Why I'm Becoming a Psychiatrist


Entering the profession doesn’t mean ‘throwing away’ a medical education, it means focusing on a national problem urgently in need of attention. As a fourth-year medical student, I’m often asked by friends and family what kind of medicine I want to practice. When I say psychiatry they struggle to answer politely. “Really?” is a common reply. Friends have asked why I would “throw away” my medical education. Some ask if I’m going to turn into Freud and analyze their dreams. Others have questioned whether psychiatry has a scientific basis.

We’ve made great strides against mental-health stigma, largely due to the work of organizations like the National Alliance on Mental Illness (NAMI), as well as political efforts for
mental-health parity. But too much stigma persists. And as I’ve learned in medical school, this stigma doesn't just affect patients. It also affects providers. During my interviews for psychiatry residency, its pervasiveness has astonished me.

Residency programs assure applicants that psychiatry is “respected” at their hospitals. It's "just like any other department." Yet the need to even say this speaks volumes. Do orthopedic surgery applicants worry about being “respected”? Do ophthalmologists' friends and family suggest they do something else?

Too often, the skepticism is based on the clichéd image of the psychiatrist as a Freudian analyst listening to a patient during weekly sessions that continue for years. That psychoanalytic model is fading in an era when psychiatric practice has shifted toward pharmaceutical treatment and limited therapeutic interventions.

The mistrust also stems from our poor understanding, even in the 21st century, of how the brain works. Developing new treatments has been frustratingly slow, especially for chronic mental illnesses like schizophrenia and bipolar disorder. Still, millions of Americans live healthier, more productive lives due to a new generation of medicines and therapies. And scientific breakthroughs, like the recent discovery of potentially key genetic traits behind schizophrenia, promise new treatments in the future.

So let me make a case for psychiatry. According to NAMI:

- Nearly 44 million Americans suffer from mental illness in a given year.
- Suicide is the 10th leading cause of death in the U.S., killing more than 42,000 people yearly.
- Depression and anxiety are among the top contributors to disability. But with proper diagnosis and treatment, many patients are able to overcome these illnesses.

Yet as this newspaper has reported, the U.S. suffers from a severe shortage of mental-healthcare providers. According to the Department of Health and Human Services, the U.S. needs at least 2,800 more psychiatrists to address the current shortage. There are many ways to fix this problem.

- Congress could approve federal funding for additional slots in psychiatry residencies.
• Reimbursement incentives might attract clinicians to the field.

The White House recently promised $500 million to increase access to mental-health care. Let’s hope that includes recruiting more providers. But money won’t solve everything. If we are serious about improving mental-health care, we need to embrace psychiatry as part of the interdisciplinary future of medicine, rather than look down on it as a relic of the past.

Mr. Morris is a student at Harvard Medical School.

Every Day Without Mental Health Reform feels like another Groundhog Day

We’re tired of being put through the ringer again and again.

Wake up Congress from this endless Groundhog Day of talk and no action.

Ask Congress to pass mental health reform today!

The most promising bills for mental health reform are

Last year, equalization dollars were not fully appropriated and it is proving to be catastrophic to Polk County if no action is taken this legislative session. Crisis services and jail diversion services will be closed down. Will legislators authorize Polk County to raise their levy to $47.28 per capita as the long term funding formula indicates?

Please contact your legislators to authorize Polk

Polk County to shut down crisis services and jail diversion services

Sign up for spring classes!

Family to Family Peer to Peer

Family to Family

Tuesdays, starting March 1, at Plymouth Congregational Church, 42nd and Ingersoll, Des Moines - 6 to 8:30 PM – call Matthea to sign up 783-2763 or Matthea.little.smith@gmail.com

Thursdays, starting March 3, at Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, 6:00 to 8:30 PM - contact Teresa Bomhoff, to sign up – 274-
Rep. Tim Murphy’s HR 2646 Helping Families in Crisis and the Senate companion bill S 1945. It is reported there is close consensus on the bills. However, there are some legislators who want to tack on gun control measures to both bills. **Please contact the Iowa legislators to ask them not to combine the issues.** It is essential mental health reform be signed into law as soon as possible. 

http://www.grassley.senate.gov/  
http://www.ernst.senate.gov/public/  
http://foebsack.house.gov/  
https://steveking.house.gov/  
https://blum.house.gov/  
https://davidyoung.house.gov/  

**Did you know?** Iowa graduates 131 more students from medical school than we have residencies for. There is movement to establish a second psychiatric residency program in Des Moines. The hospitals will hopefully be collaborating together for the estimated $10-11 million per year program. At County to raise additional funds to avert a catastrophe. **You might also ask where the legislation is to build the capacity of the mental health workforce.** Without adequate workforce, there is no mental health system, there are no services or beds. **We have a public health crisis!**

**House Democrats Introduce Mental Health Reform Bill** Democratic members of the House introduced their own version of mental health reform legislation this week. The bill’s authors said their legislation is not meant to compete with Rep. Tim Murphy’s Helping Families in Mental Health Crisis Act (H.R. 2646); it is intended to push the conversation forward toward compromise and passage. Read more

6876 or tbomhoff@mchsi.com

For more information on the Family to Family Education course, go [here](http://www.grassley.senate.gov/)

**Peer to Peer**  
**Tuesdays,** March 8–May 10  
6:30 pm – 8:30 pm  
Lutheran Church of Hope  
925 Jordan Creek Parkway  
West Des Moines, Room #104. To sign up, email NAMI at namiiowa@mchsi.com or call (515) 254-0417

For more information on the Peer to Peer Education course, go [here](http://www.ernst.senate.gov/public/)

**Legislation under consideration at the State Legislature**  
Find out more [here](http://foebsack.house.gov/)

**SSB 3109 Children’s Mental Health and Well-being**  
**HF 2039 Disclosure of Mental Health Information**  
**HF 2087 Medical Cannabis Act**
At the present time, the program is conceptualized to be a 4-year residency, 4 residents per year. Once in full operation, there would be 16 residents in the program with 4 graduates per year.

A helpful federal action would be for federal legislation to include funding for the Des Moines area psychiatric program from Medicare (as most residencies are paid for). As it stands now, our community will need to find a way to fund it.

Contact our federal legislators on this issue, too!

Legislation to expand telehealth services in Medicare was introduced to both chambers of Congress this week. The bill - the Creating Opportunities Now for Necessary and Effective Care Technology (CONNECT) for Health Act - aims to improve care outcomes, make it easier for patients to connect with their providers, and help cut costs to patients and providers alike. Read more.

The Centers for Medicare and Medicaid Services (CMS) published a final rule on the provision of Medicaid home health services, clarifying that telehealth visits satisfy the requirement for face-
to-face encounters. The rule is to take effect July 1, 2016.