Choosing a career in psychiatry: expect the unexpected

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Whāia te iti kahurangi! Strive for something of great value!
Psychiatry is often thought to be a polarising specialty. You may have noticed some of your friends becoming quickly enthused by their mental health attachments, or conversely, being equally quick to declare that a career as a psychiatrist is just not for them. But do not give up reading if you are still sitting on the fence. In this editorial, we reflect on what brought us into psychiatry and how we have found this career choice. As you will see, while some of us took to it straight away, others came to the profession unconvinced before realising psychiatry was the right choice. We explain the benefits and challenges from our own experience and offer advice to medical students contemplating a career in psychiatry.

What is psychiatry and why is it important?
Have you ever wondered why a change in stress levels can prevent a myocardial infarction or the development of diabetes? Or why soldiers in World War I were offered placebo anaesthesia for leg amputations and suffered no pain? Why would an occupied rat eschew addictive drugs whilst the bored one chooses heroin? And why are mental health and addiction issues becoming more common in a comparatively developed, safer, longer-living, technologically-enabled world?

These are some of the questions of psychiatry and for those that want to understand one of the most complex things in the known universe — the human brain.

The word psychiatry is derived from the Greek for “doctor of the soul”. Psychiatrists are doctors who specialise in the promotion, protection, and restoration of mental health; a primary concern of individuals, communities, and societies throughout the world.

Mental health goes beyond physical health, but this does not mean that the mind and the body can be disentangled. As Dr Brock Chisholm, the first Director-General of the World Health Organization, famously stated that “without mental health there can be no true physical health”.

As a major priority of the current government, mental health was a central focus of the 2019 Budget, aptly named the “Wellbeing Budget”. This makes it an exciting, but also a challenging time to be a psychiatrist, with a high and growing demand for our services.

Unfortunately, mental health and addiction problems touch the lives of almost all New Zealanders directly or indirectly. In any given year, around one in five of us experience mental illness or significant mental distress. Prevalence studies show that 50–80% of people in Aotearoa New Zealand will experience mental distress and/or addiction challenges in their lifetime, and worryingly, there are some indications that prevalence is increasing. In addition, our rates of suicide remain stubbornly high and have been edging upward in the last five years.

As well as the personal harms of mental illness, the annual cost to society of the burden of serious mental illness and addiction is substantial, comprising an estimated $12 billion NZD or 5% of our gross domestic product.

What psychiatrists do
Psychiatrists focus on delivering recovery-focused care and working collaboratively with people living with mental illness. We work across the life course to improve mental wellbeing and influence models of care and health policy. While you can choose to be a general psychiatrist, most psychiatrists focus on a sub-specialty such as addiction, child and adolescent, or forensic psychiatry. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has produced a booklet describing each specialty as a useful reference.

Irrespective of what area psychiatrists work in, they need to be great listeners and have curiosity and compassion for other people’s lives.

“I was the house officer who would choose to stay late to sit with dying patients and their families, spending longer with people to hear their stories,” explains Jess, a recently qualified psychiatrist who is now the trainee representative for Aotearoa. “My friends and colleagues commented on how I thrived on building relationships with patients. And that’s when psychiatry chose me.”

What motivates people to specialise in psychiatry?
Some of the things that attracted us into psychiatry included:

- the chance to spend time with patients and really get to know them
- the broad variety of career options
- professional collegiality
- workplace flexibility and work-life balance
- a strong sense of social justice
- a career that never becomes boring

1. The gift of being able to spend time with people
For many of us, the chance to genuinely get to know our patients is a real privilege offered by our profession. This is reflected in a UK-based study exploring why trainees chose to specialise in psychiatry, with many respondents explaining that the opportunity to spend more time with patients and become involved in the psychological aspects of their care was a major drawcard for the specialty.

Alice, a recently qualified psychotherapist, agrees: “As a house officer I had enjoyed lots of things, but I soon found they grew boring after a couple of months, and the treatment of medical/surgical problems was fairly formulaic…Psychiatry was different — the management for each patient was different, I had time to listen to someone’s whole life story, and could create a formulation and plan tailor-made for their particular situation and vulnerabilities.”

2. The broad career opportunities
Another advantage of choosing a career in psychiatry is that it opens up a number of opportunities about where and how you work and is
quite forgiving of part time or split jobs. Psychiatrists work everywhere, and with everyone. Our work extends from perinatal and infant mental health through to psychiatry of old age. We try and see people wherever they are, such as in their homes, in community centres, emergency departments, rural communities, private clinics, their GP practices, homeless shelters, prisons, and hospitals.

You can find a job where all you do are assessments and you never see the same person twice, or you can be a psychotherapist and see the same person five times a week. You can do research or choose not to. If you are into ongoing learning and mentoring, psychiatry encourages teaching and the sharing of knowledge, and time is protected for peer review and supervision throughout your career. What about promotion opportunities? A disproportionately large number of psychiatrists are appointed into leadership or management positions, for which their people skills make them well suited.

“There’s a wide variety in the work I do,” says Alice. She lists assessing an elderly man walled in by 20 years of hoarded newspaper cuttings, rest home visits, clinics, writing court reports, and working closely with non-governmental organisations such as the Alzheimer’s Society, as all in a day’s work. “Having the time to visit people in their homes is a privilege and really allows me to get a true idea of what’s going on and how to help them,” she says.

Mark is the Chair of Tu Te Akaaka Roa (the Aotearoa New Zealand National Committee of the RANZCP). He is an adult psychiatrist who practises in Tauranga using integrated models of kaupapa Māori and mainstream services. Mark feels his choice of specialty has opened many doors of opportunity and personal development for him. “Psychiatry has helped me develop leadership, cultural, academic, teaching, clinical and personal skills beyond my imagination. But most of all, making a difference in the life and trajectory of people we engage with is the only reward that really matters!”

3. THE COLLEGIALLY AND MULTIDISCIPLINARY APPROACH

Collegiality is cited as a really important and rewarding aspect of the job.

“I really like psychiatrists,” says Sarah, a professor of psychiatry. “I find our specialty to be full of intelligent, thoughtful, reflective, deeply caring, and hugely knowledgeable practitioners, whom I am proud to call my colleagues. I think I would not have had such a sense of ‘family’ in any other specialty.”

Alice concurs: “Having great colleagues truly does help you enjoy the job.” She loves being part of a highly functioning multidisciplinary team. “It’s been hugely rewarding (and interesting) to work in the relatively flat hierarchical structure of mental health. It’s very different to surgical specialties, for example. We really get to know our allied health colleagues (psychologists, social workers, occupational therapists) and end up with a great understanding and appreciation of each other’s roles and contributions.”

4. WORKPLACE FLEXIBILITY AND THE WORK-LIFE BALANCE

Many of us have appreciated the opportunities for part-time work or splitting a job across different areas. In a UK study, psychiatry trainees described the healthy work-life balance as being an additional bonus that attracted them to psychiatry.

“As much as I love my job, I also love other aspects of my life and it’s important to me that I have time for them,” says Susanna, a forensic and academic psychiatrist who has found psychiatry to be a flexible choice throughout her career. “In my twenties, I was able to take a break in my training to travel through South America. In my thirties, I could easily work part time when my children were little, and now in my forties, my employers have been supportive of me splitting my time across different clinical, management, and academic roles, which makes for a really interesting job mix.”

“When I completed Fellowship, I took a more scenic route based on starting a family (having four children) just to prove it’s possible,” says Mark. “Remember he poto te wā (time is short). I will never regret taking longer to get fellowship because I had quality and productive time with whānau.”

With the demand for mental health services exceeding supply, the career prospects for psychiatrists are good. “The need for psychiatrists is such you can go anywhere and get a job. You can work as much or as little as you like,” explains Susanna.

5. A STRONG SENSE OF SOCIAL JUSTICE

Psychiatry often attracts people who are interested in wider societal issues. Many of the causal factors leading to the conditions which psychiatrists are asked to manage are the major social problems such as poverty, homelessness, low educational attainment, racism, sexism, trauma, poor health literacy, and limited access to health care including contraception, and most of all, not growing up in an environment where one is loved and appreciated. Our research evidence base for all of these problems being potent risk factors for psychiatric conditions is very strong. Psychiatry cannot tackle all or most of these alone. We need to work with local iwi, governmental, educational, social welfare, and related structures to improve conditions for people in mental distress.

There are psychiatrists in Aotearoa who have a proud history of advocating for and achieving social and cultural changes in practice. Mark explains, “Tā Mason [Durie] gave us an indigenous lens in which to view the world and highlighted the impact colonisation had on negative health outcomes. We are now more informed of the role dominant cultures and systems play on indigenous outcomes; the important aspects of cultural safety and competence to reverse implicit and explicit bias.”

6. “NEVER BORING” — EXPECT THE UNEXPECTED

The theme of psychiatry being an interesting and stimulating career was consistent across the contributors. Sarah, who has been practicing since the 1970s, has enjoyed a varied practice across academic, private, and public settings, and says she gets the same buzz from her work today as when she first began. “After 40 years as a consultant, I still love having the privilege to sit down and take a careful history from a person who is in pain. The deep clinical rewards which come from helping people with a mood, cognitive or psychological problem still engages me.”

As suggested in the title, in psychiatry you must expect the unexpected — no day will ever be the same. “Every presentation of the same condition is very different,” says Jess, “and that stimulates the detective in me.”

“I may not have gone where I intended to go, but I think I have ended up where I needed to be” — Douglas Adams.9

Interestingly, for many of us, the path into psychiatry was not straightforward.

Susanna started specialising in radiology, “but I started to find it a bit dull. In many disciplines if you follow the same algorithm, you get the same results. That’s not the way it is in psychiatry. There is no one-size-fits-all approach and that makes it more challenging, but undeniably more interesting. I have never regretted switching specialties.”

Alice persevered, despite a previous bad experience. “I chose to do a house officer run in psychiatry but unfortunately this didn’t have much actual psychiatry involved in the job and I didn’t enjoy it. In some ways this put me off psychiatry but I felt I hadn’t truly given the specialty a chance so enrolled in the registrar training programme, thinking I would test it out for a year or two and perhaps choose something else (e.g. general practice).” Once Alice started her registrar training, she was hooked.

Matt, a consultation-liaison and addictions psychiatrist, accidentally fell into psychiatry after an administrative error. “Once I landed in psychiatry, I chose not to leave as it offered an ever-changing environment that required logical but emotionally-attuned thinking; no day is dull and no patient is the same. I have also preserved my medical interest by running the regional ECT (electroconvulsive therapy) service; an example of the field of procedural psychiatry which will likely include TMS (transcranial stimulation) and DBS (deep brain stimula-
Table 1. Advice for medical students potentially interested in psychiatry as a career choice

1. Join the Psychiatry Interest Forum (PIF). It is free to become a member and you will have the chance to attend educational events, including lectures, workshops, and conferences; access to RANZCP e-learning resources; and invitations to participate in RANZCP awards, prizes, and grants around promotion, research, or advocacy in mental health. One of the chief benefits is being able to network with other students and talk to psychiatrists about your career options. Register online at: https://www.ranzcp.org/membership/psychiatry-interest-forum.

2. Incorporate some psychiatry into your choices for your elective.

3. Apply for a scholarship to attend a psychiatry conference. Scholarships are available through all medical campuses in Aotearoa to attend the annual national psychiatry conference. Through PIF, various other scholarships are available for Australian psychiatry conferences, some with generous travel allowances. As well as getting to hear about the latest research in mental health and meeting like-minded people, this looks great on your curriculum vitae (CV).

4. Consider applying for a summer research scholarship over the break with a mental health focus. They are usually of ten weeks duration and students are awarded a tax-free educational grant with a minimum stipend of $5,000. This has multiple benefits: an interesting summer job, the chance to gain some research experience in psychiatry, and once more, something that stands out on your CV, particularly if it culminates in a published paper.

5. Find a mentor: talk to some psychiatry consultants or registrars. What do they do? How do they find their jobs? Does this sound like it might suit you?

6. For more information on becoming a psychiatrist go to the RANZCP website and find out more: https://www.ranzcp.org/quick-links/students-graduates

Conclusion
Psychiatry suits doctors with a social conscience who care about improving outcomes and quality of life, working with people at their most vulnerable, and having time to truly get to know a patient. It is a unique opportunity to understand the interface of the body and the mind and to use that in treating a real person rather than a diagnostic label. If this sounds like you, we recommend psychiatry as a fulfilling career path.

References


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