Physicians as Psychotherapists

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Efforts to arouse local participation in community mental health services have met with some difficulties, which have been examined at a number of conferences in the last five years. In these conferences repeated mention was made of a staff composed of representatives of three disciplines—a board-certified psychiatrist, a clinical psychologist with a master of arts or preferably a doctor of philosophy degree, and a social worker with a master's degree in that school.

Few voices have been raised in favor of any other class of staff member. But there have been a few such suggestions: Knowles1 reported: "The nurse is an innovation. I had originally hired her, and for approximately sixteen months taught and supervised her. Since then the board of directors has placed her on the clinic's payroll where she functions chiefly as a child therapist and over 50 per cent of our actual time is spent in child psychiatry." And, Southard11 wrote: "Except in one of the communities, we looked in vain for planned efforts to involve general practitioners in mental health work."

These approaches to ways to reduce the number of persons waiting for treatment, which is a problem of universal concern, led to the present communication. Attention is called to another category of therapists.

A review of the pamphlets already cited did not reveal what proportion of the conventional three-discipline teams are salaried. Most appear to be. Volunteers from other disciplines could obviously reduce the cost and afford care to more applicants for clinic guidance. In this connection it is insufficiently appreciated that less than 10 per cent of admissions to mental hygiene clinics in general (in a recent year it was 3 per cent in the Santa Barbara clinic) are persons disturbed enough to require expert psychiatric assessment with referral for hospital care.

During the ten years of my work there, the Mental Hygiene Clinic in Santa Barbara has had psychiatrists, psychologists and social workers, sometimes as volunteers, sometimes paid. Also we have had another category—physicians (all unpaid) who started in several fields and became active in what the British have so well called psychological medicine. One of them is board-eligible in psychiatry, one is board-certified in internal medicine and one board-certified in pediatrics. Two have been members of the American Psychiatric Association. Two have had personal analysis. All three, like most medical folk, have faced some psychotic patients, but all three have wished to work in a setting in which a certified psychiatrist was available to see, and if necessary to take over care of, patients who showed signs of crossing the borderline from mildly schizoid to dissociation from reality. These three have been occupied in child guidance, internal medicine and pediatrics; and for roughly 20, 15 and 5 years respectively have been engaged in psychotherapy of neurotic patients.

It is being increasingly appreciated that many patients with emotional problems consult their family physicians long before they are ever seen by a psychiatrist, and therefore most physicians use some kind of psychotherapy. This aspect was well brought out by the recent report of the Joint Commission on Mental Health, headed by Dr. Jack Ewalt of Massachusetts. Accordingly general practitioners and specialists are today playing extremely important roles in care of emotional needs of their patients, while sensitive to the occasional desirability of securing consultation with psychiatrists.

Chope,2 whose replies to a letter I had written indicate the nature of my inquiries, said:

"The problems presented in your letter of inquiry are not uncommon and I did not wish to leave the impression that the organization of our psychosomatic clinic had been at any time completely endorsed by all the psychiatrists. The physician who operates our psychosomatic clinic has been a general practitioner, with a deep interest in psychotherapy and family counseling. He has had in his past his own personal analysis. Our psychiatric staff did not accept this background as being adequate to practice in all psychiatric procedures. However, he does operate his clinic with a psychiatric consultant, with whom he is able to discuss cases. He uses both direct and group therapy with the patients who are referred to him.

"On the important basis that it is under psychiatric supervision, the state department of mental hygiene seems willing to consider this type of service, although psychosomatic medicine per se is not covered by the Short-Doyle Act nor by the regu-
lations which govern the operation of Short-Doyle programs."

So far as I have been able to ascertain, the kind of service sketched in Dr. Chope's letter seems to have been ignored in state legislation for community mental health services, although it has long been recognized in university medical and surgical outpatient clinics that use of this class of therapists could greatly increase the personnel available for community clinics.

The value of various classes of the staff might be judged by several criteria. One is cost. Although cost of operation is not a principal concern of the present communication, we believe that at the Santa Barbara Mental Health Clinic our cost per patient admitted has been low because we have had a high proportion of the staff hours given by volunteers. Another criterion is the number of patients dealt with or the number of interviews. Either by itself is an unreliable basis for evaluation, for either datum of itself might appear to indicate creditable activity, whereas in fact it might reflect a demand exceeding supply of staff, with necessarily only cursory care.

A more dependable statistic would be the hours given by each category of staff; and far the most useful measure of the amount of service rendered to the public would be the hours received. These data for the latest four calendar years, 1956-1959, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Patients' Individual Hours, i.e., Hours Given</th>
<th>Patients' Hours in Group</th>
<th>Total Hours Received</th>
<th>Per Cent of 11,014 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Psychiatrists</td>
<td>2,437</td>
<td>779</td>
<td>3,216</td>
<td>29</td>
</tr>
<tr>
<td>4 Psychologists</td>
<td>1,485</td>
<td>0</td>
<td>1,485</td>
<td>14</td>
</tr>
<tr>
<td>3 Social workers</td>
<td>1,244</td>
<td>0</td>
<td>1,244</td>
<td>11</td>
</tr>
<tr>
<td>3 Medical</td>
<td>1,580</td>
<td>3,489</td>
<td>5,069</td>
<td>46</td>
</tr>
</tbody>
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The point for emphasis is that 46 per cent of the total hours received by patients was given by three volunteer medical psychotherapists.

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ACKNOWLEDGMENT

For several years the work of tabulating the hours each month has been given by Mrs. Margaret J. Campbell.

REFERENCES

4. Knowles, R. C., Director of the Minnehaha County, South Dakota Mental Health Center; see Ref. 7, p. 197.
11. Southard, C. G., Chief, Community Services Branch, National Institute of Mental Health: A View of Local Community Mental Health Programs, see Ref. 7, p. 82.