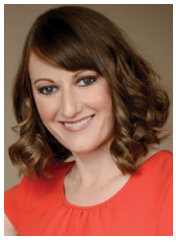
Psychiatry 2.0: Experiencing psychiatry's new challenges together

Helen M. Farrell, MD



Helen M. Farrell, MD
Department Editor

DO YOU HAVE A QUESTION OR CONCERN ABOUT THE FUTURE OF PSYCHIATRY?

- Contact Dr. Farrell at hfarrell@mdedge.com
- Include your name, address, and practice location

"It is beyond a doubt that all our knowledge begins with experience."

- Immanuel Kant

Medicine, a highly experiential profession, is constantly evolving. The consistency of change and the psychiatrist's inherent wonder offers a paradoxical sense of comfort and conundrum.

As students, we look to our predecessors, associations, and peers to master concepts both concrete and abstract. And once we achieve competence at understanding mechanisms, applying biopsychosocial formulations, and effectively teaching what we've learned—everything changes!

We journey through a new era of medicine together. With burgeoning technology, intense politics, and confounding social media, we are undergoing new applications, hurdles to health care, and personal exposure to extremes that have never been experienced before. The landscape of psychiatric practice is changing. Its transformation inherently challenges our existing practices and standards.

It wasn't too long ago that classroom fodder included how to deal with seeing your patient at a cocktail party. Contemporary discussions are more likely to address the patient who follows you on Twitter (and whom you follow back). Long ago are the days of educating students through a didactic model. Learning now occurs in collaborative group settings with a focus on the practical and hands-on experience. Budding psychiatrists are interested these days in talking about setting up their own apps, establishing a start-up company for health care, working on policy reform, and innovating new approaches to achieve social justice.

A history of challenge and change

Developing variables and expectations in this Millennial Age makes it an exciting time for psychiatrists to explore, adapt, and lead into the future. Fortunately, the field has had ample practice with challenge and changes. Social constructs of how individuals with mental illness were treated altered with William Battie, an English physician whose 1758 *Treatise on Madness* called for treatments to be utilized on rich and poor mental patients alike in asylums.[1] Remember the days of chaining patients to bedposts on psychiatric wards? Of course not! Such archaic practices thankfully disappeared, due in large part to French physician Philippe Pinel. Patient care has evolved to encompass empathy, rights, and dignity.[2]

German physician Johann Christian Reil, who coined the term "psychiatry" more than 200 years ago, asserted that mental illness should be treated by the most highly qualified physicians.[3] Such thinking seems obvious in 2018, but before Reil, the mental and physical states were seen as unrelated.

Modern psychiatry has certainly come a long way.[4] We recognize mental health as being essential to overall health. Medications

Dr. Farrell is Lecturer, Harvard Medical School, and Psychiatrist, Beth Israel Deaconess Medical Center, Boston, Massachusetts.

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have evolved beyond lithium, chlorpromazine, and fluoxetine. We now have quarterly injectable antipsychotics and pills that patients can swallow and actually be monitored by their clinicians![4]

The American Psychiatric Association (APA) has published multiple iterations of the Diagnostic and Statistical Manual of Mental Disorders since its inception in 1968.[5] And with those revisions have come changes that most contemporary colleagues could only describe as self-evident—such as the declassification of homosexuality as a mental disorder in 1973.

Despite these advances and the advent of the Mental Health Parity Act of 2008, experience has shown us that some things have seen little progress. Reil, who saw a nexus between mental and physical health, launched an anti-stigma campaign more than 200 years ago. This begs a question to colleagues: How far have we come? Or better yet, capitalizing on our knowledge, experience, and hopes: What else can we do?

The essential interaction between mental, chemical, and physical domains has given rise to psychiatry and its many subspecialties. Among them is forensic psychiatry, which deals with the overlap of mental health and legal matters.[6]

While often recognized for its relation to criminology, forensic psychiatry encompasses the entirety of legal mental health matters.[7] These are things that the daily practitioner faces on a routine basis.

My mentor, Dr. Douglas Mossman, author of Current Psychiatry's Malpractice Rx department, passed away on January 4, 2018. Dr. Mossman emphasized to his trainees that above all else, understanding forensic matters simply makes one a better psychiatrist. Legal matters and psychiatry go hand-in-hand. Involuntary hospitalization, Health Insurance Portability and

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The transformation of psychiatry inherently challenges our existing practices and standards

Accountability Act violations, licensure boards, telepsychiatry, guardianship, and informed consent are just a few areas that psychiatrists interface with routinely.

A new department for a new era

The world is changing very rapidly, and we face new dilemmas in the midst of trying to uphold our duties to patients and the profession. There are emerging domains that psychiatrists will experience for the first time—leaving us with more questions than direction. And that is the impetus for this new department, Psychiatry 2.0.

The ever-evolving Internet opens doors for psychiatrists to access and educate a larger audience. It also provides a tool for psychiatrists to keep a web-based presence, something essential for competitive business practices to stay relevant. We are languishing in a political climate that challenges our sense of duty to the public, which often is in contrast with the ethical principles of our association. Technology also poses problems, whether it's tracking our patients through the pills they ingest, following them on an app, or relying on data from wearable devices in lieu of a patient's report. All of this suggests a potential for progress as well as problems.

The goal of Psychiatry 2.0 is to experience new challenges together. As Department Editor, I will cover an array of cutting-edge and controversial topics. Continuing with Dr. Mossman's teachings—that forensic understanding enhances the clinical practice—this department will routinely combine evidence-based information with legal concepts.

Each article in Psychiatry 2.0 will be divided into 3 parts, focusing on a clinician's dilemma, a duty, and a discussion. The dilemma will be relatable to the clinician in everyday practice. A practical and evidence-based approach will be taken to expound upon our duty as physicians. And finally, there will be discussion about where the field is going, and how it will likely change. In its quarterly publication, Psychiatry 2.0 will explore a diverse range of topics, including technology, social media, stigma, social justice, and politics.

In memoriam: Douglas Mossman, MD

In my role as Department Editor, I find myself already reflecting on the experience, wisdom, compassion, encouragement, and legacy of Dr. Mossman. A distinguished psychiatrist, gifted musician, and inspiring mentor and academician, Dr. Mossman embodied knowledge, creativity, and devotion.

Among Dr. Mossman's many accolades, including more than 180 authored publications, he was recipient of the Guttmacher Award (2008, the APA) and Golden Apple (2017, the American Academy of Psychiatry and Law). Dr. Mossman was further known to many as a mentor and friend. He was generous with his experiences as a highly accomplished physician and thoughtful in his teachings and publications, leaving an enduring legacy.

Remembering Dr. Mossman's sage voice and articulate writings will be essential to moving forward in this modern age of psychiatry, as we experience new dilemmas and opportunities.

Clinical Point

Psychiatry 2.0 will explore technology, social media, stigma, social justice, and politics

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