



## Three reasons for psychiatry to celebrate

**D**ecember is a month of celebrations—Christmas, Hanukkah, Kwanzaa, and probably many others. While we're in a festive mood, I would like to celebrate three events that have benefited our profession and our patients.

### The resurgence of psychiatry

A few years ago, psychiatry was in a depression. Applications for psychiatric residencies were declining, longtime practitioners were retiring, and we all worried that there might not be jobs for us in the future. A large contingent of doomsayers predicted impending disaster because:

- New psychotropic agents (notably selective serotonin reuptake inhibitors) were so easy to use that all our patients' psychopharmacology could be managed in primary care settings.
- The public had become convinced that various licensed and unlicensed therapists could do psychotherapy as well as we could.

These gloomy predictions have not materialized. Instead, new antidepressants and antipsychotics, new treatments for attention-deficit/hyperactivity disorder, new delivery systems, and new uses of existing agents have made prescribing not simpler but more complicated, while allowing us to help more people than ever before.

Psychopharmacologic advances have also led to increased use of combination therapy—both pharmacotherapy and psychotherapy—which research consistently shows is the most effective approach to most mental illnesses. This has led to greater demand for psychiatrists, with our training in both psychopharmacology and psychotherapy. And more people are seeking treatment for mental illnesses—rather than suffering in silence—as more effective treatments have become available and the stigma of “going to a psychiatrist” is fading.

Today we see increases in residency applications,

salaries, and career opportunities in psychiatry. And those are all reasons to celebrate.

### The repositioning of managed care

Managed care in the 1980s and '90s—with its rationing through inconvenience, its view of mental health care as a commodity, discriminatory coverage, and the overriding of professional judgment—was demoralizing. Now, signs suggest that the balance of power is shifting back to providers. For example:

- Shares of stock in Magellan Behavioral Health, the national managed care company, were recently trading at less than 2 cents a share.
- The per diem paid by managed care is increasing 40% on Jan. 1 at University Hospital in Cincinnati, where I practice. When hospitals had empty beds, managed care could dictate rates. Now that beds are filled, hospitals have more leverage with managed care companies.

### The launch of *Current Psychiatry*

With this our issue, the editors and staff of *Current Psychiatry* are celebrating our first full year in business. Judging by the hundreds of e-mails I have received and countless conversations I have had with readers since our launch in January, *Current Psychiatry* is helping psychiatrists keep pace with our rapidly changing field.

I want this journal to be relevant to psychiatry as it is really practiced. I invite you to continue telling me how *Current Psychiatry* can help you learn what you need to know. Now, pass the champagne!

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