Social Psychiatry of Mental Health and Illness: A Critical Review

Ritsuko David*

Department of Psychiatry, McGill University, Montreal, Canada

DESCRIPTION

Social psychiatry is a branch of psychiatry that focuses on the interpersonal and cultural context of mental disorder and mental wellbeing. It also aims to identify and prevent the social factors that may cause mental illness, such as poverty, inequality and social exclusion. It is an interdisciplinary approach that combines medical, psychological, sociological and anthropological perspectives [1]. As social psychiatry and bio-psychiatry are two different approaches to understanding and treating mental disorders. Social psychiatry emphasizes the role of social and cultural factors, such as poverty, inequality, and exclusion, in causing and preventing mental illness. It also considers the interpersonal and relational aspects of therapy and recovery. Bio-psychiatry focuses on the biological and neurological factors, such as genetics, brain chemistry, and medication, in explaining and treating mental illness [2]. It also relies on scientific methods such as imaging, pharmacology, and biochemistry to investigate the biological bases of behavior and psychopathology.

Some of the criticisms of bio-psychiatry

- It is too reductionist and mechanistic, ignoring the complexity and diversity of human experience and behavior.
- It is influenced by the pharmaceutical industry, which has a vested interest in promoting medication as the main or only treatment for mental disorders.
- It neglects the social, environmental, and psychological factors that contribute to mental distress and recovery.
- It relies on questionable assumptions and methods, such as the validity of psychiatric diagnoses, the causality of genetic and biochemical factors, and the objectivity of scientific research.

Psychotherapy, which involves various forms of talking therapy, such as cognitive, behavioral, psychodynamic, humanistic, and existential approaches, that aim to help people understand and change their thoughts, feelings, and behaviors. Antipsychiatry, this is a movement that challenges the validity and authority of mainstream psychiatry, and advocates for alternative ways of understanding and responding to mental distress, such as peer support, user-led services, and holistic approaches. The relationship between psychiatry and social work is that they are both professions that deal with mental health issues, but from different perspectives and with different roles. Psychiatry is a branch of medicine that focuses on diagnosing and treating mental disorders using medication and other biological interventions [3-6]. Social work is a branch of social sciences that focuses on helping people cope with social and environmental challenges, such as poverty, abuse, discrimination, and trauma. Psychiatric social workers are specialized social workers who work with patients who have severe mental illnesses and who need hospitalization or intensive psychiatric care. They provide psychosocial assessment, therapy, crisis intervention, care coordination, and discharge planning services. They also collaborate with psychiatrists and other mental health professionals to ensure that the patients receive holistic and comprehensive care [7,8].

Benefits in psychiatric social workers can have a rewarding and meaningful career by helping people who are severely mentally ill and who need intensive psychiatric care. They can use their skills and knowledge to provide psychosocial assessment, therapy, crisis intervention, care coordination, and discharge planning services [9]. They can also collaborate with other mental health professionals and community resources to ensure that their clients receive holistic and comprehensive care. They can also enjoy the diversity and complexity of working with different populations and settings. Challenges may face various challenges in their work, such as high caseloads, limited resources, ethical dilemmas, stigma, burnout, and vicarious trauma. They may also encounter difficulties in communicating and coordinating with other professionals and agencies [10]. They may also have to deal with the uncertainty and unpredictability of working with people who have severe mental illnesses. They may also have to cope with the emotional impact of witnessing their clients' suffering and sometimes losing them to suicide or other causes.

Correspondence to: Ritsuko David, Department of Psychiatry, McGill University, Montreal, Canada, E-mail: david@mon.ca

CONCLUSION

Sociologists examine how social conditions, such as life events, stress, roles, support, and culture, affect people's mental well-being and how they cope with psychological problems. It also analyze how social and cultural influences shape the definitions of and responses to mental health issues, such as the medicalization of distress, the use of drugs, and the seeking of professional help. It offers a different perspective from psychology and biology, which focus more on individual characteristics and brain functions. It helps us see how mental health and illness are not only personal matters but also social phenomena that reflect and affect society.

REFERENCES

1. Kaczkurkin AN, Sotiras A, Baller EB, Barzilay R, Calkins ME, Chand GB, et al. Neurostructural heterogeneity in youths with internalizing symptoms. Biol Psychiatry. 2020;87(5):473-482.

2. Carothers JC. A study of mental derangement in Africans, and an attempt to explain its peculiarities, more especially in relation to the African attitude to life. J Ment sci. 1947;93(392):548-597.

3. Antic A. Transcultural psychiatry: cultural difference, universalism and social psychiatry in the age of decolonisation. Cult Med Psychiatry. 2021;45(3):359-384.

4. Kilroy-Marac K. Nostalgic for modernity: reflecting on the early years of the Fann Psychiatric Clinic in Dakar, Senegal. Afr Identities. 2013;11(4):367-380.

5. Margetts EL. African ethnopsychiatry in the field. Can Psychiatr Assoc J. 1968;13(6):521-538.

6. Thomas M, Toye R. Arguing about empire: Imperial rhetoric in Britain and France, 1882-1956. Oxford University Press. 2017.

7. Shaw JA, Donley P, Morgan DW, Robinson JA. Treatment of depression in alcoholics. Am J Psychiatry. 1975.

8. Wang XJ, Krystal JH. Computational psychiatry. Neuron. 2014;84(3):638-654.

9. Feldman H, Friston KJ. Attention, uncertainty, and free-energy. Front Hum Neurosci. 2010;4:215.

10. Botvinick MM, Niv Y, Barto AG. Hierarchically organized behavior and its neural foundations: A reinforcement learning perspective. Cogn. 2009;113(3):262-280.