



Connect to mind, story and community

An overview of Psychiatry for Aboriginal and Torres Strait Islander Medical Students and Junior Medical Officers

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ACKNOWLEDGEMENT

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) acknowledges Aboriginal and Torres Strait Islander Peoples as the First Nations and the Traditional Owners and Custodians of the lands and waters now known as Australia, and Māori as tangata whenua in Aotearoa, also known as New Zealand.

CONTRIBUTIONS

The RANZCP would like to thank the dedicated members of the Steering Group who guided the development of this resource.

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ARTIST ACKNOWLEDGEMENT

Professor Helen Milroy is Australia's first Indigenous doctor.

Professor Milroy's artwork is used under licence with all rights reserved.

The RANZCP is grateful to Professor Milroy for her generous contribution to this brochure.

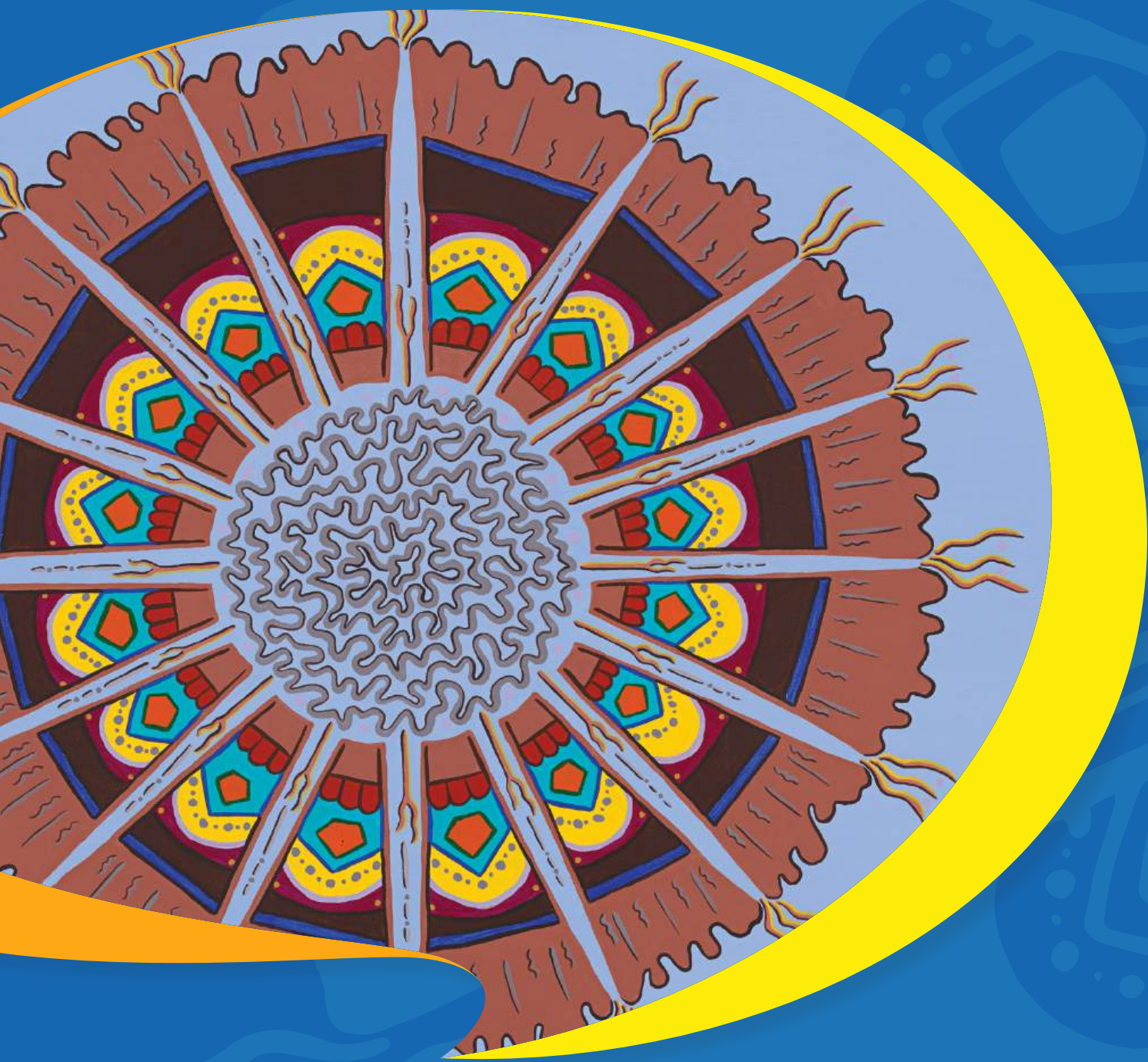
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PSYCHIATRY TRAINING IN AUSTRALIA AND AOTEAROA NEW ZEALAND

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) oversees the training and qualification of psychiatrists in Australia and Aotearoa New Zealand.

Psychiatry training is a postgraduate medical course for doctors. Trainees who successfully complete the program are eligible to become Fellows of the RANZCP (FRANZCP). This qualifies them to practise independently as consultant psychiatrists in Australia and Aotearoa New Zealand.



CELEBRATE STORY

Psychiatrists are specialist medical doctors who are experts in mental health. Almost half the population of both Australia and New Zealand are expected to experience a mental health condition at some point in their life. Mental health plays a huge part in modern medicine and your psychiatry rotation can provide you with valuable and relevant experiences whichever career path you choose.

"Psychiatry is about story, it is a specialty that allows you to listen to story, to hold story and help people make sense of their stories."

- Dr Marshall Watson

"When we enable a person to restore all of the dimensions of their life, then we have achieved a great deal. When all of the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life."

- Professor Helen Milroy

Psychiatry allows you to see each person as a whole, taking into consideration their physical, social, emotional and mental well-being.

For Aboriginal and Torres Strait Islander Psychiatrists, psychiatry resonates with the story telling culture of Aboriginal and Torres Strait Islander Peoples. It is one of the many benefits of psychiatry, that you are able to celebrate you and come to work as your whole self. It allows you to incorporate your story, your wisdom, and your culture in medical practice.

Benefits of Psychiatry

Psychiatry is uniquely placed; it offers a range of benefits for those who choose psychiatry as a career. Psychiatry allows a work/life balance which is not available in other specialties. Specialising in Psychiatry presents a unique opportunity for medical practitioners to maintain their sense of identity and community.

The practice of psychiatry incorporates a whole of life approach, it's a doorway to a breadth of knowledge that includes art, culture, community, and the person as a whole.

Psychiatry provides unique opportunities to engage with academia and undertake research into Aboriginal psychiatry.

To learn more about the benefits of psychiatry, please review the following resources:

- **Specialise in the Mind**
- **The Dance of Life**

OUR STORY

Dr Reece Lancaster

My name is Dr Reece Lancaster and I am an Aboriginal man and descendant of the Bunjalung people of Byron Bay, Northern Beaches, New South Wales.

After five years doing addiction psychiatry, I'm now working with an emergency psychiatry department within Monash, Victoria's largest public health network. I've almost finished my training and am completing an Advanced Training Certificate in Addiction Psychiatry. Early in my career pathway I was fortunate to realise that addiction psychiatry is something I'm really interested in.



I started as a physician trainee wanting to specialise in cardiology. All through medical school I had no real interest in psychiatry and it was only by chance that I came to it. I was seconded out to a community mental health clinic in inner western Melbourne. It was one of the many elective options I had that year and I couldn't get out of it - so I just had to do it.

It was the best decision I ever made. I really enjoyed it - so much that it became my career pathway.

The other First Nations trainees I've met over the journey have been important. We're an eclectic bunch, and when we catch up there's some fantastic stories being shared. We are all really good story tellers. We're brought up in community being story tellers, and thinking about what that means for culture and for me personally. Being interested in other people's stories comes naturally. Psychiatry for me is about understanding a patient's journey and who they are as a person. And with psychiatry, you get to blend your personality with your medical knowledge.

The College has supported me, with twice yearly catchups with the Aboriginal and Torres Strait Islander Mental Health Committee. Within the College framework there's avenues providing cultural support and these formal supports are very helpful.

I would advise First Nations medical students and junior doctors to utilise the supports around you, especially when things are tough or busy. Take time out for you as an individual, for your family, community and your cultural needs. Make sure you fill your cup back up before you see your patients.

Psychiatry is fun and there is nothing else like it. And I think for any registrar or trainee or anyone even considering psychiatry - just give it a go. You'll be surprised at what happens.

Dr Jess King

My name is Jess King and I am an Aboriginal woman from the Larrakia people of Darwin and the Wurrumungu people of the Tennant Creek region.

I joined the Psychiatry Interest Forum when I was a medical student. I had no interest in psychiatry but my friend encouraged me to come along – and the food was good! When I was a junior doctor my perspective changed - mental health issues arose during my rotations and I felt I didn't have the necessary skills to look after people. I found I wanted to be a holistic practitioner. My psychiatry rotation was great and that took me by surprise.



We need good mental health doctors within the community. I was accepted to complete my training in Darwin - my home country - and my first rotation was working in the East Arnhem Mental Health Team - so I would be going bush. I did a happy dance when I found out and I have never looked back.

I'm currently completing my Advanced Training Certificate in Addiction Psychiatry. My work rotates around, covering community, hospital inpatient and outpatient clinics. One afternoon a week, I help to run a Dual Diagnosis Clinic - it's very small at this point and has only been going for a few months - but I see this as just the beginning. We help our patients clarify their mental health issues, look at medications, and start some psychological work. We are seeing some good results and we would love to take something like it out to the communities in the future.

I think that sometimes you become what you need when it comes to what you do with your life. My nanna became a teacher, my mum is a social worker - both of them are part of the Stolen Generations and became what was needed at the time for them. For me and my family there have been a lot of ups and downs which have challenged our mental health and resilience. My family and the broader community have needed support to work with mental health issues within our communities.

I love the ability psychiatry gives me to sit and spend time with someone. To be able to spend time, and to be present with someone in the moment is so important. We underrate the value of silence and being present and how much having that can help people to heal.

I have a mentor through the College's mentoring program and I highly recommend that. I advise connecting with the College's trainee network, it's incredibly helpful to talk to other indigenous trainees, share the journey and support each other. Make sure that you maintain connection with family and country, that is really important in keeping you balanced. It's all about balance and making sure you prioritise self care.

I would encourage you to at least consider doing a rotation in psychiatry. You will use the skills you learn in whatever speciality you eventually go into. Dip your toes in, come along and gain some experience!

Dr Marshall Watson

My name is Dr Marshall Watson and I am an Aboriginal man and descendant of the Noongar people of the south west of Western Australia.

I have been a consultant psychiatrist for over ten years, and dual trained in child psychiatry and forensic psychiatry. Initially I worked in the public setting, helping to establish the adolescent forensic mental health service in South Australia. In recent years I have transitioned to private practice, which includes general child and adolescent, psychiatry, and medicolegal mental health. I'm really interested in the interface between indigenous culture and the medico/legal setting - how this relates to assessments, risk, and the writing of culturally appropriate psychiatric reports, and medicolegal opinions. A lot of my work is medico/legal, working with First Nations people in civil and criminal settings.



In addition to working in private practice, I am also a consultant psychiatrist at Queensland Health, as well as holding an academic position with Queensland University. I have worked with state and federal governments in various consulting capacities. I was also a Commissioner for the National Mental Health Commission.

My entrance into psychiatry wasn't intentional. I'd undertaken surgical training, but realised I didn't want to specialise in surgery and then had to decide what to specialise in. I met with Ross Kalucy, Emeritus Professor of Psychiatry at Flinders University. He had a gentle and welcoming nature and encouraged me to try psychiatry.

I like that psychiatry is about story, and how to make sense of what doesn't make sense. Psychiatry lends itself well to Indigenous people - we are story tellers. In my work - sadly - when I meet a client it is often the first time they've seen a psychiatrist and can share their story. This is a privilege - they are putting a huge amount of trust in us. It's important to listen and ensure we get the story right.

As an Indigenous person, making sure the cultural voice of my people is heard and making changes within systems is important. I enjoy being able to do research - to consider First Nations' ways of deep thinking, truth, telling, and ensuring that people can tell their challenging stories in a way that they feel safe and listened to.

Throughout my training I was incredibly supported, with good mentors and supervision and a clear set of expectations. I never felt issues of racism or discrimination - the College is across cultural safety and has a good longstanding relationship with the Australian Indigenous Doctor's Association (AIDA).

There's a great deal of variety in psychiatry and it allows you to forge your own path - I've been able to do this by working with a lot of Indigenous people. I'm now able to use my knowledge to inform change. Plus, my work allows me to be flexible - particularly around having a young family.

I would advise First Nations medical students and junior doctors to stick at your training - you will get through it and it's worth it. It is particularly important to get your work/life balance, no matter what you do in medicine. For me, that means time with the family, a stimulating work environment and getting to the gym. Also when it gets difficult, there is no shame in reaching out to your peers and family if you're finding things hard. Make sure you connect with family, and go back to country whenever you need to.

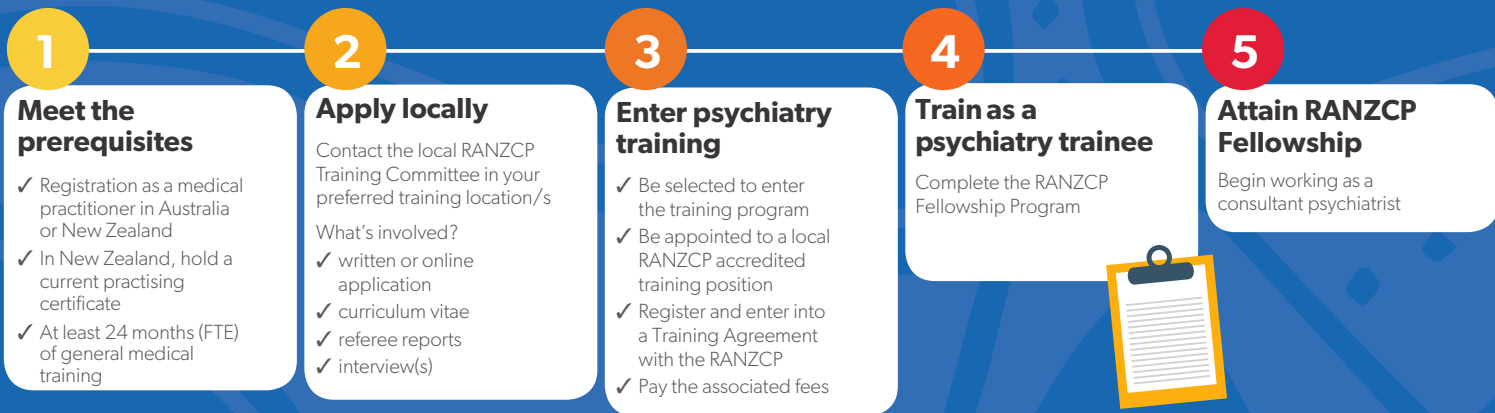


THE JOURNEY TO PSYCHIATRY

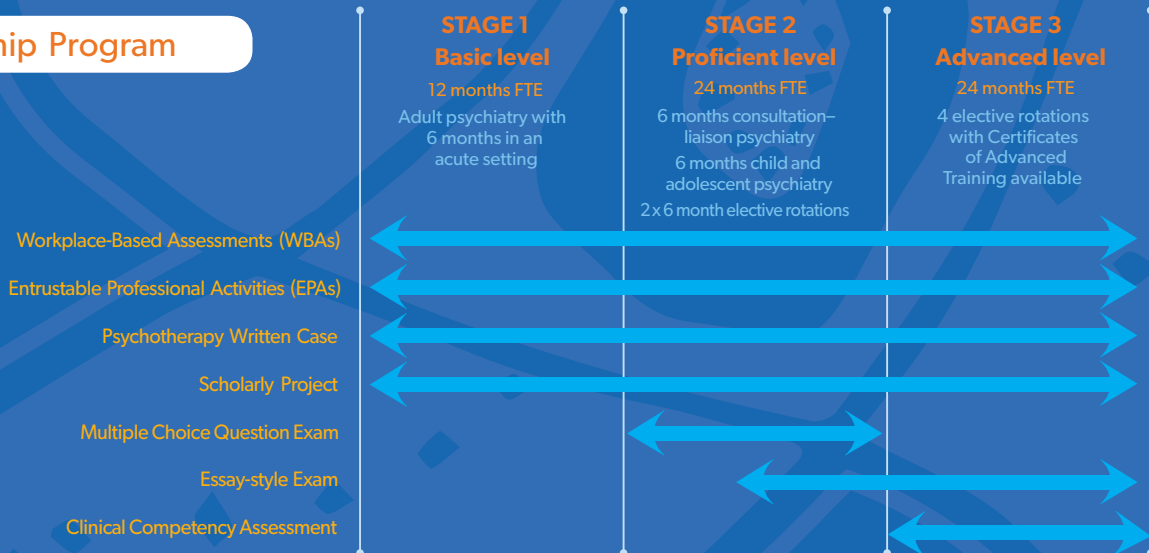
The RANZCP Fellowship Program takes a minimum of 60 months full-time equivalent (FTE) to complete. During the training period, trainees work as registrars in hospitals and clinics, where they are supervised by experienced psychiatrists.

The journey to become a psychiatrist is as follows:

How do I become a psychiatrist?



The RANZCP Fellowship Program



Training pathway

CLINICAL TRAINING

5 years training over 3 stages:

Stage 1: Basic Level - 12 months

Adult Psychiatry
(minimum 6 months
in acute setting)

Stage 2: Proficient Level - 24 months

2 x 6 month mandatory rotations in
Consultation-Liaison psychiatry and
Child & Adolescent psychiatry
and 2 x 6 month elective rotations
in approved areas
of practice

Stage 3: Advanced Level - 24 months

4 x 6 month elective rotations in
one or more areas of practice

OTHER REQUIREMENTS

Psychotherapy
Written Case

Scholarly Project

Trainees must
provide
psychotherapy to a
minimum of 3
patients for at least
6 sessions each

Leadership & and
Management
experience

Indigenous health
modules

COURSES

In addition to general
psychiatry training,
the RANZCP offers
Certificates of
Advanced Training in
various of practice

ASSESSMENT

Workplace Based
Assessments
(WBAs) throughout
training

2 x Entrustable
Professional Activities
(EPAs) must be
attained for each 6
month FTE rotation

Each stage of training
has particular EPA
requirements

In-Training
Assessments
(ITAs) throughout
training

EXAMS

Multiple Choice
Question (MCQ)
Exam

Critical Essay
Question
(CEQ) Exam

Modified Essay
Question (MEQ)
Exam

Clinical
Competency
Assessment (CCA)

ADDITIONAL INFO

MCQ Exam should
be passed by
36 months FTE
– recommended
for Stage 2 training

CEQ & MEQ should
be passed
by 60 months FTE
– recommended for
Stage 3 training

CCA should be
passed by 60
months FTE
– recommended for
Stage 3 training



TRAINING OPPORTUNITIES THROUGHOUT AUSTRALIA:

The RANZCP, through the Specialist Training Program (STP) provides a number of training opportunities outside traditional metropolitan teaching hospitals.

Unique training posts are available across regional, rural and remote Australia including public and private health facilities, and non-hospital settings such as aged care, community health and Aboriginal Medical Services.

For more information visit the Specialist Training Program [webpage](#).



Psychiatry Subspecialties:

Psychiatry is a diverse discipline. Every client is unique and no two people have the same story or psychiatric presentation. There are many different symptoms and causes of mental ill health and a wide variety of treatments available.

Psychiatry is a broad field with a variety of subspecialties addressing the needs of patients throughout all the stages of life, from childhood and adolescence into adulthood and old age.

Additional subspecialties address issues such as addictions, or a psychiatrist may work with other health professionals as part of a team dealing with complex issues such as self-harm or eating disorders.

Psychotherapy

Refugee

Transcultural

Neuropsychiatry

Indigenous

Adult

Forensic

Mental Health

Old age

Child and adolescent

Intellectual and

developmental disabilities

Rural

Consultation-liaison

Perinatal and infant

Addiction

A snapshot introduction to psychiatry subspecialties:

Addiction psychiatry	An addiction psychiatrist's work focuses on the study, treatment and prevention of a wide range of addictions.
Forensic psychiatry	Forensic psychiatry covers the areas where criminal and civil law meet psychiatric practice.
Child and adolescent psychiatry	Child and adolescent psychiatry focuses on infants, children, adolescents and their families. Typically a psychiatrist dealing with children will see developmental disorders such as ADHD, autism or emotional and behavioural issues that have resulted from conflict or abuse.
Neuropsychiatry	Neuropsychiatry sits at the nexus of psychiatry, neurology and medicine, and is dedicated to understanding brain-behaviour relationships and caring for sufferers of neuropsychiatric illness. The specialty is frequently referred to as 'organic' psychiatry and addresses the issues of mental health disorders and biological brain disease.
Consultation—liaison psychiatry	Consultation-liaison psychiatrists work with patients, medical colleagues and also systems outside mental health. They deal with the coexistence of a range of physical and psychological issues.
Adult psychiatry	Adult psychiatrists are at the cutting edge of mental health services where patients and their families are most distressed and at risk. They frequently encounter conditions such as schizophrenia, bipolar disorder, depression, personality disorders and a range of anxiety disorders.
Old age psychiatry	The psychiatry of old age relates to the patterns, causes, effects and relationships between the ageing process, medical factors, and the social, psychological, spiritual, and cultural issues of late life.
Psychiatric psychotherapy	Psychotherapy explores the connections between meaning and motivation that underpin our feelings, thoughts and behaviours. Psychotherapists combine biological, psychological and social perspectives, while also considering factors such as physical conditions, the advice of medical colleagues and risk.
Perinatal and infant psychiatry	The most common perinatal mental health problem is postnatal depression. Postnatal depression can have severe long-term effects on relationships, families and children.
Psychiatry of intellectual and developmental disabilities	Almost 500,000 Australians suffer from some form of intellectual disability. People with intellectual disabilities have highly complex needs and suffer from higher rates of mental ill health, poor general health and shorter life expectancy.

COLLABORATION AND COMMUNITY

The RANZCP's Commitment to Aboriginal and Torres Strait Islander Mental Health

The RANZCP is committed to supporting the Aboriginal and Torres Strait Islander workforce, through collaboration and establishing community.

The advantage of psychiatry training is the excellent network of supports, mentors, and peers. You can find collaborative and supportive groups of people within the field and within the RANZCP.

Australian Indigenous Doctors Association (AIDA)

The RANZCP regularly engages with the Australian Indigenous Doctors Association (AIDA) on recruitment and retention strategies for the Aboriginal and Torres Strait Islander medical specialist workforce, in providing development opportunities such as the AIDA RANZCP Congress Scholarships, and in policy and advocacy.

Aboriginal and Torres Strait Islander Mental Health Committee

The RANZCP's Aboriginal and Torres Strait Islander Mental Health Committee is composed of psychiatrists who have direct experience working in Aboriginal and Torres Strait Islander mental health, as well as Aboriginal and Torres Strait Islander community members who are involved in mental health service provision and policy development.

The Committee is committed to and passionate about improving access to effective mental health care for Aboriginal and Torres Strait Islander peoples and/or communities.

To learn more about the Committee, please visit the [webpage](#).

RANZCP Aboriginal and Torres Strait Islander Workforce

The RANZCP is committed to supporting its workforce. In 2024, the RANZCP has seen a significant growth in the numbers of Aboriginal and Torres Strait Islander trainees in the past five years. The RANZCP is committed to continuing the recruitment of Aboriginal and Torres Strait Islander trainees, but also is committed to ensuring the trainees are supported on their journey to Fellowship.

"When a community stands strong together it blossoms."

– The Social Dimension, Professor Helen Milroy, *The Dance of Life*



WHAT SUPPORTS ARE AVAILABLE ON MY JOURNEY TO FELLOWSHIP?

The RANZCP provides a number of scholarships and resources for Aboriginal, and Torres Strait Islander medical students, junior doctors, trainees and early career psychiatrists as follows:

TRAINING PATHWAY SUPPORT

Aboriginal and Torres Strait Islander Pathway Project

Initiatives to support the recruitment and retention of the Aboriginal and Torres Strait Islander psychiatry workforce. Deliverables of this important project include:

- Facilitating a Trainee Forum for trainees who identify as Aboriginal and Torres Strait Islander to gain input on how to better attract and support our Aboriginal and Torres Strait Islander workforce in psychiatry.
- Delivering a short course (via webinar or workshop) on exploring the various aspects of psychiatry, aimed at Aboriginal and Torres Strait Islander medical students and junior doctors, aligned with the AIDA Conferences: 2023 and 2025, and PRIDoC in 2024.

Aboriginal and Torres Strait Islander Trainee Network

An established network of Aboriginal and Torres Strait Islander psychiatry trainees, with a RANZCP induction and buddy support system for new trainees, and planned networking events throughout the training year, both in-person and virtual.

Transition into Consultancy Workshop

Virtual workshop available to trainees who identify as Aboriginal and Torres Strait Islander to provide leadership and management skills training for trainees who are in the final stages of training.

Peer Support Program

The [Peer Support Program](#) is a new initiative for rural trainees and Aboriginal and Torres Strait Islander trainees. The program matches new trainees in Stage 1 of their Fellowship with late-stage peers in Stage 2 or 3 of their Fellowship for informal support.

Mentoring Program

The RANZCP Mentoring program is available to all trainees and early career psychiatrists in their first three years post-Fellowship to participate in a facilitated eight month mentoring program specifically designed to match and pair them with suitably experienced College Fellows and Affiliate members.



Financial Supports Available:

<p>RANZCP AIDA Congress Scholarships</p>	<p>Scholarships of up to \$4,000 are available for AIDA members (medical students or junior doctors) to attend the RANZCP Congress. During the Congress, the scholarship recipients meet with the RANZCP President, CEO, and members of the Committee to discuss pathways to psychiatry and other RANZCP initiatives.</p>
<p>RANZCP Aboriginal, Torres Strait Islander and Māori Trainee Financial Support Initiative</p>	<p>The RANZCP provides <u>up to \$6,000 per year</u> for each trainee who identifies as Aboriginal and Torres Strait Islander to assist with the costs of specialist training (training fees, educational materials, conference attendance, etc).</p>
<p>The RANZCP Sved Williams Scholarship for Aboriginal and Torres Strait Islander Perinatal and Infant Mental Health</p>	<p>The purpose of the <u>scholarship</u> is to contribute to achieving better outcomes for Aboriginal and Torres Strait Islander parents and their children in the first 1000 days of their children’s lives, and to expand current knowledge and build capacity in Aboriginal and Torres Strait Islander perinatal and infant psychiatry.</p>
<p>gamadji nanggiti Scholarship</p>	<p>The <u>gamadji nanggiti (Emerging Leader) Scholarship</u> is designed to support the next generation of Aboriginal and Torres Strait Islander early career psychiatrists and trainees to increase their medical leadership skills. The Scholarship includes the costs of an endorsed external leadership, management or career development training opportunity, as selected by the RANZCP Foundation.</p>
<p>The Psychiatry Interest Forum</p>	<p>As part of the <u>Psychiatry Interest Forum</u> we offer specific supports, scholarship opportunities and educational materials for our Aboriginal and Torres Strait Islander members looking to begin a career in psychiatry.</p>
<p>Back to Country Grants</p>	<p><u>Grants are available</u> for trainees who identify as Aboriginal and Torres Strait Islander to travel back to country and community if needed for wellbeing and/or cultural responsibilities.</p>

THE DANCE OF LIFE FRAMEWORK

In this fact sheet, we present a series of paintings which make up a framework called the Dance of Life.

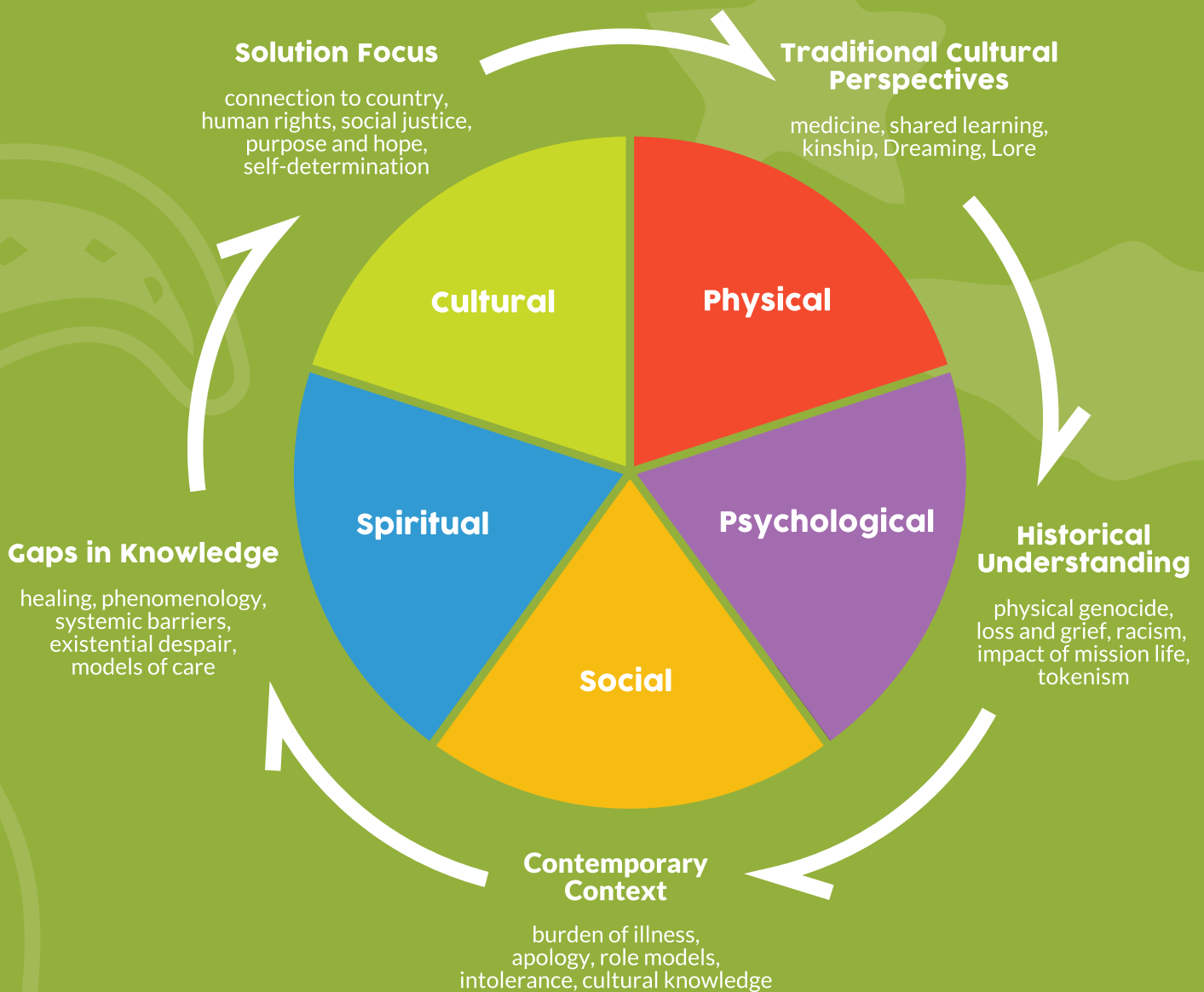
This framework was developed by Professor Helen Milroy.

*“The Dance of Life depicts a multi-dimensional model of health and wellbeing, from the perspective of First Nations peoples. It brings together the **physical, psychological, social, spiritual, and cultural** dimensions of healing and restoring wellbeing.*

The stories of our ancestors, the collective grief, as well as healing begin from knowing where we have come from and where we are heading. From the Aboriginal perspective, carrying the past with you into the future is, as it should be. We are nothing if not for those who have been before us and the children of the future will look back and reflect on us today. When we enable a person to restore all the dimensions of their life, then we have achieved a great deal. When all the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life.”



Within each dimension, there are many layers to be considered, these are:



¹ The Dance of Life, Milroy, H. (2006). <https://www.ranzcp.org/practice-education/aboriginal-torres-strait-islander-mental-health/the-dance-of-life>

EMBRACE YOUR STORY AND BEGIN YOUR JOURNEY.

The Psychiatry Interest Forum (PIF) is RANZCP's workforce program directed towards medical students and junior doctors to provide insight into a career in psychiatry and a pathway to the RANZCP Fellowship training program.

Join the RANZCP's Psychiatry Interest Forum (PIF) for free and stay in the loop with the activities and networking opportunities. As a member of the PIF you will receive a range of benefits including invitations to workshops, seminars, opportunities to attend conferences as well as advice from RANZCP Fellows on career paths in psychiatry.

The Royal Australian and New Zealand College of Psychiatrists has received Australian Government funding under the Psychiatry Workforce Program and the Specialist Training Program to deliver this program.

For more information, please refer to our [website](#).



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