Seven challenges of psychiatry in the 21st century

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Challenge 1.

The problem:
Low validity and high toxicity of the biomedical paradigm
- diagnostic systems – some diagnostic categories, like schizophrenia causes more social handicap than therapeutic advantage
- stigma is also caused by the professional blindness related to the psychosocial side effects
  - Jim van Os: “Schizophrenia” does not exist BMJ 2016; 352 02 February 2016)

Possible answers:
- more control by users, protection of rights, more self help-basis
- ‘deconstruction’ of institutions, bio-medical models and therapies
- The wounded healer identity
- A new professional identity: to be highly professional but also self-critical with ourselves and our profession
Some answers at Awakenings Foundation

- Patients are guests....
- More self-help less therapy
- Personal goals are directing care
- Hearing voices group on a self help basis
- "GOAMA"
- A "Postmodern" (self critical) identity of professionals
Challenge 2.

The problem:
• Low validity supports unclear industrial and other business effects on psychiatry. Too high level of marketing information that looks like scientifically valid and evident.

Possible answers:
• Value- and evidence based knowledge, recovery-basis
• independent bodies’ ethical control and review
• experience of users and self-help activities must be involved more and more.
Some answers at Awakenings Foundation

• Recovery:
  • Care: users’ and families’ needs and goals direct the professionals
  • Users and families are partners and many are colleagues
  • A recovery based organizational culture

• Freedom from industry, independent organization: NGO – ‘An anticulture’

• Follow-up and dissemination of independent literature: lefnet.hu, conferences
Challenge 3.

The problem:
• Some street drugs, like marijuana and psilocybin seem to be more/as effective as psychiatric medication for some problems. Legal – illegal distinction is not science-based.

The possible answers:
• Research evidence should be developed without prejudice.
• Legalization: use should be accompanied by clinicians.
Challenge 4.

The problem:
• Psychiatry is powerful and serves the social control over and often segregation of people with mental health problems – who are expected to be compliant with all of this –
• This can cause severe distress that will increase symptoms.

The possible answer:
• Strong antistigma and self help movements
• Recovery orientation
• Teaching assertiveness and human rights
• Coping with CRPD and learning the nonviolent mental health practices at Trieste!
### The most discriminative fields of life of users in 2008

(Kings’ College, London)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Avoidance by others</td>
<td>57.9%</td>
</tr>
<tr>
<td>2</td>
<td>Friends</td>
<td>53.3%</td>
</tr>
<tr>
<td>2</td>
<td>Family</td>
<td>53.1%</td>
</tr>
<tr>
<td>4</td>
<td>Social life</td>
<td>43.2%</td>
</tr>
<tr>
<td>5</td>
<td>Mental health professionals</td>
<td>34.3%</td>
</tr>
<tr>
<td>6</td>
<td>Partner relationships</td>
<td>30.9%</td>
</tr>
<tr>
<td>7</td>
<td>Other health professionals</td>
<td>29.6%</td>
</tr>
<tr>
<td>8</td>
<td>Neighbours</td>
<td>25.3%</td>
</tr>
<tr>
<td>9</td>
<td>Finding a work</td>
<td>24.2%</td>
</tr>
<tr>
<td>10</td>
<td>Data protection</td>
<td>21.6%</td>
</tr>
</tbody>
</table>
Some answers at Awakenings Foundation

- Recovery in practice
- Antistigma movement and activities
- Non-violent culture, community psychiatry and self help
- Political lobbying for CPRD
- Funding of other NGO-s
- Case management for human rights as part of care
Challenge 5.

The problem:
• Gene-environmental interaction research kills the biomedical concepts and supports community approach and critical psychiatry/psychology.

Immigrants living in London suburbs have a 2.5 times higher risk for schizophrenia if the neighbours are similar. Living among white people increases the risk 4 times. Risk of the next generation is even higher.

The possible answer:
• Training of professionals should be based more and more on community work and biomed models should be deleted.
• Research should avoid static biological models

Challenge 6: New research on stress must change the current practice.

Hippocampus damage

- Személyiségvonások, tünetdimenziók, rossz szülői bánásmód vizsgálata és látens
- sérülékenységdimenziók azonosítása egyes pszichés zavarokban Doktori tézisek Dr. Unoka Zsolt, 2007.

- **ELIE G. KARAM,1,2,3 MARIANA M. SALAMOUN,3 JOUMANA S. YERETZIAN,3 ZEINA N. MNEIMNEH,3,4 AIMEE N. KARAM,1,2,3 JOHN FAYYAD,1,2,3 ELIE HANTOUCHE,5 KAREEN AKISKAL,6 and HAGOP S. AKISKAL6** The role of anxious and hyperthymic temperaments in mental disorders: a national epidemiologic study. World Psychiatry. 2010 Jun; 9(2): 103–110.

Challenge 7: Besides stress management, decrease of stress is also therapeutic

- Avoidant, autistic behavior is sometimes useful

- Improvement of life circumstances is therapeutic

- Sanatorium-like institutions

- Family support

Challenge 7. Traumas of the past effect the future

Previous generations’ and childhood traumas increase the stress sensitivity of the adult and make the person vulnerable for mental disorder.

- Dennis Hernaus,¹ Ruud van Winkel,¹,² Ed Gronenschild,¹ Petra Habets,¹ Gunter Kenis,¹ Machteld Marcelis,¹ Jim van Os,¹,³, Inez Myin-Germeys,¹ Dina Collip,¹ and for Genetic Risk and Outcome in Psychosis (G.R.O.U.P.): Brain-Derived Neurotrophic Factor/FK506-Binding Protein 5 Genotype by Childhood Trauma Interactions Do Not Impact on Hippocampal Volume and Cognitive Performance. PLoS One. 2014; 9(3): e92722.
Challenge 7. Some answers....

Strengthening the human aspects of sustainable development:

• Support and accept vulnerable people
• Support healthy, non-toxic families and communities
• Find the relationship with the traditions and the life of previous generations
• Supporting social, community-based and self-help based trauma work, also by traditional healers