Psychiatry is the medical specialty devoted to the diagnosis, prevention, study, and treatment of mental disorders. These include various abnormalities related to mood, behavior, cognition, and perceptions. Working on internal and external communication is a central focus in psychiatric treatment.

Keywords: psychiatry, psychotherapy, communication, medicine
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Medication and Psychotherapy</td>
<td>4</td>
</tr>
<tr>
<td>Into the Future</td>
<td>4</td>
</tr>
<tr>
<td>References</td>
<td>6</td>
</tr>
</tbody>
</table>
Introduction

Psychopharmacological changes in the neurotransmission systems, the information interfaces where electrical signals are translated into chemical signals, and back again, affect how and what information is being transmitted. This in turn has an effect on a person’s internal communication and his or her communication with the external world, which are also the target of psychotherapy. (Haverkampf, 2010, 2017b) Medication and psychotherapy can thus work together synergistically.

Unlike physicians in other medical specialties, psychiatrists specialize in the doctor–patient relationship and should be trained extensively in the use of psychotherapy and other therapeutic communication techniques. Unfortunately, this is not always the case, which can reduce the effectiveness in treating a mental health condition significantly, because treatment of a mental health condition implies working with and understanding communication on different levels. The patient uses communication with other people and the self-talk with him or herself to meet own needs, values, wishes, desires and aspirations, requiring a holistic approach to the communication patterns and mechanisms a patient uses.

Since communication plays such a central role in psychiatric treatment, the author has developed communication-focused therapy (CFT), which focuses on internal and external communication patterns to relieve the symptoms of a wide variety of mental health conditions (Haverkampf, 2017a, 2018a).

Psychotherapy

As already mentioned, increasingly psychiatrists are limiting their practices to psychopharmacology (prescribing medications), as opposed to previous practice in which a psychiatrist would provide traditional 50-minute psychotherapy sessions, of which psychopharmacology would be a part, but most of the consultation sessions consisted of "talk therapy." This shift began in the early 1980s and accelerated in the 1990s and 2000s. A major reason for this change was the advent of managed care insurance plans, which began to limit reimbursement for psychotherapy sessions provided by psychiatrists. The underlying assumption was that psychopharmacology was at least as effective as psychotherapy, and it could be delivered more efficiently because less time is required for the appointment. For example, most psychiatrists schedule three or four follow-up appointments per hour, as opposed to seeing one patient per hour in the traditional psychotherapy model. Because of this shift in practice patterns, psychiatrists often refer patients whom they think would benefit from psychotherapy to other mental health professionals, e.g., clinical social workers and psychologists.
However, it is psychotherapy what delivers the long-term effects. The reason is that only changes in the internal and external communications resolve a patient’s symptoms. While medication has an effect on these communication patterns and, through learning effects, these effects can even last for some time after the medication is discontinued, it does not itself bring about the change that is needed.

### Medication and Psychotherapy

Psychiatric treatments have changed over the past several decades. In the past, psychiatric patients were often hospitalized for six months or more, with some cases involving hospitalization for many years. Today, people receiving psychiatric treatment are more likely to be seen as outpatients. In many cases a combination of psychotherapy and medication can prevent relapse longer than either treatment type on its own. (Haverkampf, 2018c, 2018b) There is a substantial synergism between the two. Medication can provide the support which facilitates psychotherapy, while psychotherapy can increase the compliance with medication.

Unfortunately, there is an increasing dissociation of the prescribing from the psychotherapy. In the past, most psychiatrists also provided psychotherapy, which no longer is the case. A psychotherapy session is usually 50 minutes long, while a medication follow-up may only need 30 minutes. Outpatient treatment involves periodic visits to a psychiatrist for consultation in his or her office, or at a community-based outpatient clinic. Initial appointments, at which the psychiatrist conducts a psychiatric assessment or evaluation of the patient, are typically 60 to 75 minutes in length, or even longer. Follow-up appointments are generally shorter in duration, i.e., about 30 minutes, with a focus on making medication adjustments, reviewing potential medication interactions, considering the impact of other medical disorders on the patient’s mental and emotional functioning, and counseling patients regarding changes they might make to facilitate healing and remission of symptoms (e.g., exercise, cognitive therapy techniques, sleep hygiene—to name just a few). The frequency with which a psychiatrist sees people in treatment varies widely, from once a week to four times a year, depending on the type, severity and stability of each person's condition, and depending on what the clinician and patient decide would be best.

### Into the Future

The biopsychosocial model can be reduced to the communication model. Internal communication and external communication are to some extent arbitrary distinctions because communication still adheres to the basic rules and laws of communication, whether it takes in a person or without. However, this requires an integrated and more universal view of mental health. What makes us all human are the mental processes which give us the ability to observe and reflect on these flows of information. Psychotherapy and medication are the tools to bring about change in these communication patterns, internal and external ones. Other supportive therapies, such as occupational therapy, meditation and various forms of body work, can provide important additional
support in helping a patient to live a satisfied, content and happy life in which own needs, values, wishes, desires and aspirations can be pursued.

Dr Jonathan Haverkampf, M.D. MLA (Harvard) LL.M. trained in medicine, psychiatry and psychotherapy and works in private practice for psychotherapy, counselling and psychiatric medication in Dublin, Ireland. He also has advanced degrees in management and law. The author can be reached by email at jonathanhaverkampf@gmail.com or on the websites www.jonathanhaverkampf.ie and www.jonathanhaverkampf.com.
References


Backes, Katherine A.; Borges, Nicole J.; Binder, S. Bruce; Roman, Brenda (2013), "First-year medical student
objective structured clinical exam performance and specialty choice”, International Journal of Medical Education, 4: 38–40, doi:10.5116/ijme.5103.b037


Cherry, Kendra (9 June 2017). "What's the Difference Between a Psychologist and a Psychiatrist?". VeryWell. Dotdash.


This article is solely a basis for academic discussion and no medical advice can be given in this article, nor should anything herein be construed as advice. Always consult a professional if you believe you might suffer from a physical or mental health condition. Neither author nor publisher can assume any responsibility for using the information herein.

Trademarks belong to their respective owners. No checks have been made.

This article has been registered with the U.S. Copyright Office. Unauthorized reproduction and/or publication in any form is prohibited. Copyright will be enforced.