



e-interview

Matti Joukamaa

Matti Joukamaa is Professor of Social Psychiatry in Tampere School of Public Health at the University of Tampere, Finland, and part-time Chief Medical Officer at the Department of Psychiatry in Tampere University Hospital. He trained at the University of Turku. His special research interests are psychosomatic medicine, psychiatric epidemiology and the mental health of prisoners.

If you were not a psychiatrist, what would you do?

I would be a tour guide in Berlin.

What has been the greatest impact of your profession on you personally?

It has been said that 'medicine is a lifelong study'. For me, working as a psychiatrist involves continually learning more and more about the human mind and human behaviour.

Do you feel stigmatised by your profession?

In a way, I think psychiatry is not esteemed as much as the somatic specialties. Unfortunately, this is reflected in the way the authorities have developed the healthcare services in my country.

What are your interests outside of work?

Several genres of literature and cutting the grass in my summer cottage.

Who was your most influential trainer, and why?

Dr Matti Tuovinen, a psychoanalyst and forensic psychiatrist, with whom I worked for 20 years. He taught me almost everything I know about the human personality.

What job gave you the most useful training experience?

I worked for 20 years in a mental health hospital for prisoners. I think during that time it was possible to see all the different aspects of human psychopathology.

Which publication has influenced you most?

Berlin Alexanderplatz by Alfred Döblin. Before becoming an author, Döblin worked



as a psychiatrist ('Armenkassen Arzt') in the skid-row region of Alexanderplatz in Berlin.

How has the political environment influenced your work?

Deinstitutionalisation started very late in Finland, about 20 years ago, but it has been very rapid. The deep economic recession in the 1990s and limitations in resources for out-patient care have led to a range of problems and new challenges for the psychiatric healthcare system, including difficulties in teaching medical students.

What part of your work gives you the most satisfaction?

Scientific research, analysing new data. Unfortunately, I do not have as much time for it as I would like. It is also satisfying to teach scientific work to talented students. Third, the basic work: treating patients in my private practice.

What do you least enjoy?

I feel that the administrative burden increases year after year with greater bureaucracy both in the public healthcare system and, unfortunately, also at the university.

What is the greatest threat?

Of course the difficulties in Finland are quite different compared with low- and middle-income countries, but I know only our situation. In our country, the whole public

healthcare system and psychiatry especially are in crisis. It is interesting because we have more physicians and more psychiatrists than ever before. It is unlikely that any single change would improve this situation – we need a reorganisation of the whole of public healthcare services.

What is the role of the psychiatrist in countries emerging from conflict?

It is important that psychiatrists work together with other medical specialists. In low- and middle-income countries it is especially important to invest in good out-patient and primary care services.

What is the most important advice you could offer to a new trainee?

First, it is important to have clinical experience in different branches of medicine and after that to get varied clinical exposure to different branches of psychiatry.

What is the role of the psychiatrist in rebuilding healthcare systems?

Psychiatrists have an important role in rebuilding effective primary care services. All psychiatric beds should be in general hospitals. This is how we can reduce the stigma of psychiatry, psychiatric patients and even psychiatrists.

What single area of psychiatric practice is most in need of development?

The integration of psychiatry into other medical specialties. Psychosomatic medicine has been regarded as old fashioned in recent decades. It is gratifying that it got the status of a subspecialty in the USA some years ago and I hope its position will be strengthened in other countries too.

What single area of psychiatric research should be given priority?

Of course basic scientific studies are important, but what we need even more is psychiatric healthcare services research and clinical research which really influences the practical work and the treatment of patients.

Dominic Fannon

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