

Morris Markowe Prize Winner 2010

Beards and Bow ties: The recruitment crisis in psychiatry

On a night out, when I tell someone I am a psychiatrist, I am guaranteed one of the following responses:

- (1) Does that mean you know what I'm thinking? ... (I'm a psychiatrist not a psychic)
- (2) I better be careful what I say around you then! ... (The last thing I want to do right now is start analysing you)
- (3) Aren't all psychiatrists crazy? ... (Do all surgeons have appendicitis??)
- (4) Is that the same as a psychologist? ...No! Psychiatrists are doctors. I had to go to medical school for 6 years where I was constantly humiliated for not knowing anything, had to examine people's testicles and spent a fortune on Red Bull whilst cramming for exams.

I once told a young lady that I was a psychiatrist; she gasped, turned and literally ran away. Here I was, hoping that becoming a doctor would make me more attractive to the opposite sex...

Being a psychiatrist isn't easy. Our patients are often suffering terribly and although we are a thick-skinned bunch, it can and does affect us. We get stick from the papers and the public when we fail to predict that a patient is about to do something dangerous, although we don't have a crystal ball. And other doctors discriminate against us (because apparently psychiatry is not 'real' medicine) while society discriminates against our patients.

Despite these annoyances, it is a fantastic job to have. Incredibly rewarding since you are helping those most in need of help, challenging because you are trying to resolve complex, personal problems and never boring as you don't know if the next patient you see will cry, shout at you, laugh with you or try and hug you. Tomorrow, I may have to medicate a man who is terrified that his neighbours are trying to kill him, negotiate with a young woman who is dangerously underweight and refusing to eat, then reassure a teenager who has lost the will to live and try to find a shred of hope for him to hang on to.

Important, stimulating, interesting work. As a psychiatrist you spend plenty of time getting to know your patients, listening to their amazing stories and trying to understand their problems. This is something noticeably absent from most of medical practice. This may sound familiar:

GP: I've only got 10 minutes for you.

Patient: But doctor I've got constipation, a painful hip, a dodgy knee, and my wife wants to leave me.

GP: Pick one of those.

So all medical students must want to become psychiatrists, right? Wrong. The attitude of the public and other doctors towards psychiatrists has resulted in a recruitment crisis in the specialty and the uptake of training positions is at an all-time low.

How can we address this? The image of psychiatry needs serious work. People still think we use straitjackets although these went out about 50 years ago. When someone thinks of a psychiatrist they generally imagine a man with a beard, a bow tie and the nodding ability of a heavy metal head-banger. This of course is not true, not that there is anything wrong with beards or bow ties (or heavy metal), but things have moved on.

Psychiatrists are generally friendly, down-to-Earth and creative; some of my colleagues are DJs, novelists, film-makers and musicians. The other image people have is of the nasty psychiatrist who enjoys being coercive and is itching to lock up the hero who isn't actually mentally ill (à la One Flew Over The Cuckoo's Nest). This is a painful accusation.

Like other doctors, psychiatrists are trying to help people in distress. We have to admit certain patients who present a risk to themselves or others; depriving someone of their liberty weighs heavy on the conscience and no psychiatrist takes it lightly.

The image of psychiatrists combines with the stigma of having a mental illness to produce a major problem with seeking help. People don't want to see psychiatrists because they don't know what to expect and they don't want to be labelled as a 'nutter' or 'loony'. We all know it is wrong to be homophobic, racist, short-ist, fat-ist or prejud-ist, but call a person with mental illness 'bonkers' and you'll probably get a pat on the back. These are discriminatory terms which we need to take a stand against.

Why is it that we distance ourselves from the mentally ill? We are sympathetic towards people with cancer, and mental illness can be just as debilitating - so why are we so cruel when we encounter someone with schizophrenia? Is it because we are afraid they may be violent? Alcohol is by far the biggest cause of violence but rather than keep a distance, most people can barely keep themselves away from the pub. It could be because we tend to fear what we don't understand. If we understood mental illness better and accepted it as an illness like any other, we might be kinder to those who are going through it. This would hopefully result in people seeking help when they need it rather than trying to cope by themselves - and when they can no longer cope, taking their own lives.

The recruitment problem, the image of psychiatrists, the stigma of mental illness and reluctance to seek help all seem tied together in some way. How can we solve this quadratic equation? Public education about mental illness and what psychiatrists do and don't do is a good place to start. Various campaigns have tried to bring about a change in attitude but perhaps a more personal approach is needed. Perhaps we all need to think about our own attitude to psychiatrists and mental illness and challenge our preconceptions. Mental illness affects 1 in 4 people at some point in their lives so you never know; it could be you that needs help. If and when you do, your friendly neighbourhood psychiatrist will be waiting...probably clean-shaven, and definitely no bow tie.

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