

Preface



Daniel R. Wilson, MD, PhD

Peter F. Buckley, MD

Guest Editors

Psychoiatry is not merely a branch of general medicine—it has a history and present configuration that is otherwise totally unique in medicine. Yet in the past 50 years the scope of psychiatry has moved far beyond the old institutional basis even as it is ever more enriched by developments in general medicine, technology, and systems of care. Indeed, the science of psychiatry is in a golden age of great accumulating insight into genes, brains, and minds all so much in the literature.

Yet psychiatry is tarnished and eroded by a host of political, economic, and social troubles. Still, there is much reason for optimism as this unique field begins to move toward a stronger foundation in knowledge while addressing many stubborn problems in finance, administration, and the integration of new science with novel systems of care.

This issue of the *Psychiatric Clinics of North America* surveys not the “content” of psychiatric sciences but the “processes” by which the care of millions of suffering human beings is being dramatically reshaped despite many setbacks, generally for the better. These diverse qualitative and technical developments touch the individual practitioner and affect every component of the health system with increasing benefit to the care of patients and society at large.

In “Transforming Mental Health Care: Realities, Priorities, and Prospects,” Hogan—one of the nation’s most senior mental health administrators and Chair of the President’s New Freedom Commission—offers a crisp summary of the state of play in and predictions about mental health care. Key trends, threats and opportunities are identified as they affect every element and every practitioner in the “system.” In his article “Financing Mental Health and Substance Use Disorder Care Within Physical Health: A Look to the Future,” Kathol, an

internist-psychiatrist who has pioneered systems of more integrated care, explains critical issues and new directions of behavioral health care delivery and investment. Essential problems and solutions for societal investment in psychiatric care are summarized.

Tesar reviews the history of and prospects for hospital and academic psychiatry from his perspective as Chief of Psychiatry at the Cleveland Clinic. “Whither Hospital and Academic Psychiatry?” is a thoughtful and substantive review of how things came to be as they are and where they may be headed. In “Applying the Institute of Medicine Quality Chasm Framework to Improving Health Care for Mental and Substance Use Conditions,” Keyser and colleagues summarize the basic themes of quality enhancement, an increasingly common focus of modern medicine. This group of experts further clarifies how such a focus will likely impact psychiatry.

In “Quality Outcomes Management: Veterans Affairs Case Study,” Bhatia and Fernandes offer a clear example of quality enhancement, which has so remarkably advanced care within the Veterans’ health system. This report from the front lines of care management explains how the largest health care system in the United States has implemented a wide range of technologic and service delivery improvements. Compton skillfully surveys the important but too easily neglected topic of prevention in mental health in “Incorporating the Prevention Paradigm into Administrative Psychiatry.” Here the effort is to mitigate risk factors and enhance protective factors and thereby decrease the burden of psychiatric illness.

In “Telepsychiatry Reduces Geographic Physician Disparity in Rural Settings, But Is It Financially Feasible Because of Reimbursement?” Hilty and colleagues examine the current state and potential of technology to improve patient access to appropriate mental health services across disparate geography and populations. Noting the clear feasibility of such services, they also caution that several administrative and financial impediments must yet be overcome. Lawlor and Barrows summarize the promise and problems associated with electronic health records as experienced in psychiatry in “Behavioral Health Electronic Medical Record.” Like telepsychiatry, they note the eventual use of such records once administrative and financial impediments are addressed.

In “Leadership and Professional Workforce Development,” Buckley and Madaan provide a brief review on how recruitment into psychiatry has been cyclical and shaped by major developments in psychiatric practice, teaching, and other societal issues. After tracing the history and current conditions of professional workforce development, they lay out several important points for further success in the future. Scheiber and colleagues provide a historical overview of the ABPN; its formation, mission, and roles; and the changes that have taken place over the years in certification, recertification, and maintenance of the certification process.

Finally, in “Psychiatry: Organized and Disorganized,” Munro and Wilson describe psychiatry as a specialty with an array of clinical, research, and

didactic responsibilities that span a range of social, economic, political, and administrative interests broader than that of any other medical specialty. They further survey the depth and breadth of how psychiatry is organized (or not), all as reflected in the complex tapestry woven by its varied constituent organizations.

Daniel R. Wilson, MD, PhD
Professor and Chairman of Psychiatry
Professor of Anthropology
Creighton University Medical Center
3528 Dodge Street, Omaha, NE 68131 USA

E-mail address: wilson@creighton.edu

Peter F. Buckley, MD
Professor and Chairman, Department of Psychiatry and Health Behavior
Medical College of Georgia
1515 Pope Avenue
Augusta, GA 30912-3800

E-mail address: pbuckley@mail.mcg.edu