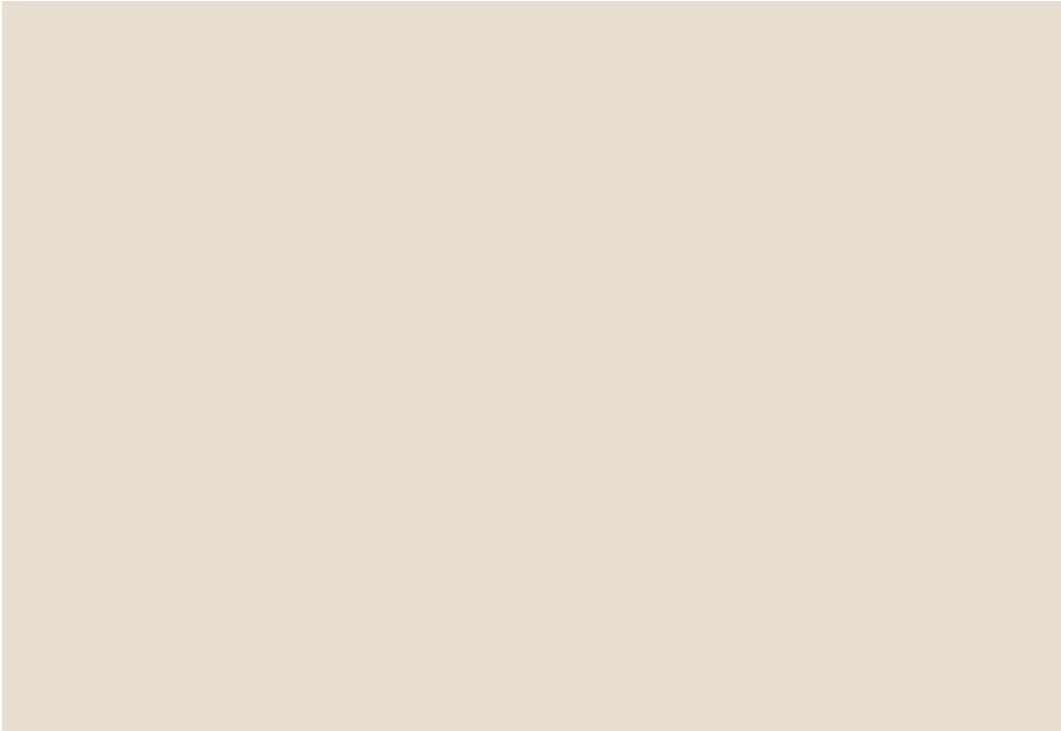
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