Why Full Power & Complete Autonomy In The Psychiatric World Is A Flawed Idea

Jack and Jill walk into a bar. Jack says, “I’ll have some H2O”, and Jill follows up with, “I’ll have some H2O too”. Jill dies. At first, this sounds kind of confusing; How did he die from drinking water? In fact, he didn’t die from drinking water, he died from drinking hydrogen peroxide. This is because the bartender misunderstood Jill’s choice of drink. Jill wanted H2O, but instead, he received H2O2. The poor chap wanted tap water, but instead, he got hydrogen peroxide – a bleaching agent. This minor oversight lead to Jill’s unfortunate death. This raises several questions such as, but not limited to, “Why did the bartender serve bleach to his customer?”, “Why didn’t the bartender question the order?”, “Why wasn’t Jill able to look at his beverage and know its not right?”, and “Why did Jill proceed to drink the poisonous liquid?” There is a whole slew of answers to all these questions, but it all boils down to bias. Maybe the bartender mistook Jill for a chemist because of the periodic table on his shirt. Or perhaps, a stain on Jill’s shirt made it likely that he’d want a bleaching agent. It’s feasible to think that Jill couldn’t distinguish the difference between hydrogen peroxide and water because of their similar appearance, and by the time he started drinking, it was too late, because his mind had already decided that the liquid was water – deeming it safe to drink. Jill’s mind was biased toward thinking that the liquid handed to him was water. As humans, biases and heuristics can often times impair judgement. In the example above, the bartender assumed Jill to be academically inclined in chemistry due to the periodic table on his shirt. Jill didn’t properly inspect the solution handed to him because his heuristics – availability, and representative – concluded that the solution was clear, colorless, and odorless, thus it must be safe drinkable water. This very old 1990s joke, and this essay, demonstrates, and will argue, respectively, why psychiatrists should not have a monopoly on the treatment of mental illnesses, because there is too much margin for error and the possibility of misdiagnoses are staggeringly high. When a psychiatrist diagnoses a patient, inside the psychiatrist’s head, there are countless biases at play. These include, but are not limited to, perception bias, cultural bias, societal bias, racial bias, gender bias, and heuristic bias, all of which can lead to a misdiagnosis, intentional or unintentional, causing incorrect assessment of treatment(s) to patients. In addition, giving psychiatrists complete autonomy in the possession and control of mental illnesses opens the door up for substance abuse, and loosens up the criteria required to effectively diagnose a disorder.

Firstly, biases distort everything. They come in distinct types that camouflage their effects, are not regularly negative or positive, but often mixed and ambiguous. Biases make it very difficult to properly diagnose a person with a mental disorder, leading to prescription of flawed treatment(s), or no treatment at all. A psychiatrists perceptional bias are always at large when a diagnosis is made. Their past, present, thoughts, lifestyle, relationship, mood, etc. plays a key role when diagnosing a patient. If a psychiatrist is feeling empathic, and a depressed patient walks in, then the chances of the patient walking out with a prescription for antidepressants dramatically increases. Similarly, if a psychiatrist is feeling tired or grumpy, their analytical skills and deductive reasoning plummets, causing a patient with a serious mental illness to go undiagnosed. In the psych world, first impressions last; and extensive evidence shows that patient-psychiatrist relationship plays a crucial role in assessment and recommendation of treatment (Dovidio & Fiske, 2012). The amygdala, the area of the brain responsible for experiencing emotions, is activated during decision making process. Since the emotional system mediates decision making, it plays a substantial role in the outcome of a verdict. Thus, the consequences of contemptuous behavior or preconceptions could result in mediocre or inadequate treatment, intentional neglect, and even unnecessary treatment – recommending medically induced comas for patients without mental illnesses (Dovidio & Fiske, 2012). Henceforth, psychiatrists should not have a monopoly on the treatment of mental illnesses and disorders.

In addition, a psychiatrist’s medical decision making is deeply influenced by their heuristics – availability and representative. Heuristics are a mental shortcut that allow quick decision making based on available information, and stereotypes. The availability heuristic relies on available information, which is extremely important in accurately identifying mental illnesses. Human problem solving is done through a binary search of information organized in hierarchical categories. In a double-blind study of dermatologists, researchers found that if dermatologists were given basic training in identifying a certain type of skin lesion, their accuracy in diagnosing that particular lesion increased two to three folds (Wortman, 2003). This is because the availability heuristic helped in diagnosing the lesions. Since the dermatologists were exposed to examples of the lesion, they were able to accurately identify it in other patients. In short, the amount of available information increased, resulting in better judgement(s). The same can be said about psychiatrists diagnosing less common disorders. It is highly probable that a psychiatrist can confuse a less common illness with a more common one due to the sheer number of cases and patients that need to be dealt with. More patients equals more information to recall and process. Therefore, a disorder such as social phobia, which is not as common as depression, can be very easily mistaken for depression, since both disorders result in impaired functioning within society. Thus, psychiatrists should not be given full power on the treatment of mental illnesses and disorders.

Harmoniously, the representative heuristic ties in with societal, cultural, racial, and gender bias – also classified as stereotyping. Studies have shown that this can heavily cloud a psychiatrist’s decision making. Humans tend to respond automatically, and regularly without sentience, to another individual’s race, ethnicity, and gender (Burgess et al. 2007). This enables stereotypes, emotional prejudice, and tends to cause discriminatory practices. White patients are more likely to be diagnosed with mental illnesses/disorders, and prescribed some derivative of antidepressant than any other racial group (Dovidio & Fiske, 2012). Due to this bias, psychiatrists can easily diagnose a white patient, who does not have a mental illness, with a mental illness, and a non-white patient who has a serious mental illness, to be mentally fit. In fact, in the United States, about 14.6% of blacks are on some form of antidepressant or anxiety disorder medication. On the other hand, this number is 32.4% for white patients; more than double (González, 2008). Similarly, in terms of gender bias, women are almost twice – 1.7 times, to be precise – as likely to be diagnosed with depression, than men, and boys are more likely to be diagnosed with ADHD than girls – about twice as much (Merten, 2017). Young men with depression do not always receive proper treatments, such as antidepressants, until many years later, after degrading behavior and performance (Albert, 2015). This is due to the gender bias and differences between how men and women are perceived in society. Men are seen as strong individuals who need to “man up” when faced with a problem, and women are viewed as fragile and delicate individuals who need to be protected. On the other hand, little boys are seen as disruptive and problematic, while girls are seen as innocent and quiet. This societal bias causes many psychiatrists to grossly misdiagnose men as mentally healthy, women as mentally unhealthy, and little boys with ADHD. Men are just as likely as women to experience mental illnesses, albeit, they go undiagnosed, and do not receive proper treatment, due to gender and societal bias. Since these biases cloud judgement and cause gross misdiagnosis, psychiatrists should not have a monopoly on the treatment of mental illnesses.

In addition, evolving definitions of mental illness and rapidly changing culture has transformed the state of physical, mental, and social well-being. From the 19th century up until the mid 20th century, mental health was focused on an individual’s feelings and related behaviors. Mental health was personalized and tailored to each person’s persona. If a person was satisfied with their life, they were classified as mentally healthy (Manderscheid et al. 2009). Fast forward several decades later, today, mental health is assessed on a criteria – a checklist denotes if someone is mentally healthy or not. One of these checkpoints includes assessing how functional a person is in society. If the patient is a functioning member of society, psychiatrists will often times not diagnose the patient as mentally ill. However, this is a grave problem, because a person can be completely happy being isolated from society, and another person who is profoundly involved, and functioning well in society can be extremely depressed. A good example of this is the typical super-mom. The super-mom is seen as an all-in-one mom that can do everything. She cooks, cleans, takes care of the kids, attends school meetings, has a passionate career, and manages the house. Nonetheless, the added work and resulting stress can make super-moms more depressed than stay-at-home moms who are, most of the time, isolated from society. A psychiatrist may view a deeply depressed super mom as a functioning member of society and deem her to be mentally healthy, yet diagnose a joyful stay-at-home mom with generalized anxiety disorder. Interestingly, psychiatrists in the past would have differing diagnoses on the super-mom and stay-at-home mom, as compared to modern psychiatrists. This is all due to societal biases. Societal trends shape the way mental health is thought about. And, as society continues to evolve, so does the definition of mental health. Recently, there has been a massive uptake in consuming psycho-pharmaceuticals as a form of treatment for mental illnesses and disorders. Psycho-pharmaceuticals are used more often than psycho-therapy, meditation, relaxation, etc. A very recent study by the National Center For Health Statistics found that antidepressants is one of the most commonly used therapeutic drug in the United States, antidepressant use has increased by 65% from 1999 to 2014, and that 1 in 6 Americans are taking therapeutic drugs. With antidepressant usage skyrocketing, psychiatrists are more likely to prescribe them as treatment(s) to patients, overlooking other mental illnesses in the process. This perceptional and societal bias proves that psychiatrists should not have a monopoly on the treatment of mental illnesses. These biases will greatly skew their ability to reason and deduce whether a person has a mental illness or not, and if they do, what kind of illness.

Secondly, giving psychiatrists complete autonomy on treating mental illnesses loosens up the criteria on diagnosing mental illnesses, expanding the checklist of diagnosing disorders, resulting in more people being unnecessarily labelled as mentally ill. This produces an abysmal snowball effect where lots of people will be wrongly placed on mental treatment in the form of psycho-therapy or psycho-pharmaceuticals, mainly the latter. In today’s society, children are aggressively being over-diagnosed with attention-deficit/hyperactivity disorder. Modern studies have shown that students in grades 2 through 5, are being treated with psychostimulants, even though they do not fulfill the ADHD criteria. Prevalence of over-diagnosis is estimated at 20% (Merten, 2017). This is due to the widening of the criteria that is used to diagnose children. Diagnosticians, and psychiatrists in particular, should strictly adhere to the diagnostic criteria. Consequently, this demonstrates that psychiatrists should not be given a monopoly on the treatment of mental illnesses. It is imperative to have a strict benchmark when it comes to diagnosing people with mental illnesses and prescribing them treatment. Giving psychiatrists complete autonomy on the treatment of mental illnesses, blurs the line between mentally healthy and mentally unhealthy, leading to excessive labelling of individuals as mentally ill.

Finally, allowing psychiatrists to proceed as they please opens up the possibility for drug abuse, as relaxed regulations will allow the vast majority of people to obtain psycho-pharmaceuticals. Currently, the easiest way to obtain abuse-able prescription drugs requires knowing someone with a prescription. In America – a country with strict drug laws and regulations – a staggering 15 million Americans, ages 12 and over, have admitted to using psycho-therapeutic drugs for non-medical use (Compton, 2006). Recent epidemiological data has shown that prescription drug abuse has drastically increased, with psycho-pharmaceuticals like Ritalin increasing by about 1% every two years (Compton, 2006). Giving psychiatrists more access and autonomy on treating mental illnesses is a flawed idea. The repercussions include, but are not limited to, mentally healthy people being diagnosed with mental illnesses, and more people being dependent on mental treatment, usually in the form of therapeutic drugs. Easy access to drugs enables people to effortlessly abuse them.

In conclusion, psychiatrists should not have a monopoly on the treatment of mental illnesses. There are too many biases at play to accurately diagnose a person. A psychiatrists perceptional bias, and heuristic bias, coupled with cultural, societal, racial, and gender bias make it very difficult to accurately diagnose someone with a mental disorder or illness, leading in the prescription of unnecessary treatments in the form of psych-drugs. Inevitability, this leads to a looser range of criteria and rules when it comes to identifying mental disorders/illnesses, and opens the door for abuse, allowing easy access to prescription medication. The consequence of this is that more people will be unnecessarily engaging in some form of mental treatment. Because the world of psychiatry is a slippery slope, psychiatrists should not be given sovereignty on the treatment of mental illnesses and disorders.

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