Lab to Smartphone

Advocating for Advocacy

David C. Rettew, MD

Psychiatry trainees and early career practitioners are often confronted with the limits of their knowledge. Whether it be from a patient with a less common disorder, a conference filled with undiscovered topics, or what seems like a completely unintelligible journal article, we are often hit in the face with how much we don't know as individuals and how much in the fields of psychiatry and neuroscience don't know overall. This is mainly a good thing – it keeps us humble and hungry to learn more. But these frequent reminders can also hold us back by creating the illusion that our knowledge and skills are so rudimentary and incomplete that we need to delay jumping into the world of advocacy, media, and politics until we reach some poorly defined threshold of expertise.

Humility is certainly important, but we also need to have an appreciation for the fact that child psychiatrists of all levels have knowledge and skillsets that are rare and valuable and can be put to use in ways other than direct patient care. Even if you are a resident or a fellow, you likely know more than you think you do, and advocacy groups devoted to improving the lives of vulnerable and disadvantaged people are eager to put your talents to work. What's more, engaging the broader community on mental health related issues is a wonderful motivator for ourselves, as it reminds us how what we do impacts so many people outside the world of hospitals, conferences, and research articles.

One of the most attractive things about our field of psychiatry and mental health in my view is how far reaching and relevant it is to so many important social causes today. While AACAP itself is certainly a great place to begin a journey in advocacy, it is hardly our only option for those of us who want to take our experiences and expertise to community organizations. If you care about LGBT rights, preventing domestic violence, fighting stigma, ending hunger and homelessness, quality childcare, gun safety, disaster relief, helping refugees, and so many other worthy causes, then you need to care about mental health.

Many of us choose psychiatry out of fascination with neuroscience and a desire to make a positive impact on others who struggle with emotional-behavioral problems. The further pull specifically to child psychiatry, other than the fact that kids are AWESOME, often comes from the conviction that by getting involved earlier in someone's life we can have an even larger positive influence. But as rewarding as it can be to work with individual patients and families, advocacy provides a mechanism to take some of that same knowledge and skill towards improving the lives of even more people. The impact may not always be as large as suggested by the lofty motto for the Johns Hopkins Bloomberg School of Public Health "Saving Lives – Millions at a Time," but even more modest efforts to bring resources to organizations that need them or spread a message that needs to be heard or changing a law or policy that no longer serves the community well can induce beneficial results in groups of people that can then snowball into even bigger effects.

Of course, a column on advocacy would not be complete without acknowledging the reality that there can be a somewhat strained relationship between some mental health advocacy groups and the psychiatry community. This tension can be difficult to navigate and confusing for legislators or other groups that are trying to make decisions and create policy about issues affecting our world. Here, I believe it is important to avoid the temptation to disengage from these groups and automatically view them as the "other side." Many, although certainly

not all, of the members and leadership of these organizations have a history of interacting with the mental health system either on behalf of themselves or as a family member of loved one struggling with mental illness. Some of these individuals have unfortunately not had good outcomes either due to past procedures and treatment that are no longer considered the standard of care, or from more recent experiences with people in our field that have resulted in conflict and frustration. When encountering what might be called an "anti-psychiatry" perspective from some of these groups, I try to keep this perspective in mind. Over the years, I've gained more sympathy for critiques of psychiatry that come from personal experience as opposed to the armchair pundit who can wax poetic about how things should be without any first-hand knowledge of how things really work. This perspective doesn't mean that we, as psychiatrists, should be passive in the face of misinformation about our field, but it can affect our approach and demeanor in these challenging situations. Tension and disagreements often continue despite out best efforts, but like lots of circumstances in which groups of people get painted in overly wide brushes that minimize existing diversity and common ground, there can be a lot of value to real engagement that demonstrates in very personal terms psychiatry's commitment to human well-being and dignity.

Wrapping up, advocacy in its many forms and levels should be a consideration for all psychiatrists at any stage of their career. AACAP itself offers a number of excellent opportunities to get involved in advocacy, but the importance of mental health across so many aspects of our community means that there are countless groups at the local, state, and national level that can benefit from our skills and knowledge. This work can be challenging at times, but it is a rewarding complement to clinical practical that demonstrates our commitment to the broader society in which we serve.

About the Author

David C. Rettew, MD, is an associate professor of psychiatry and pediatrics at the University of Vermont Larner College of Medicine and the Medical Director for the Child Division of the Vermont Department of Mental Health. He is author of the book *Child Psychiatry: New Thinking About the Boundary Between Traits and Illness* and the "ABCs of Child Psychiatry" blog on the *Psychology Today* website. You can follow him on Twitter at **@PediPsych**.

Disclosure: Dr. Rettew has received royalties for his blog for *Psychology Today* and from Guilford Press.

To Participate in the Lab to Smartphone Column

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