*One of the biggest challenges in mental health today is the ability to recruit and train staff of all kinds. There are significant shortages in everything (which is good for career choice and security but bad for burnout). Whenever I have a chance to encourage young people, whether speaking at career days or college mental health days, or guest lecturing in various programs including medical schools and social work programs, I do it. Some conversations result from someone seeing this website and emailing me, or maybe I met their parent at a social event and told them to have their kid call me. I consider these “mentoring” interactions to be my investment in our future.*

**Mental Health Career Advice – Metacultures**

**(2021)** by Mark Ragins MD

I sometimes get calls or emails from a young person looking for career advice as they enter the mental health field.

I usually begin by trying to find out what “makes them abnormal in a certain special way, so their heart goes out to people who everyone else would avoid” because that tells me what kind of person they should try to work with. There is usually a personal story behind this “abnormality”, which they may think is a weakness and even be reluctant to share, but is actually the source of their compassion, and if they can be supported will be what feeds their passion for the work. What is their “core gift” and how can their career be built around sharing it with others.

We sometimes talk about the different mental health professions and para-professions, the trainings, salaries, different roles, etc. but this information is relatively easy to find and they’ve usually thought about this already. I might have something to add like “peer supporter” or “substance abuse specialist” they weren’t aware of and I might know some training programs and ways to get school paid for.

I then try to include discussion of the various treatment setting metacultures, because they’re not likely to have given that much thought and it can make a huge difference in people’s job satisfaction By metaculture, I mean the culture that comes from the type of program it is: from its funding source, social role, people they see and missions they have. The most common choices in mental health are: private for-profit, private non-profit, government run, veteran’s services, and criminal justice. Here’s what I say:

Each of the metacultures has advantages and disadvantages, regardless of the age or diagnosis of the people you’re working with:

1. Private for -profit

Advantages – often run efficiently, “like a business”, may have clear practices and metrics, pay, salary and benefits often good

Disadvantages – may feel too money driven rather than value driven, not seeing people who can’t pay, staff can feel like a cog in a machine, productivity driven

1. Private-non profit

Advantages – often value / mission driven, young enthusiastic staff, social justice, advocacy focus, not rule driven, innovative

Disadvantages – often limited administration / overhead so nothing works quite right, often de-professionalized to save money, poor salary and benefits, often not many long-term experienced line staff stick around, often need to do fund raising

1. Government run –

Advantages – often safety net programs so don’t have to turn people away for inability to pay, high job security, high benefits and pensions, civil service / union protections, overtime not expected, often lots of training opportunities, lots of opportunities for administrative advancement

Disadvantages – rule and policy driven, heavy bureaucracy, administration can feel distant and arbitrary, hard to do anything about poor employees or to require good / hard work, hard to collect up own team or reward people directly, often slow to change things, hard to get staff to change if they don’t want to, hard to assure accountability

1. Veteran’s Services

Advantages – “deserving” group of clients who sacrificed for our country, similar list to government run

Disadvantages – military bureaucracy ill-suited to running clinical services, often leads to elaborate systems for avoiding responsibility, for giving direct orders or evading them, often “disability culture” where vets have substantial incentives to retain benefits, similar list to government run, problematic political oversight

(Note: by contrast, programs run directly by military services rather than the VA are quite different often hiding disabilities, discouraging treatment seeking as weakness, and prioritizing personnel being able to perform “the mission” over their well-being)

1. Criminal justice

Advantages – often prioritize staff safety, usually higher pay, more coercive powers available, encourages keeping emotional / personal distance from clients so can “see interesting cases without personal risk”, similar list to government run

Disadvantages – Pervasive culture of disrespect, punitive, violent interactions, limited client self-motivation and voluntary collaboration, often administrated by criminal justice staff rather than clinical staff who may not share clinical values / perspectives and may disrespect you too as a result, “undeserving” “manipulative” group of clients, helplessness in dealing with the powerful, erratic, often unpredictable legal system, similar list to government run

There are other choices: You can make more lists for DCFS, school based, Indian services etc.

Look at these lists and decide which one is the best fit for you, both that they reward the things you value and you can tolerate the disadvantages. None of them are anywhere near perfect. “The quality of your life may be determined heavily by the quality of your gripes”.

The answers to which of these positives are most important to you and which negatives most unbearable may change over the course of your life. For example, securing a good pension became more important to me and I was more tolerant of unmotivated colleagues and difficult bureaucracies as I aged, so I moved from private non-profit to government run at the end of my career.

I usually include a discussion of Recovery model services vs. the more common Medical model services, but that’s a discussion for another paper.