

**HEALTHY MINDS**  
**A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS**  
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**The Decline of Talk Therapy in Psychiatry**



Recently, we discussed the various mental health professionals (see my article), and briefly mentioned, on closing, the psychiatrist.

The PSYCHIATRIST is the one profession here that requires an MD or OD degree and license, certifying them to treat mental illness and allowing them to use medications (although some states are now beginning to allow other professionals to use them as well). Psychiatrists are trained to conduct psychotherapy; that training varies according to the particular schools where the psychiatrist was trained. Psychiatrists may conduct physical exams and conduct or order various procedures such as CT, CAT, MRI, PET, or EEG assessments in order to determine whether or not the mental condition has an organic basis. Of course other professionals can refer their clients to their health care providers for assessment if there are indications that the causes may be due to injury, disease or other deterioration. Referrals are common.

There has been a trend in psychiatry that some find very disturbing: less than 29% of the encounters between patients and psychiatrists (2005 statistics) involve psychotherapy, down from 47% in 1996, as explained in the current (August 2008) issue of the Archives of General Psychiatry. Furthermore, in a typical week about 28% of psychiatrists provided no psychotherapy whatsoever and only about 12% of all psychiatrists studied gave psychotherapy to all of their patients.

This is an important change in psychiatric care in this country with a continuous shift towards the pharmaceutical approach to mental health. These changes are being driven by the pharmaceutical corporations which advertise and promote their medications with huge budgets, and the managed care industry which will pay a psychiatrist 40% less for a 45 minute psychotherapy session than for three 15 minute visits for medication management even though the psychiatrist is spending the same amount of time.

Furthermore, there is a limit to the number of psychotherapy sessions that an insurance plan, particularly HMOs, will pay, whereas the plan will pay indefinitely for a maintenance drug treatment. The findings of this study which encompassed 14,000 office visits, supports the idea that for financial reasons as a primary factor, medication is favored over psychotherapy, although many studies show psychotherapy to be as effective or more effective in many cases. In some of these cases, clients may be also seeing a psychotherapist as well, but in many cases the psychiatrist is the sole mental health provider for these patients.

The psychiatrist who conducted this study, Dr. R. Mojtabai, said that

"The traditional model of psychiatric training with its emphasis on competency in delivering formal psychotherapy may become less relevant to future generations of psychiatrists who operate in managed care settings in which short-term medication visits are the norm and formal psychotherapy is delegated to non-medical professionals." He suggested that the very identity of psychiatry might be at risk, because the number of psychiatrists who give meds to the vast majority of their patients rarely use psychotherapy, although that small minority who do favor psychotherapy tend to prescribe pharmaceuticals to only about half of their patients.

During my internship I had the good fortune to have two diverse supervisors guiding and training me. One was a clinical psychologist and prestigious university professor and practicing therapist. The other was a psychiatrist who had been chief resident at Vanderbilt Hospital. This doctor was one of the old-school types, even though a young man himself, who believed strongly in the value of talk-therapy, and let me converse with all of his patients while he calculated doses and wrote them down. Unfortunately this doctor was hampered by the rules of our community mental health center which required that he see between 3 and 4 patients per hour. He was a very caring individual and did manage to spend a few minutes talking to each patient, but much of that time was spent questioning them about the effectiveness of their medications and ascertaining side effects if any, so there was little time left to delve into any underlying psychological problems or stressors.

Recently I ran into an old friend in Bowling Green, Kentucky and we went into a restaurant to spend a little time together catching up on news. My friend's sister, whom I had never met before, had coincidentally just come from a consultation with her psychiatrist for a problem of depression, and she wanted to talk about it to me, considering my background. Within minutes I found out some critical points that her psychiatrist never uncovered: that she was hearing voices on a regular basis, that the voices were telling her to hurt herself, and that she had a suicide plan involving her speeding car and a large tree. Fortunately she was able to convince me that she was not in imminent danger of hurting herself, and I was able to direct her to someone in her area who could and would help her. Sometimes, when time is money, and prescribing drugs is the only treatment, a lot of essential information gets missed, and the underlying causes of problems are never uncovered and dealt with. Although there are alternatives to neuropharmacology (this form of pharmaceutical psychiatry), the old traditions of psychiatry that combine the psychosocial and biological points of view should be preserved. This is the biggest challenge facing psychiatry today.

**TIP OF THE WEEK:** According to the University of Pennsylvania Medical School Med Page Today, about 20% of women of childbearing age are smokers, and that 58% of these women tried to quit smoking at least once. Smoking was highest among divorced, widowed or separated women, lowest among college educated women, and highest among non-Hispanic whites. **SMOKING AMONG WOMEN WAS MOST PREVALENT IN KENTUCKY** (almost 35%) and lowest in Utah (10%) and the U.S. Virgin Islands (5.8%). Quitting is beneficial for all age groups, but more beneficial for younger women before they develop smoking-related illness. Furthermore, smokers put

their children at risk for second-hand smoke related disorders, and they increase the chance that their children will become smokers themselves. Be wise and be strong. Stop smoking today.