



# Getting the Whole Picture: Towards a Close Collaboration in Psychotherapy and Psychiatry

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## Editorial

Complementing available journals concerning psychiatry and mental disorders, the World Journal of Psychiatry and Mental Health bridges the gap between disorder-oriented and resource-directed perspectives. This seems to be especially relevant in the light of an existing dualism between psychiatric fields of activity with a strong somatic focus [1] versus health sciences including psychotherapy [2], which are often more geared towards psychological models and social sciences.

Expanding the coverage of mental symptoms, the DSM-5 [3] lead to the inclusion of additional mental disorders (e.g. Binge Eating Disorder), which is expected to be repeated within the upcoming ICD-11 [4]. The concurrent relaxation of diagnostic criteria (e.g. in regard to eating disorders) in many domains [5] together with the increase in numbers of psychiatric disorders is expected to result in elevated prevalence's of mental disorders. Considering global morbidity, mental disorders, even in relation to DSM-IV [6] and ICD-10 [7], were one of the most common causes and resulted in 7.4% of all disability adjusted life years [8]. The pooled relative risk of mortality ranks 2.22 among the most common causes for death [9]. Meta-analysis shows that approximately one in five participants met criteria for at least one mental disorder in the last months and 29.2% fulfilled lifetime diagnosis [10]. Integrating these findings in regard to diagnostic features, burden of disease, mortality and prevalence's, there is a strong need to heighten our awareness and intensify prevention and intervention methods.

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However, there is an ongoing duality between psychiatric, predominantly medical and psychotherapy/health promotion fields. Challenging competing approaches, both professions tend to appraise own methods as pharmacotherapy versus e.g. cognitive behavioral therapy, resulting in frequent head-to-head comparisons [11].

This also results in academic training didactics, which emphasize own methods and focus sometimes only on aspects of a disorder. Given the urgency of mental health and mental disorders, getting the whole picture seems crucial.

The principle of "what works for whom" was first described by Roth and Fonagy [12] and is centered around the need for different psychotherapy approaches for different patients. Another development was initiated by Grawe et al. [13], analyzing effective strategies across different psychotherapy schools. The core result was crystallizing the common aspects, such as therapeutic relationship, rather than focusing on disparities.

Illuminating the treatment process, recent studies using dismantling procedures [14] examined different treatment aspects and their relation to the outcome [15] in psychotherapy and consecutive effects of different pharmacological treatments [16]. This seems to be a promising approach both to identify effective techniques and relevant patient characteristics.

Let's put these aspects into the wider context of a close collaboration of psychiatry and psychotherapy together with health sciences. In order to effectively address mental disorders associated with functional impairment and a severe burden of disease, we strongly need a collaborative proceeding. This seems to include the evaluation of treatment aspects and dismantling effective techniques, analyzing different consecutive by-patient pathways and focusing on treatment tailored for different patients. Even more, there is a strong need for an intensified and trustworthy cooperation between professions, overcoming a competing asynchronous work ethic.

Nevertheless, there are some promising studies showing a close collaboration between professions, e.g. in the field of forensic psychiatry and psychology, resulting in interdisciplinary

approaches [17]. It will be very interesting to see further steps towards integrative work groups focusing on what works best for whom, what works best for whom with different health practitioners and what works best at which time point.

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