Signs, symptoms, and treatment of *psychiatrynemia*

***Psychiatrynemia*—a shortage of physicians who specialize in managing psychiatric brain disorders—is not a recently recognized affliction, but a chronic one that needs to be addressed.**

Millions of people suffer because they lack access to psychiatric care that they desperately need. The shortage of psychiatrists grows worse every day.

As a result of this anemic supply of psychiatrists, the mental health of the country's populace is in jeopardy.

The facts paint the picture

The landmark National Institutes of Health-funded Epidemiologic Catchment Area (ECA) study, published a quarter of a century ago, found that 25% of the population suffered from a psychiatric disorder at some point in their life.[1] In 1990, that translated to 62 million people; today, the number would be 82 million.

Regrettably, the findings of the ECA were not followed by necessary action—simply, ensuring sufficient psychiatrists to meet the significant mental health needs of the nation.

Signs and symptoms

Manifestations of psychiatrynemia continue unabated:

- **frustration** by primary care providers when they try to refer a patient to a psychiatrist—with appointments often unavailable for 4 to 6 months
- **lack of access** to a psychiatrist within 100 miles in many rural areas
- a large number of **unfilled positions** for psychiatrists in many health care settings nationwide, which has created a thriving locum tenens industry
- **emergency rooms packed** with psychiatric patients
- **a huge patient load** in community mental health centers
- a large increase in the percentage of **seriously mentally ill people in jails and prisons** because of a lack of psychiatrists and psychiatric beds; according to Torrey et al,[2] the percentage of mentally ill patients incarcerated in the United States today is the same as it was in 1840, the pre-asylum era—shameful for a civilized country
- an escalation of **cash-only practices** and concierge psychiatry
- a **suicide rate that continues to rise** (one wonders how many of the 40,600 deaths by suicide and 650,000 suicide attempts in 2012[3] could have been prevented by prompt access to psychiatric care)
- a severe **shortage of psychiatric subspecialists** (child, geriatric, addiction, psychosomatic); their numbers need to rise by 200% to 300% to meet the needs of those populations
- An alarming overreliance on **absurdly brief 15-minute med-checks** as a way to cope with a large patient load.

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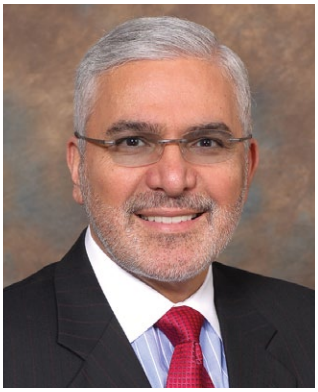

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Box

Polytherapy for psychiatrynemia

Rx Double the number of residency training slots. Approximately 1,100 newly minted psychiatrists graduate from residency training annually. That number is offset, however, by older practitioners' retirement, death, and switch to part-time work. In the 1960s and 1970s, the National Institute of Mental Health funded additional residency slots to supply the country with psychiatrists in conjunction with the establishment of community mental health centers (CMHCs). Many of those psychiatrists are no longer in practice and need to be replaced.

Rx Unshackle psychiatry from the malevolent managed-care carve-out model, which has severely compromised access to psychiatric care and the provision of optimal, or even adequate, care.

Rx Establish more psychiatric wards in general hospitals and build a few modern and well-staffed "psychiatric nursing homes" for long-term care of seriously mentally ill patients because many state hospitals have been shuttered.

Rx Improve reimbursement for psychiatric care to attract more medical students to psychiatry.

Rx Enforce parity. This will reduce the burden of higher co-pays and caps on care for many suffering patients.

Rx Raise the salary of CMHC psychiatrists to make this career choice more attractive.

Rx Co-locate psychiatric practices in primary care settings to provide rapid access to primary care patients who have a co-existing psychiatric disorder (prevalence estimated in numerous studies at approximately 40%).

Rx Increase access to telepsychiatry for patients who live in a rural area. Provide as much as 50% higher reimbursement for any psychiatrist who sets up a practice in a remote region.

Rx Improve the psychiatric training of family physicians so they can better diagnose and treat routine psychiatric conditions in their practices. The current 3-year family practice residency includes 1 month of psychiatry, which is woefully inadequate for addressing the widespread need for mental health services in primary care. I recommend increasing the psychiatry rotation to 6 or 12 months to ensure competence in psychiatry.

Rx Train more psychiatric nurse practitioners because it is going to be impossible to provide a sufficient number of psychiatrists for at least the next decade even if all the actions I've listed are implemented. Nurse practitioners have the medical background to recognize and manage medical comorbidities and arrange referral for serious medical disorders.

Rx Fix insurance companies' databases of psychiatric providers. A recent study highlighted astonishing impediments to accessing a psychiatrist.[4] Researchers contacted 360 psychiatrists in Austin and Houston, Texas, and Chicago, Illinois, using Blue Cross and Blue Shield databases, and found that:

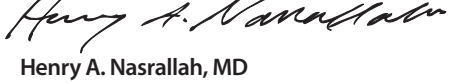
- only 26% of callers got an appointment, even when they said they had insurance or would pay cash
- 15% of psychiatrists contacted said that their practice was full
- 10% told callers that they do not see general adult patients
- inexplicably, the telephone number of 16% of psychiatrists in the database was incorrect: callers reached a jewelry store, a boutique, even a McDonald's restaurant!

What can be done?

To boost the number of psychiatric clinicians and provide better access to care, I offer several prescriptions in the ***Box***.[4] (Yes, polytherapy is needed.)

Curing psychiatrynemia requires bold action on multiple fronts by different stakeholders. Considering the failure to act over the past 25 years, however, prospects for a quick remission are low.

We're past needing an ounce of prevention; we need many pounds of cure.



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