I|J|S|P

International Journal of
Social Psychiatry
2016, Vol. 62(7) 599–600

DOI: 10.1177/0020764016658314
isp.sagepub.com
SAGE

Psychiatry's future

Antonio Ventriglio[1], Julio Torales[2] and Dinesh Bhugra[3]

Psychiatry as a profession has undergone many changes – some acute and others relatively slow – but each transition has raised challenges to practitioners of psychiatry. These cyclical changes in the philosophy and practice of clinical psychiatry have often occurred in response to changes in society as well as to advances in our understanding of biological factors, psychological underpinnings and new psychological therapies, and also to social factors causing changes. Changes in economic conditions around the globe and government policies, on one hand, and changing patient expectations, on the other hand, have led to a more balanced doctor–patient relationship producing societal changes in which psychiatrists have to practice. Rapid globalisation and the inexorable rise of social media have produced a landscape which has brought about both a genuine increase in psychiatric disorders as well as help-seeking due to increased awareness. All this has changed in the context of the economic downturn and altered attitudes to help-seeking. Evidence-based treatments and guidelines, together with better investigating techniques, mean that we as professionals should be more confident in our dealings, but yet we continue questioning the validity of what we do. This inward search may reflect the basis of the profession, as we are trained and accustomed to exploring the patient's inner world. This is an apt time to do some soul-searching, as in the face of the economic downturn, many countries are making healthcare a commodity to be bought and sold, whereas in other countries, this has always been the case. Increasingly, traditional strategies for dealing with illness are being challenged. Political ideologies and social dogmas have meant that in many countries, the practice of clinical medicine in general and that of psychiatry in particular is under serious threat. Paradoxically, the impact of social media has made individuals less socio-centric and more ego-centric. The pursuit of happiness as the prime driver along with expectations that people will live longer without morbidity place additional pressures on healthcare systems. Furthermore, an increasing emphasis on health rights and the capability to be healthy (Venkatapuram, 2011), an increase in self-help apps and groups and promotion of independence rather than interdependence in cultures in transition have all added to changed expectations (Bhugra & Malik, 2010). The emergence of new diseases and the medicalisation of normal human distress and emotion contribute to changing social and personal expectations. The changing presentation of various psychiatric conditions adds a different dimension. For example, in many countries, catatonia and hebephrenia varieties of schizophrenia have vanished. Conversion disorders are seen in many countries, but not in others.

The social impact on the aetiology and management of psychiatric disorders remains, but the research focus in psychiatry is shifting to brain structures and brain functioning. One tragic consequence of this shift has been that psychiatrists have withdrawn from advocating for their patients and, more importantly, they have stopped being involved in public mental health agenda.

Psychiatry has a bright future only if psychiatrists take pride in what we do and change our roles and the way we work in the changing environments. To continue the role and the responsibility, we need to reclaim professionalism and renew our contract with society (Bhugra, Malik, & Ikkos, 2010). We must focus on the expectations of patients, their carers and their families in the context of changing social and cultural mores. Psychiatrists need to emphasise the uniqueness of our model and expertise, and to take on leadership roles (bearing in mind that leadership is not given but must be earned). Forming alliances with non-governmental sectors and with governmental stakeholders will demonstrate that we are not afraid of working together and that we can get out of our comfort zone. A clear recognition of the expertise provided by other professions will allow us to be confident in our roles. The fragmentation of services on the basis of functionality can create an aura of specialism, but it also creates a further degree of isolation and alienation.

As a profession, we need to get social psychiatry at the core of our clinical practice. As Ventriglio, Gupta, and Bhugra (2016) illustrate, with better understanding of

[1]Department of Clinical and Experimental Medicine, University of Foggia, Foggia, Italy
[2]Neuroscience Department, National University of Asuncion, San Lorenzo, Paraguay
[3]Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

Corresponding author:
Antonio Ventriglio, Department of Clinical and Experimental Medicine, University of Foggia, via G. Marconi, 3 – 71041 Carapelle, Foggia, Italy.
Email: a.ventriglio@libero.it

genomics and epigenetics, it has become clearer that psychiatric disorders are influenced by social determinants. Hence, the solutions must be social too, but in conjunction with psychological factors. As professionals, we must up our game in elevating our professionalism which is embedded in whatever we do. The clinical practice of psychiatry, as most of medicine, reflects the core of human interaction, and medical psychotherapies must be given their due regard in training as well as in delivery of clinical practice. These are essential and entirely achievable tasks.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

References

Bhugra, D., & Malik, A. (2010). *Professionalism in mental healthcare: Experts, expertise and experience*. Cambridge, UK: Cambridge University Press.

Bhugra, D., Malik, A., & Ikkos, G. (2010). *Psychiatry's contract with society*. Oxford, UK: Oxford University Press.

Venkatapuram, S. C. (2011). *Health justice*. Cambridge, UK: Polity Press.

Ventriglio, A., Gupta, S., & Bhugra, D. (2016). Why do we need a social psychiatry? *British Journal of Psychiatry*, *209*(1), 1–2.