<u>On applying to psychiatry residency as a psychiatry patient</u>
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On the "wellness question"
For medical students with mental health conditions, the residency interview question of "how do you support your wellness?" is an immensely intimate one, one that is traversed with tentative trepidation and careful precision. How do we explain that attending counselling and psychiatry appointments, navigating the complex mental health system, diligently taking medications, advocating for our own inclusion and perhaps most importantly, remaining critical of medicine's constructs of wellness and lack of accessibility are in fact, sometimes ironically, how we remain well? How can we curate the semblance of being just unwell enough to have gained the self-awareness, resilience and insight that medicine demands, but not unwell enough to risk being perceived as a liability?

So, then, how do I support my wellness? I respond to my interviewers' question by reciting a list of hobbies and personal interests, cite spending time with friends and families, all while staring back at my mirrored self in the Zoom square disapprovingly (or even worse, bored by my generic response). If I were to speak truthfully, I would tell them that when I am stressed, my sleep requirements increase substantially, and what keeps me well is in fact treating my body with compassion and kindness, indulging in the rest it needs; it is most certainly not running a half-marathon and meal prepping to the ends of the earth. When I am depressed, it takes everything I have just to show up to the hospital for work. Dishes pile up and grow mouldy, texts and phone calls aren't returned, and my bedtime becomes 7 PM.
When I am asked this question by a faculty member in a mock interview, I respond with, what I interpret to be, a safe answer: I maintain my wellness by listening to my body's needs and prioritizing sleep. I am told, in turn, that prioritizing sleep will raise concerns among interviewers about my potential decompensation when faced with the inevitable sleep withdrawal of overnight call. How am I to tell him, that in fact, sleep withdrawal *is* a precipitant for my decompensation when living with Major Depressive Disorder? That meeting my basic needs, such as eating and sleeping, is what keeps me well? Why is this so novel and controversial a concept?

When I try to debrief this feedback with a classmate, he advises me to interpret the question as how I cope with daily stress, rather than how I cope with Major Depressive Disorder. I blink. I cannot help but think that my mood disorder and personhood are not so easily delineated; I do not know where one ends and the other begins.

On "why psychiatry"
The interviewers ask me what brought me to psychiatry. How do I explain that it is in fact my own mental illness that has brought me to this work, without raising a 'red flag'? How do I convey that it is my own experience as a service user that affords me the insight and compassion to understand patients' perspectives and to better advocate alongside them? Again, I tiptoe the fine line of disclosure. I allude to a previous version of myself that has struggled, positioning her in a distant, removed past. I lean into the narrative of 'overcoming'. I speak of her as though she is entirely separate from myself: "when I was a kid," I say. I ensure that I explicitly name a relatively 'benign' form mental illness: "generalized anxiety," I say. Benign – meaning, less stigmatized. Benign, meaning – minimizing any opportunity for discrimination. I neglect to mention that I continue to see my psychiatrist every few months

and take my medication religiously, the withdrawal from which renders me physically ill within a few hours' time.
Some postgraduate programs, in asking us how we came to psychiatry, even explicitly ask us to divulge lived experience of mental illness. How progressive and inclusive of them, I think. But also, how bold. To do so with no acknowledgement of how they will handle this precious and delicate information.

On narrow constructs of wellness:
"Do you have any questions for us?" they ask. I ask about structural ways in which the program supports residents' wellness, alluding to accommodations in the clinical setting, call models, support for leaves of absence, transition to discipline, and time off for personal appointments. I am met instead with information about the annual resident retreat, social committee, free food, and ice cream socials. On one occasion, I watch as a student bravely (yes, bravely) inquires about the program's position on accommodations for call shifts. The resident, perhaps expertly sidestepping the question or obliviously unaware of the intention behind their question, answers beside the point.
We would have no qualms advocating for a patient's accommodation needs in the workplace. We would be horrified if we learned they worked 27-hours straight. And yet, we cannot extend ourselves or our colleagues that same grace. Certainly no one here is mentally ill. Most certainly not.
"Do you have any questions for us?" they ask. I wonder, why can't patients also be doctors?