Academic Psychiatry (2019) 43:248–249
https://doi.org/10.1007/s40596-018-0967-6

FEATURE: PERSPECTIVE

Society as the Patient: a Medical Student's Perspective on Public Communication in Psychiatry

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Received: 23 July 2018 / Accepted: 3 August 2018 / Published online: 28 August 2018

We were an eclectic bunch. Among others, my lunch table included an ecologist analyzing panda feces, a choral conductor transcribing Buddhist chants, and a social worker studying migrant workers. Given the diverse expertise present, professional chatter necessitated simplicity, avoiding jargon. We were a group of American scholars conducting research in China, brought together at a conference to discuss working in the region. Unable to natter in one's professional vernacular, simple work-life narratives flowed.

The social worker was from Florida and shared her feelings of upset and helplessness in the aftermath of the Parkland shooting, asked by her state to help but now thousands of miles away. Picking up on the topic of guns, the ecologist described his sense of safety conducting field research in China where personal gun ownership is illegal. "I don't have to worry about a hunter shooting me while I'm collecting my samples," he explained. "It's nice to have a break from all the orange."

I jumped in, describing my experience with the psychiatry department's crisis response team at the VA. There, families called with concerns about a loved one using their firearm to harm themselves. Even with these warning signs, the police were unable—even temporarily—to repossess the patient's firearm. The only option was involuntary commitment, the criteria for which the veteran often did not meet and could be used only when absolutely necessary, I explained to the table.

Though the topic was politically charged, we were simply sharing what we had seen and felt in our professional worlds. Using simple language, the personal and the professional had become inseparable in a way that facilitated discourse.

The social worker continued to discuss guns, sharing her experience with suicide prevention in children. She gave an example where a traumatized child was convinced he would die. "He wouldn't say how or why he would die, so we had to admit him to the psych ward for his safety."

I chimed in again, explaining how a principal skillset of a psychiatrist is determining who is really a threat to himself and who is seeking secondary gain. "Sadly, there's a lot of people who will say they are suicidal because the psych ward is often a lot more appealing than the streets," I said. We discussed the complex ecosystem of suicide, mental health, and poverty in a way that musicians, ecologists, and other specialists could engage in—and benefit from.

As dishes were cleared, I felt a swell of pride, sharing stories from the front lines of medicine in a way that might contribute to the public discourse. "This is why I spent long nights memorizing the Krebs cycle," I thought. Psychiatrists are in a unique position to illustrate the realities of mental health with the public, and I have long wanted to help share those realities with the public.

Only as the conversation bounced back to the ecologist did I notice the watery, full eyes of the conductor sitting next to me. She had been quiet. "My brother is bipolar," she said—not *has* but *is*. She rose from the table and walked away, taking the moments she needed for herself.

In an instant, my satisfaction vanished. I felt terrible, even responsible for her pain. My reflections were personal for her in ways that I had not anticipated. I wanted to take it all back. If she was angry with me, I would not blame her.

I thought back to my senior year of high school. My physics teacher demonstrated a momentum problem using an example of a man falling from his roof. Weeks earlier, my brother had died by falling off from his roof. My teacher knew this. At the time, I was furious at his insensitivity. The last thing I wanted, a decade later, was to be tactless in the face of another's grief. I should know better.

Looking back, it's unsurprising that our talk of suicide was triggering. Mental health cuts deep, and every biography brings bruises. Nearly everyone is—at least—a degree of separation from mental illness or suicide [1].

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In response, should psychiatrists avoid sharing the situations we encounter with the general public given how raw and tragic they often are? I think not. Rather, I see this sharing as a skill to cultivate.

The medical school curriculum benefits from psychiatric training, in both communicating with patients as well as colleagues about the realities of mental health. Where I see room to grow—across medical education in general—is communicating with the public. I believe how we talk about what we see, from small talk at the bus stop to op-eds in the newspaper, matters a great deal.

Just as individuals do, the public also benefits from thoughtful counsel with psychiatrists. Given the ubiquity of mental illness, perhaps it could be useful to conceptualize the public as the patient. As witnesses to the realities of a pervasive and often-puzzling class of suffering, the public can benefit from giving voice to those we treat—and the psychiatrist may benefit from the sharing as well. Communication *about* the world of psychiatry deserves as much care as communication *within* the world of psychiatry. While the field of psychiatry is full of guidance on how to connect with the individual patient, it is less so with the public.

I made a mistake at the conference in China, one that upset someone in a way that I still regret. But my mistake was not that I discussed the realities of our mental health system—rather, it was that I did not consider the potential sensitivities of the audience. I would not be so tactless talking with a patient, but I allowed myself to believe that I was talking with other medical colleagues—those who have already processed the realities of the medical world in relation to their personal life—though of course I wasn't.

Learning how to engage the neither-patient-nor-peer cohort feels essential to my journey to becoming a physician. And yet, admittedly, I feel unprepared. In psychiatry, the personal and the professional are intertwined in a way that can either be useful or unnerving for the listener. Young psychiatrists must learn to expect an audience. Every conversation is a potential intervention to form a public that better understands the realities of mental health.

The majority of those we meet will neither be our patients nor our colleagues. Rather than a no-man's-land, I move to make communicating with this segment an area of growth and opportunity. This way, both psychiatrists and society at large might benefit from prudent reflection on our professional lives.

Acknowledgments The author would like to acknowledge his appreciation to Vidya Viswanathan and Dr. Albert Yu for their help with this essay.

Compliance with Ethical Standards

Disclosure The author states that there are no conflicts of interest.

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