



November 2012

A dismal situation

I thank Dr. Nasrallah for his November editorial (“Psychiatry’s ‘swords of Damocles,’” *CURRENT PSYCHIATRY*, November 2012, p. 4-5; <http://bit.ly/FTE112012>). The major problem is not the quality of patient care. We are no longer therapists; instead, we prescribe medications and see patients once a month for 15 minutes, while social workers and psychologists handle the interaction. Where is the president of the American Psychiatric Association (APA) in advocating for psychiatrists?

Also, psychiatrists can’t earn a decent living providing therapy to patients who are on insurance plans. I was struck by Edward M. Kennedy, Jr.’s lecture at the APA’s annual meeting in May. He spoke of psychiatrists as sacrificing for the good of humanity, meaning we earn far too little. I found that condescending.

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I hope you can help in turning this dismal situation around.

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Misleading artwork?

I was surprised by the article, “How to collaborate effectively with psychiatric nurse practitioners” (*CURRENT PSYCHIATRY*, November 2012, p. 49-53; <http://bit.ly/NPs23>). Although I found the article informative and appreciated the accurate description of psychiatric nurse practitioners’ education and scope of practice, I was confused by the article’s artwork that displayed a dominant male—presumably the physician—pointing a pen toward a somewhat cowering female. Because a picture is worth a thousand words, I’m hopeful this was not seen as a reasonable way to “collaborate” with psychiatric-mental health nurse practitioners.

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Psychiatry and jail

Like Dr. Nasrallah wrote in his October editorial (“Psychiatry and the politics of incarceration,” *CURRENT PSYCHIATRY*, October 2012, p. 4-5; <http://bit.ly/FTE1012>), I, too, was distressed to learn of Dorothea Dix Hospital’s closing.

I am employed at a large county jail and see the deplorable state of our mental health system. There are only 401 psychiatric beds in Nevada; at the Clark County Detention Center we have 500 inmates taking psychotropics. A Nevada resident with a

mental illness is 10 times more likely to be incarcerated than cared for in a hospital. I found the funding and treatment of mentally ill individuals in Moldova (formerly part of the Soviet Union) to be superior to ours.

Too often mentally ill persons are brought to jail for minor charges, such as trespassing or jaywalking. They may have more charges added such as assaulting another inmate or an officer. As a result of their mental illness, not taking medications, and poor judgment, they have problems adjusting to incarceration. This vicious cycle means they will be in jail longer and may even receive a prison sentence. If you have never seen the heartbreaking effects on a seriously mentally ill (SMI) or mentally retarded person placed in a jail cell, this scenario may be hard to understand.

It saddens me that the only difference in the treatment of the mentally ill today from Dorothea Dix’s time is that we are not charging admission fees to see “crazy people” in jail. Why the entire country continues to cut mental health budgets is a mystery. It should be no surprise that with the decrease in psychiatric beds there is an increase in SMI individuals in jails. I do not understand why the politics of incarceration cannot be turned around to where we are treating, not punishing, the mentally ill.

It’s quite easy to write about the injustice; the difficult and the right action is to make the needed change happen.

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