

The Psychiatry Clerkship: A Position Statement on the Length of the Psychiatry Clerkship

The Membership and the Executive Council of the Association of Directors of Medical Student Education in Psychiatry, in recognition of the fact that:

Psychiatric disorders are common.

The annual prevalence of all psychiatric disorders, including addictions, is 30% in the United States (1). The lifetime prevalence of any psychiatric disorder in the United States is greater than 45% (2).

The disease burden of psychiatric disorders is high.

The WHO ranks depression as the second leading cause of disease burden in established economies, ahead of cardiovascular disease, and ranks all mental illness as the 2nd illness category of disease burden, ahead of all cancers (3).

Psychiatric disorders are costly.

Mental illness imposes on the U.S. economy an indirect cost—from lost productivity due to illness, premature death, and incarceration—of \$79 billion a year, not counting an additional \$99 billion in direct costs of mental health care (4).

Patients with psychiatric disorders and psychiatric symptoms are frequently seen in general medical and primary care practices.

Among patients who took their own lives, 70% saw a generalist in the year before their suicide and 40% did so in the month prior (5).

The complex skills of psychiatric evaluation, diagnosis, and management are not quickly learned.

Endorse the following:

1. The psychiatry clerkship must provide a full-time experience in the evaluation and care of psychiatric patients.

2. The psychiatry clerkship must be at least 6 weeks in length or longer.

This position statement was developed and endorsed by the Association of Directors of Medical Student Education in Psychiatry and then endorsed by the Executive Council of the Association of Academic Psychiatry in 2005.

References

1. Kessler RC, Berglund PA, Zhao S, et al. The 12-month prevalence and correlates of serious mental illness, in Mental Health, United States, 1996 (US Department of Health and Human Services Publ No [SNA] 96-3098). Ed. Manderschied RW, Sonnenschein MA. Washington DC, US Govt Printing Office, 59-70, 1996
2. Kessler RD, Berglund P, Demler O, et al: Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the national comorbidity survey replication. *Arch Gen Psychiatry* 2005; 62:593-602
3. Murray CJL, Lopez AD, (Eds.): The global burden of disease and injury series, volume 1: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge, MA: published by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank, Harvard University Press, 1996
4. U.S. Department of Health and Human Services. Mental health: a report of the Surgeon General. Rockville MD, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999
5. Luoma JB, Martin CE, Pearson JL: Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry* 2002; 159:909-916