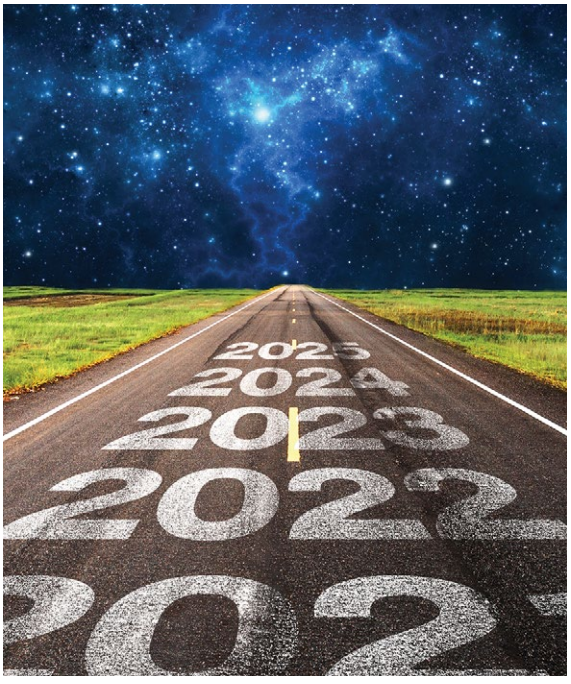
Contemporary psychiatry: A SWOT analysis



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A look at our medical specialty's strengths, weaknesses, opportunities, and threats

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Acknowledging and analyzing strengths, weaknesses, opportunities, and threats (SWOT) is an important tactic many organizations use to develop a strategic plan to grow, move forward, and thrive. A SWOT analysis can provide a "big picture" view of the status and the desired future directions not only for companies but for medical disciplines such as psychiatry. So here are my perspectives on psychiatry's strengths, weaknesses, opportunities, and threats. It is a work in progress, and I welcome (and encourage) you to send additional items or comments to me at henry.nasrallah@currentpsychiatry.com.

Strengths

- The American Psychiatric Association (APA) is the oldest medical professional organization, established in 1844 (3 years before the American Medical Association)[1]
- Strong organizational structure and governance, and a "big tent" with several tiers of membership
- Effective, member-driven District Branches
- The medical identity at the core of psychiatry—we are psychiatric physicians[2]

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• Escalating number of senior medical students choosing psychiatry as a career, far more than a decade ago

• High demand for psychiatrists in all settings around the country

• Increased compensation for psychiatrists (market forces of supply and demand)

• Psychiatry is continuously evolving and reinventing itself: seismic shifts in etiopathogenesis, disease conceptualization, terminology, and therapies (4 major shifts over the past century)[3]

• An abundant body of evidence supporting that all psychiatric disorders are brain disorders and transdiagnostic in nature[4]

• Many vibrant subspecialty societies

• Substantial number of Tier 1, evidence-based treatments

• Novel mechanisms of action and treatment strategies are being introduced on a regular basis for psychotic and mood disorders[5,6]

• Advances in neuromodulation techniques to treat a wide spectrum of psychiatric disorders, including electroconvulsive therapy, transcranial magnetic stimulation, vagus nerve stimulation, transcranial direct current stimulation, deep brain stimulation, cranial electric stimulation, epidural cortical stimulation, focused ultrasound, low field magnetic stimulation, magnetic seizure therapy, and near infrared light therapy, with mechanisms that are electric, ultrasound, magnetic, or optical[7,8]

• Psychiatric physicians develop wisdom by practicing psychiatry (ie, they become more empathic, tolerant of ambiguity, prosocial, introspective, aware of one's strengths and limitations). Neuroplasticity in the frontal cortex is triggered by conducting psychotherapy[9]

Weaknesses

• Shrinking workforce due to a static number of residency training slots for 40 years[10]

• High rate of retirement by aging psychiatrists

• Persistent stigma around mental disorders despite massive scientific and medical advances[11]

• Still no real parity! We need succinct laws with "teeth"[12]

• Demedicalization in the public sector, referring to psychiatric physicians as "providers" and labeling patients as "clients"[2]

• Not enough graduating residents choosing to do subspecialty fellowships (especially geriatric, addiction, psychosomatic psychiatry) to meet escalating societal needs

• Very low presence in rural areas (both psychiatrists and psychiatric hospitals)

• Persistent APA member apathy: only 10% to 15% vote in the APA national elections or volunteer to serve on committees

• Widespread member dissatisfaction with maintenance of certification

• Neuroscience advances are not being translated fast enough for practical clinical applications

• Many in the public at large do not realize psychiatric symptoms are generated from anomalous brain circuits or that psychiatric disorders are highly genetic but also have environmental and epigenetic etiologies

• The DSM diagnostic system needs a paradigm shift: it is still based on a menu of clinical signs and symptoms and is devoid of objective diagnostic measures such as biomarkers[4]

• Neuroscience literacy among busy psychiatric practitioners is insufficient at a time of explosive growth in basic and clinical neuroscience[13]

• No effective treatment for alcohol or substance use disorders despite their very high morbidity and mortality

• Major psychiatric disorders are still associated with significant disability (schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, eating disorders, substance use disorders)

• Suicide rate (other than opioid deaths) has continued to rise in the past 3 decades[14]

Opportunities

• Potentially momentous clinical applications of the neuroscience breakthroughs

• Collaborative care with primary care physicians and increasing colocalization

• Dramatic increase in public awareness about the importance of mental health due to the COVID-19 pandemic[15]

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Clinical Point

An abundant body of evidence shows that all psychiatric disorders are brain disorders and transdiagnostic in nature

SWOT analysis of psychiatry

Clinical Point

Psychiatry should develop and promote an annual mental health checkup, similar to an annual physical exam

- Powerful new data management tools, including machine learning, artificial intelligence, super computers, big data, deep learning, nanotechnology, and metabolomics, all of which are expediting neurobiological discoveries[16]
- The potential of reclassifying psychiatric disorders as neurological disorders, which will improve reimbursement for patient health care and reduce stigma[17]
- Emergence of new mechanisms of action of disease etiology, such as microbiota, mitochondrial dysfunction, permeable blood-brain barrier, and neuroimmune dysregulation[18,19]
- The advent and growth of "precision psychiatry"[20]
- The tremendous potential of molecular genetics and gene therapy for psychiatric disorders, most of which are genetic in etiology
- Expanding applications of neuroimaging techniques, including morphological, spectroscopic, functional, diffusion tensor imaging, and receptor imaging[21]
- Epigenetic advances in neuropsychiatric disorders
- Remarkably powerful research methods, such as pluripotent cells (producing neurons from skin cells), optogenetics (activating genes with light), gene-wide association studies, CRISPR (clustered regularly interspaced short palindromic repeats, which serve as genetic scissors to remove and replace abnormal genes), and brain connectomics[22]
- Psychiatry should develop and promote an "annual mental health checkup" for all age groups, similar to an annual physical exam[23]
- Focus on the social determinants of health
- Address the unmet mental health needs of individuals who are members of minority groups
- Lobby ferociously for a much larger budget for the National Institute of Mental Health to advance funding for research of serious psychiatric brain disorders
- Remind Congress continuously that the cost of mental illness is $700 billion annually and costs can only be reduced by funding neurobiological research[1]
- Partner with the pharmaceutical industry instead of demonizing them. They are the only entity that develops medication for psychiatry, where 80% of disorders have no FDA-approved drugs.[24] Without the pharmaceutical industry and the help of medications, many psychiatric patients would still be institutionalized and unable to lead a normal life. We must recognize the contributions of pharmaceutical companies to the health of our patients, similar to the warp speed development of vaccines for the deadly coronavirus
- Psychiatric clinicians must refer patients to clinical trials because without patients enrolling in FDA studies, no drug developments can take place
- Many "out-of-the-box" therapies are being developed, such as antiapoptotic therapy, microglia inhibition, mitochondrial repair, white matter fiber remyelination, neuroprotection, and reversing *N*-methyl-D-aspartate receptor hypofunction[25]
- The emerging evidence that psychotherapy is in fact a biological treatment that induces brain changes (neuroplasticity) and can modulate the immune system[26]
- Druggable genes, providing innovative new medications[27]
- Reposition psychedelics as revolutionary new treatments[28]
- Emphasize measurement-based care (rating scales), which can upgrade patient care[29]
- Because psychosis is associated with brain tissue loss, just like heart attacks are associated with myocardium destruction, psychiatrists must act like cardiologists[30] and treat psychotic episodes urgently, like a stroke,[31] to reduce the duration of untreated psychosis and improve patient outcomes

Threats

- Antipsychiatry cults continue to disparage and attack psychiatry[32]
- Health delivery systems are replacing psychiatric physicians with nurse practitioners to lower costs, regardless of quality and experience, and they inappropriately lump them together as "providers"[2]
- Psychologists continue to seek prescribing privileges with absurdly sketchy,

predominantly online training supervised by other psychologists[33]

- Many legislators and policymakers, as well as the public, still don't understand the difference between psychiatrists and psychologists, and the extensively disparate medical training in quality and quantity
- A dearth of psychiatric physician-scientists because very few residents are pursuing research fellowships after training[34]
- Disproportionate emphasis on clinical care and generating clinical revenue (relative value units) in academic institutions, with fewer tenure-track faculty members having protected time to write grants for federal or foundation grants to support their salaries and research operations[35]
- Meager financial support for teaching in psychiatry departments
- Many seriously psychiatrically ill persons do not have access to psychiatric medical care (and often to primary care as well)
- Many in the public falsely believe psychiatric disorders are hopeless and untreatable, which perpetuates stigma
- Long-acting injectable antipsychotic formulations are not used early enough in patients with psychosis, who are known to have a high nonadherence rate with oral medications following discharge from their first hospitalization. This leads to many recurrences with multiple devastating consequences, including progressive brain tissue loss, treatment resistance, disability, incarceration, and suicide[36]
- Many clinicians do not have full-text access to all studies indexed in PubMed, which is vital for lifelong learning in a rapidly growing medical discipline such as psychiatry
- Psychiatrists are often unable to prescribe medications shortly after they are approved by the FDA due to the insurance companies' outrageous preauthorization racket that enforces a fail-first policy with cheaper generics, even if generic medications are associated with safety and tolerability problems[37]
- The continued use of decades-old first-generation antipsychotic medications despite 32 published studies reporting their neurotoxicity and the death of brain cells[38]

Using this analysis to benefit our patients

Despite its strengths, psychiatry must overcome its weaknesses, fend off its threats, and exploit its many opportunities. The only way to do that is for psychiatrists to unify and for the APA to provide inspired leadership to achieve the aspirational goals of our field. However, we must adopt "moonshot thinking"[39] to magnify the Ss, diminish the Ws, exploit the Os, and stave off the Ts of our SWOT, thereby attaining all our cherished and lofty goals. Ultimately, the greatest beneficiaries will be our patients.

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continued on page 27

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Clinical Point

Many in the public falsely believe psychiatric disorders are hopeless and untreatable, which perpetuates stigma

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Clinical Point

We must adopt 'moonshot thinking' to attain all of our cherished and lofty goals