

## e-Interview



**Patrick D. McGorry** AO, MD, PhD, FRCP, FRANZCP is Professor of Youth Mental Health at the University of Melbourne and Director of Orygen Youth Health and Orygen Youth Health Research Centre in Victoria, Australia. He is a world-leading clinician, researcher and reformer in the areas of early psychosis, early intervention and youth mental health. His work has played an integral role in the development of safe, effective treatments and innovative research involving the needs of young people

with emerging mental disorders, notably psychotic and severe mood disorders. The result has been the creation, evaluation and upscaling of stigma-free, holistic and recovery-oriented models of care for young people and their families. The work of Professor McGorry and key research colleagues at EPPIC and Orygen has influenced international health policy. He is editor-in-chief of *Early Intervention in Psychiatry* and was the Australian of the Year 2010.

### What are you working on today?

Writing a paper with Jim van Os entitled 'Redeeming psychiatric diagnosis'. I am in Israel at the University of Haifa, hoping to garner support for early intervention models for young people.

### What is your idea of a perfect mental health service?

A place where people with mental ill health and their families and friends (and the general public) feel instantly and constantly welcome, and where there is a range of real expertise and a sense of vocation, generosity and teamwork. Positive energy and optimism are crucial as an antidote to the negative emotions such as anger, anxiety and depression that are intrinsic to what characterises mental ill health. No 'us and them' dynamics and a zero-stigma climate especially as far as we mental health professionals are concerned. Deep and widespread participation of a whole cohort of graduates and patients of the service as well as families in a partnership model, but not in an institutional way. A belief that the ordeal with the right support and attitudes can make us stronger. Also a strong research culture similar to what we find in cancer centres where everyone is committed to the discovery of novel treatments and progress not just for themselves but for the next generation. Structurally, one which reflects the pattern of age at onset and developmental reality in the 21st century. That means a strong and discrete culture of care for emerging adults from puberty to the mid-20s, preventive mental health models for younger children and a comprehensive and holistic system, closely integrated with primary and medical care, of community mental healthcare for those in mid-life and old age. These all need to be closely integrated with primary care rather than acute hospitals.

### Which psychiatrist, living or dead, do you most admire?

Harry Stack Sullivan for lighting the early intervention candle in 1927.

### What do you consider to be your greatest achievement?

I don't feel the things I want to see have been achieved yet. I would ultimately like our achievement to be – 'having contributed to a fair deal for all people with mental ill health' and 'cementing the place of early diagnosis and intervention in psychiatry in the same way as it is part of the landscape of healthcare generally'.

### What has been your most controversial idea?

The idea of intervening early when there is a clear need for care and a threat of more serious or secondary disorder. This is by no means an original idea yet it is controversial in psychiatry because many believe stigma, poor-quality treatment and under-resourcing are

arguments against this reform rather than problems that will be swept away if we can muster the unity and maturity to realise this paradigm shift.

### What frustrates you most about working in psychiatry?

In general it is a joy and privilege to work in psychiatry, especially with patients and families (the easy bit) and with inspirational colleagues. The frustrations derive from the political struggles to gain a fair deal for our patients, struggles which are impeded by professional immaturity and unnecessary division, whether ideological or on the basis of vested interest. Although debate and a range of views is healthy, there is a reluctance among us to transcend professional interests and to unite to compete for the health dollar across the board with other health domains, where our real competition lies. There is a worrying lack of generosity of spirit in some quarters. We prefer to compete internally and in contrast to other medical specialties seem hypercritical of positive developments wherever they emerge in our field. We need to remember success breeds success, and unity is strength.

### What do you most dislike about the way you are portrayed in the media?

In general the media has been extremely supportive and appreciative of the need to seek a better deal for people with mental illness, especially young people, and has been supportive of the key messages. However, if one is out there advocating for change, the status quo and the vested interests are bound to fight back. I accept this as an occupational hazard. The only problem is, to quote Machiavelli: 'There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies in all who profit by the old order, and only lukewarm defenders in all those who would profit by the new order.'

### Which phrase or saying do you use most when speaking to trainees?

Realise your vocation rather the lifestyle option.

### What single thing would improve the quality of your work?

Less red tape and risk management in healthcare.

### What is the most important lesson that working with youth has taught you?

With the right support, belief and proportional expertise, most young people have the inner resilience to overcome their ordeal even if this is severe. Also, stigma melts away with the right culture, a positive brand and effective help.

### If you could graduate again tomorrow, how would your career path be different?

I would have tried to get going more quickly. I was nearly 40 before I had my PhD and specialist qualifications and got to make any real impact. I would develop social entrepreneurial skills earlier, outside of the restrictive bureaucracies within which traditional mental healthcare is delivered, and sought much stronger alliances with the general public and the wider community who suffer mental ill health.

### What has been your biggest disappointment?

The preventable suicides and thwarted lives of so many people with mental illness.

### How would you like to be remembered?

As a humanitarian who tried to fundamentally change the way people thought about mental ill health and the way care was provided. In that sense, a radical life.

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