The Future of Psychiatry

Q: From your perspective as a Department of Psychiatry Chairman and as an officer of a large multi-specialty medical center, what is likely the biggest effect that DSM 5 will have on current practice and training?

A: You know I think the DSM 5 represents an important guidebook for experienced physicians. It is really a consensus document that was prepared by about 1,500 individuals: psychiatrists, psychologists, and other medical specialists over a 10 year period of time. National and international experts were involved. I think it represents at least a modest advance from where we were previously; not a dramatic reshaping of DSM-IV process, but it does move us more towards a neurodevelopmental perspective. I think that is very important because over time I think there has been a greater recognition that psychiatric illnesses often begin in childhood and adolescence so having that perspective is very important. I think the other thing is obviously that it is positioned as new findings develop over time to be able to add in diagnostic measures, whether brain imaging, or genetic measures or others as we have, for example, in the dementias. This will allow us to add those in for other disorders, but that will depend on the state of the scientific evidence.

Q: As the 2014 APA President, what do you hope to accomplish during your term, for the APA and for the field of psychiatry?

A: Well, I am president-elect right now so I am just beginning to learn about my roles and responsibilities. You know the APA is an extraordinary organization, actually the oldest medical specialty organization in the United States. We have been around since 1844 which is actually 5 or 6 years before the founding of the American Medical Association. We have been in a position of public trust so I think the things we need to focus in on are what is going to be helpful and beneficial to reduce the stigma and discrimination against patients that have mental health and substance use conditions. How can we help these patients and their families? How can we advocate so that the physicians and psychiatrists can provide the kind of care they need to for patients in an equitable fashion? Ultimately, how can we reduce the misperception about psychiatric illness that still exists in the country? That is going to depend on research, its going to depend on excellent communication, and its going to be very dependent on our ability to remain very focused on those things that only the American Psychiatric Association can do at a national and international level. I am very, very hopeful that over the course of the next several years and beyond, that we can have a very substantial impact on making care better for patients and their families.
Q: What is the best piece of advice you received when you were a resident?

A: That’s a great question. There has probably been a lot of them because I did a residency in psychiatry, so I have to think about that a bit. I would say probably, the best single piece of advice was from my training director in psychiatry, John Boris, who later became Chairman of Psychiatry at Brigham Women’s Hospital at Harvard. I was at Mass General and John was my training director. He said, “Never worry alone”. So if something is bothering you, call somebody and I think as a resident that it was OK to pick up the phone and call somebody else for advice. If I had gotten into a situation I had not seen before, and after all, that happens a lot when you’re a resident, so that advice was very valuable.

Q: What is something that Training Programs in Psychiatry should be teaching to prepare graduates for the “real world”?

A: Well, there are lots of different parts of the real world; we are such an incredibly diverse field, people do so many different things in psychiatry. First of all, I think we need to train people to be great physicians, as we are physicians who specialize in psychiatry, but need expertise in general medicine, neurology, signature diagnosis, neuroscience, psychotherapy, and psychopharmacology. Those things are very basic. I think then, beyond that we need to give people graduated experiences where they take more and more responsibility, both in regards to their own clinical work, but also in terms of overseeing teams, overseeing systems of care, overseeing units or services. And I think the more we give people those responsibilities, the more they have the opportunity to also work with other physicians in a collaborative fashion and the better prepared they will be for an environment where we will be taking care of large populations.

Q: Overall, how do you think that the Integrated Care model will affect psychiatric practice in the next 5-10 years?

A: Well, as Yogi Berra said, “It’s always hard to predict things, especially about the future” and someone else said, “The best way to predict the future is to invent it.” So, I think we have great psychiatric researchers and physicians who are inventing these models as we speak, that process is still underway. We only have about 50,000 psychiatrists in the United States and the need and demand for services is extraordinarily high so we are going to have to work with other physicians that provide over half the ambulatory mental health services as it is and other non-medical mental health professionals to make sure that we can provide care across the spectrum. That doesn’t mean that traditional outpatient care is going to go away; individual care, psychopharmacology, psychotherapy means that psychiatrists will always be providing some of that care and consultation. It does mean that we are going to need to maintain a broader range of our medical skills and have the facility to work within different cultures. Internal medicine culture is a bit different than family medicine culture and both are different from pediatric culture and all are different from psychiatric culture, so we have to be prepared to work within those frameworks and not think that we can do things exactly the way we have always done them.

Q: Scandinavian noir genre: literature or pulp fiction?

A: This is from Josepha Cheong who is a fellow devotee of what it called, “Nordic noir” like the Girl with the Dragon Tattoo. I much prefer some of the Danish television shows; I think they are closer to literature than pulp fiction. There is a little bit of pulp and detective stuff in there but the character development is more complex. For people who haven’t seen some of these shows I recommend, Forbrydelsen which is a great Danish show, Borgen which is a show about the first female prime minister in Denmark, and The Bridge, which is about a murder mystery with a somewhat complex cast of detectives from Sweden and I think Denmark. Some of these shows are available online.