Professor Simon Wessely MA BM BCh MSc MD FRCP FRCPsych FMedSci A Career in Psychiatry

SIMON, TELL US A LITTLE ABOUT YOURSELF AND WHAT LED YOU TO PHYSCHIATRY I was doing medicine because I wanted to be a doctor, but I can't remember why that was now. However, I did and I was enjoying it. I first went to Cambridge and took an art degree, but I was going through the medical curriculum and courses; then went to on to Oxford and I became more and more interested in the wider issues. It wasn't just about pulling out drips, doing cardiac arrests and learning the more practical side of medicine, although that is crucial; I found myself being drawn to the more complicated parts of medicine and more and more into psychiatry which takes a broader view of people than just seeing them as a collection of cells or a collection of organs. Psychiatry did see people like that, but also it is the main discipline that sees people actually as people as well. And I found that fascinating.

SO WHAT WHO MAKES A REALLY GOOD PSYCHIATRIST?

Well psychiatrists... There are certain things that they are not! They are not normally decisive action figures like our surgeons like to think of themselves. We are a little bit more patient, a little bit more reflective, but I think most of all we are more curious about people; how they are; how they think; what they do' what is it that make them tick. We see people as more than the sum of their parts.

DO YOU THINK PSYCHIATRY HAS AN IMAGE PROBLEM?

We do have an image problem it would be ridiculous to say we don't within the trade. I think it's the most exciting part of medicine and it's on the cutting edge of modern neuroscience, but outside we are either seen as Hannibal Lector, or you Sigmund Freud, or a serious of stereotypes; and the truth is that, just as our patients are stigmatised, so sometimes are psychiatrists - and that is sometimes a problem. A problem that I'm afraid we just have to live with

AS A CONSULTANT WHAT ARE THE DELVELOPEMNTS AND HOT TOPICS IN YOUR AREA THAT KEEP YOUR INTEREST PERSONALLY?

There is just so much going on psychiatry. It's a bit like neurology was 100 years ago. We are just starting to understand some of the neural basis of behaviour, thought and cognition and how that's been translated into disease such as sschizophrenia and autism. Just last week there was a huge new finding and understanding of the brain behaviour in autism which is really fascinating. On the other hand there are also issues of the impact of psychiatry disorder on physical health and vice versa which I find enthralling. Then we have the ethical issues; yesterday we were involved in a huge debate on suicide and euthanasia. These are really hot topics of debate across society and they are fundamentally about psychiatry and mental health.

IT SOUNDS A FACINSATING AREA, BUT DO YOU HAVE A PROBLEM ACTUALLY GETTING ENOUGH PEOPLE?

We are not the most popular speciality, we know that. A lot of people go into medicine either because they want to do surgery and the active stuff or, let's be honest they want to make a lot of money. We are not the biggest money earners in medicine and we are not going to be. We do tend to attract those people who are more widely read; who are more thoughtful; who are more empathic and more able to get on with people and understand people. I'd like to say that's every single medical student; the

truth is it isn't. We tend to get people who are more patient and have a genuine curiosity in people and their lives.

YOU DO HAVE A SKILL SHORTAGE. WHAT MAKES PSYCHIATRY A PARTICULARLY GOOD CAREER? WHAT SORT OF OPPORTUNITIES ARE THERE THAT YOU CAN HIGHLIGHT TO SELL THIS CAREER?

First of all there is the intellectual fascination of what we do. Whatever else you do in psychiatry you are never going to get bored because we deal with so many aspects of life. Psychiatry is a huge discipline. There's an enormous difference between my colleagues here who are doing neuro-imaging and neurosciences as psychiatrists, while other colleagues do forensic psychology and look at the problem of the law and behaviour and criminality. There are those who do child psychology and work with children; those who do family therapy; those who do physcotherapy and talk to people and understand their emotions and development. As for me, I work in a general hospital. My background is general medicine and I work alongside our physicians and our accident and emergency specialists and look at the kind of psychiatric problems of physical illness. The whole of human life is within that one word "psychiatry", in just saying you do psychiatry means you could be doing a huge variety of things all of which are very different.

PHYCHAIATRY IS VERY FLEXIBLE IN ITS SUBJECT AREA WHAT ABOUT FLEXIBILITY IN THE TRAINING APPROACH?

I think we are a more mature discipline and are flexible in our training approach. First of all we like people to have done other things. We are very keen that people have had wider experience across medicine. We want them to have got a grips with their fundamental medical skills which are, absolutely and totally, part of medicine and we want them to be good doctors and confident in their medical skills. If they've done other things maybe in neurosciences or basic sciences, or maybe working in complicated and difficult situations as well such as acute medicine or maybe A & E, we welcome all those opportunities. We are not in a hurry for you to come and join us. The second thing is that the demands of psychiatry training are probably less than those of some of other craft specialities. We are very open to part time working; people can have careers breaks and come back in a way that's harder in 'up-front' specialities like obstetrics and gynaecology, or with surgery. I think we are probably closer to general practice in the way people can develop and structure their careers, finally, though, at the end we are going to want to have a highly trained, highly competent consultant work body able to do the same missions of clinical work, teaching and research as all of our colleagues in every other speciality.

DO HAVE ANY ADVICE TO OFFER FOR SOMEONE WHO IS JUST STARTING OUT AND THINKING OF A CAREER IN PSYCHIATRY?

The first thing is to see what it's like; put your toe in the water; do not be put off by some of the Hannibal Lector stereotypes that are around, which is actually quite humorous; real life isn't like that. Also, take your time. You've got time. This is a decision you don't have to make immediately. Get a broad range of experience which is going to help you. Read widely; in my speciality, probably more than anyone else, it's important to have a very good broad cultural knowledge of how people are – taken from history, from literature, from many other aspects of culture. This is going to be more important to us. Don't just read our text books, read some great novels, read some bits of history, read other things as well. We like to see well rounded people who can understand what it is that makes people tick.