American Psychiatric Association

Founded in 1844, the Association has long been acknowledged for its mission to represent and educate psychiatrists in the US and worldwide to ensure quality healthcare for all persons with mental illnesses. President Dr Jeffrey A Lieberman discusses this rapidly developing field of medicine and the organisation’s work to improve the quality of care and eradicate the stigma of mental disorders.

How does the American Psychiatric Association (APA) aid physicians in the US and around the world to ensure humane care and effective treatment for all persons with mental health disorders?

The APA provides education to its member physicians, as well as other healthcare providers to ensure the latest and best information is available to them. In this context it seeks to define the standard of care in psychiatric medicine and mental health care, based on the scientific literature and prevailing public health needs. The APA is also involved with influencing policy and legislation through its Offices of Government Relations and Healthcare Systems and Financing.

What does the study of modern psychiatry entail? Currently, which specific conditions are considered ‘hot topics’ among physicians?

Psychiatry is a branch of medicine (like cardiology, gastroenterology or neurology) that deals with disturbances in mental function and behaviour. It is concerned with the underlying causes of such illnesses as bipolar disorder, schizophrenia, autism, Alzheimer’s disease (AD) and addiction, and environmental impacts on the brain, whether through physical or emotional trauma.

Historically, it has been a challenging task to gain the same scientific foothold that other areas of medicine have because the brain is more...
complicated than any other organ. Psychiatric research progresses at an unpredictable rate, which is often limited by the availability of adequate technology to study complex problems. For example, microorganisms couldn’t be identified until the invention of the microscope, and highly technical surgical procedures couldn’t be performed before anaesthesia, heart bypass machines, robotic devices, etc. were developed. It has only been within the last 50 years that we have begun to develop the tools needed to really study and understand the brain and how it orchestrates mental functions and behaviour.

Mental illness has long been neglected, so ensuring healthcare providers and insurers are attentive to this area has not been easy. Today, however, it is considered a hot topic. The mental disorders psychiatry treats are wide-ranging – AD, autism, post-traumatic stress disorder (PTSD) and addictions, as well as disorders such as schizophrenia, bipolar disorder and depression. Disorders of particular current interest for scientific as well as public health reasons are PTSD, autism spectrum disorders and borderline personality disorder.

Mental health is often labelled an understudied, underrepresented area of healthcare. Do you think this is changing? What more can be done to push mental health into the limelight?

Psychiatry has long been considered the ‘stepchild’ of medicine, and mental illness has been stigmatised and neglected, a bona fide healthcare disparity. However, I think it’s changing for a lot of reasons (both good and bad). Particularly in the US, for example, we have seen a number of violent mass murders – a disproportionate number of which were caused by persons who had untreated mental illnesses. This has focused public attention on mental health and gun control.

The Mental Health Parity and Addiction Equity Act, as well as President Obama’s Affordable Care Act, which provides insurance to people that previously could not receive it, who may now avail themselves of healthcare, are examples of US legislation to improve the quality of mental health care and recognise it as a legitimate health concern.

How are you working to improve health outcomes?

Healthcare used to focus mainly on hospitalisation; people became ill, were admitted to hospitals, treated and released. Then the focus moved to primary care offices and clinics and treating illnesses before hospitalisation was required. Public health soon became the central mission, aimed at promoting health and preventing illness – encouraging and teaching people to live healthy lifestyles; for example, quitting smoking, eating nutritiously, exercising and dealing with emotional difficulties to avoid volatility and stress. This is known as ‘behavioural medicine’.

Psychiatry has been largely influenced by this transition, but limited by insufficient funding and attention. However, there has been an increasing recognition of the economic burden of mental illness. A substantial proportion of the population – conservatively, one in four people worldwide – will suffer from a mental disorder in their lifetime, and people with mental disorders are more likely to have comorbid physical health issues, further increasing costs. In response, there have been growing efforts to take a proactive and integrated approach to healthcare.

In addition, people with chronic, persistent mental illnesses have a high level of medical comorbidity and shorter life span as a result. So another aim of the APA is to implement primary care into mental health environments.

Could you discuss the crisis intervention services you provide?

The Association supports specific types of crisis intervention such as a response to natural disasters or population emergencies. When Hurricane Katrina hit New Orleans, for example, the APA’s Council on Disaster Psychiatry worked to mobilise individuals willing to devote their time to helping provide aid directly. Sometimes our reach extends internationally when crises occur in other countries – after the earthquake in Haiti, for instance. The APA has some form of crisis management, humanitarian aid or support (depending on the availability of resources) to help out at any given time.

We provide a range of services, including materials on crisis intervention and trauma response, that have been developed by the Council on Disaster Psychiatry, or other components within the organisation, to support relevant healthcare workers and volunteers interested in assisting.

What educational and training opportunities are afforded by the APA?

Our main function is to inform practitioners about the latest developments in psychiatric medicine to ensure high standards of care. One way this is done is through the APA annual meetings, where thousands of people learn from our extensive educational programmes. In addition, there is ongoing communication through various mechanisms at the APA, Focus, for example, is a printed and electronic publication highlighting different topics within mental illness and psychiatric medicine. The APA also publishes two leading scientific journals presenting the latest findings in mental health and psychiatric services.

The 167th APA Annual Meeting is set to take place on 3-7 May 2014. Could you provide some insight into the event, the chosen discussion topics and the activities you are most looking forward to attending? Why is changing the practice and perception of psychiatry such a crucial task?

Healthcare advances are driven by scientific developments and public health needs. When polio and smallpox were pervasive diseases, focus was placed on developing ways to understand their causes and find treatments. Similarly, the AIDS/HIV epidemic galvanised attention and became a central health concern. Today, autism and AD, which were previously seen as obscure, are now significant issues in public health.

In psychiatry, we are reaching a point of inflection due to converging forces, one being the burgeoning growth of neuroscience – understanding how the brain works down to the molecular level – which encapsulates all areas related to the brain, including psychiatry; and another force being the healthcare reform process, largely driven
by economics, which is transforming the way psychiatric care is incorporated into the healthcare system.

By virtue of altering what a psychiatrist does from the stereotypical ‘walk into an office, lie down on a couch and free associate’, the perception of psychiatry will be changed, especially as medicine dealing with disturbances in the brain that affect mental function and behaviours is considered a major discipline. Hopefully that will be recognised by the media at large. In the end, we hope this changes the perception of mental illnesses and reduces the stigma associated with them.

Do you work across other disciplines to conduct your work? How important is national and international collaboration to the APA?

Psychiatry is working closely with other disciplines in medicine to create one team. People from many disciplines are involved in providing mental healthcare – in addition to psychiatrists you also have psychologists, social workers, therapists, rehabilitation therapists, case managers, etc. After determining a patient’s diagnosis, the team will oversee the implementation of a treatment plan. This is referred to as team-based multi-element service and will become the model by which psychiatry works.

Which ethical issues is the psychiatry sector currently working to overcome?

One emerging ethical issue as healthcare and science move forward is patient confidentiality, particularly with electronic medical records. Medical information needs to be confidential, and psychiatric information may even be more sensitive and intimate. The general consensus is that medical records are essential in terms of efficiency and quality, but we must balance that with exceptional confidentiality requirements.

Concerns have risen over violent incidents whereby healthcare providers are required by law to hospitalise or treat a patient against their will or report them to a central office or database within a state because of perceived potential for danger. If a patient reveals his or her violent fantasies, for example, a healthcare provider may feel obliged to report them. This could lead to a patient withholding information.

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MENTAL HEALTH IN AMERICA

Approximately 26 per cent of American men and women suffer from a diagnosable mental disorder in a given year.

An estimated 38 per cent of adults and 20 per cent of children who need mental health treatment receive it.

Mental disorders are the leading cause of disability in the US for people aged 15–44 years.

65–80% of individuals with mental illness will improve with appropriate diagnosis, treatment and ongoing monitoring.

Most adults, including 78% of those with mental health symptoms and 89% of those without mental health symptoms agree that treatment can help persons with mental illness lead normal lives.

The US spends $113 billion on mental health treatment, about 5.6 per cent of the national healthcare spending.

REFERENCES


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