Psychiatrist interview questions

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What to expect

Psychiatrist interviews combine clinical competency testing with behavioural and judgement-based questions, reflecting the dual demands of medical decision-making and patient safety. Panels typically include a senior psychiatrist or clinical director and may involve a case-based discussion or role-play component, particularly for public health service positions.

- **Clinical/technical:** Tests understanding of assessment processes, diagnostic frameworks and medication management specific to psychiatric practice.
- **Behavioural:** Explores past experience handling real clinical situations, patient relationships and team collaboration.
- **Scenario/judgement:** Presents a hypothetical or case-based situation to assess clinical reasoning and decision-making under time pressure.
- **Safety and risk:** Probes how candidates assess and manage risk, including suicide risk and decisions around involuntary treatment.
- **Stakeholder/collaborative:** Assesses how candidates work with allied health professionals, GPs and families as part of coordinated care.

Interviews usually open with background and motivation questions, move into one or two clinical scenario discussions (sometimes with a written case summary provided beforehand), then cover behavioural questions about teamwork and difficult patient interactions, before closing with questions about the candidate's own queries about the service or team.

1. Walk me through how you would conduct a comprehensive psychiatric assessment for a new patient referred with symptoms of depression and anxiety.

Why they ask

This tests whether the candidate follows a structured, evidence-based assessment process and understands the clinical reasoning behind it.

How to structure your answer

Describe the assessment as a sequence of steps: presenting complaint and history-taking, mental state examination, use of relevant diagnostic frameworks such as DSM-5, risk assessment, and formulation leading to a provisional diagnosis and treatment plan.

Example answer

“I start by taking a detailed history of the presenting complaint, including onset, duration and any precipitating factors, alongside past psychiatric and medical history. I then conduct a mental state examination covering mood, affect, thought content and cognition. I reference DSM-5 criteria to guide differential diagnosis rather than jumping to conclusions early. Throughout, I assess risk, including suicidal ideation and any safety concerns, and I document findings clearly in the patient's electronic health record. From there I develop an initial formulation and discuss a treatment plan with the patient, which might include medication, psychotherapy or referral to allied health services.”

2. Tell me about a time you had to adjust a patient's medication regimen because of adverse side effects.

Why they ask

Medication management is central to the role, and this question checks for careful, patient-centred clinical judgement rather than rigid protocol-following.

How to structure your answer

Use STAR: describe the situation and the specific side effects reported, your task in resolving it, the action you took to review and adjust the regimen, and the result for the patient.

Example answer

“A patient I was treating for major depressive disorder reported significant sedation and weight gain after several weeks on their prescribed antidepressant. My task was to balance symptom control with tolerability. I reviewed their response against clinical assessment scales, discussed the impact on their daily functioning, and gradually cross-tapered them to an alternative medication with a more favourable side effect profile, monitoring closely during the transition. The patient reported improved energy and adherence to the new regimen at follow-up review.”

3. A patient presents with acute suicidal ideation during a routine outpatient review. What do you do?

Why they ask

This scenario question assesses real-time clinical judgement and risk management, a core safety responsibility for psychiatrists.

How to structure your answer

Explain the immediate priorities, the risk factors you would weigh, and the decision points, showing calm, structured reasoning under pressure rather than a rehearsed script.

Example answer

“My first priority is patient safety, so I would extend the consultation to conduct a thorough risk assessment, covering intent, plan, access to means and protective factors. I would ask directly and non-judgementally about their thoughts and any immediate risk. Depending on the level of risk, I would consider options ranging from safety planning and increased follow-up frequency, to arranging same-day crisis team review or admission if risk is acute. I would also involve family or support people where appropriate and consented, and document the assessment and decision-making clearly.”

4. How do you approach decisions around involuntary treatment under mental health legislation?

Why they ask

This probes understanding of legal and ethical obligations, a key safety and regulatory responsibility in Australian psychiatric practice.

How to structure your answer

Outline the framework you use: the legal criteria you must satisfy, the clinical evidence you weigh, and how you balance patient autonomy with duty of care.

Example answer

“I treat involuntary treatment as a significant step that should only be used when a patient meets the legal criteria under the relevant Mental Health Act, typically where there is a serious mental illness and a risk to the patient's health, safety or that of others, with no less restrictive option available. I document my clinical reasoning carefully, consult with colleagues where possible, and remain open to reviewing the decision as the patient's condition changes. I also try to keep the patient informed of the process and their rights throughout, even when they disagree with the decision.”

5. Describe a time you worked with allied health professionals or a GP to coordinate care for a patient with complex needs.

Why they ask

Psychiatrists rarely work in isolation, so this checks collaborative skills and understanding of the broader care team.

How to structure your answer

Use STAR: the complexity of the patient's needs, your role in the team, the specific coordination actions taken, and the outcome for the patient's care.

Example answer

“I managed a patient with comorbid bipolar disorder and a chronic physical health condition, which meant medication choices had to account for interactions with their GP-prescribed treatment. I set up regular communication with their GP and a case conference with a social worker and occupational therapist involved in their community supports. We agreed on a shared care plan with clear responsibilities, which meant the patient received consistent messaging and follow-up rather than fragmented care across providers.”

6. Psychiatry is a demanding role that requires balancing patient needs with limited time. How do you manage a heavy caseload while maintaining quality of care?

Why they ask

Services want to know candidates can sustain safe, thorough practice under workload pressure without burning out.

How to structure your answer

Discuss practical strategies for prioritisation and self-management, grounded in specific habits rather than vague reassurance.

Example answer

“I prioritise patients by clinical risk and triage follow-up frequency accordingly, so higher-risk patients get closer review while stable patients are seen at appropriate, less frequent intervals. I use telehealth where suitable to reduce travel burden and fit in additional reviews without compromising continuity. I also protect time for documentation so records stay accurate and up to date, which reduces risk of errors when caseloads are high, and I make a point of debriefing with colleagues after particularly difficult cases to manage my own wellbeing.”