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## Future of Psychiatry : Analysis of Strengths, Weaknesses, Opportunities and Threats

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Although very difficult, prediction is necessary for sensible programming for the future of psychiatry.

Futures studies, foresight, or futurology is the science, art and practice of postulating possible, probable, and preferable futures and the worldviews and myths that underlie them. Future studies seek to understand what is likely to continue, what is likely to change, and what is novel. Part of the discipline thus seeks a systematic and pattern-based understanding of the past and present, and to determine the likelihood of future events and trends.

It includes analyzing the sources, patterns, and causes of change and stability in the attempt to develop foresight and to map possible futures. The tension between predictability and unpredictability is a source of controversy and conflict. Some argue that the future is essentially unpredictable, and that “the best way to predict the future is to create it.” Others believe, probability, modeling and statistics will allow us to continue to improve our understanding of probable futures.

Future studies are often summarized as being concerned with “three P’s and a W,” or possible, probable, and preferable futures, plus wildcards, which are low probability but high

impact events (positive or negative), should they occur.

The next 20 years are likely to witness a revolution in our understanding of the human brain, with implications for virtually every domain of human activity, from mental health to software design and academic performance and real-life decision-making.

In the next 20 years we can watch :

- To map the human brain in much greater detail.

- Developments in several technologies and scientific disciplines: Imaging, Computation, Genetics and genomics

- Better understanding of a number of psychiatric illnesses and their treatment.

- With better understanding of the processes underlying learning, educational programs tailored to fit different learning patterns could be developed.

- Emergence of ‘neurocognitive’-lifestyle drugs for enhancing or augmenting cognitive function or creating desirable psychological/emotional states.

We cannot enter the future until we have understood our past. This article provides a brief analysis of strengths, weaknesses, opportunities and threats of the psychiatry. The

SWOT analysis can be used for the future planning.

### **Strengths and weaknesses**

Modern psychiatry is approximately 200 years old. During these two centuries different psychiatric movements were developed: Objective-Descriptive Psychiatry, Psychoanalytic Psychiatry, Existential Psychiatry, Social Psychiatry and Biological Psychiatry. Each movement had great impacts on psychiatry, and medicine. The emergence of biopsychosocial model would appear to be a major step in moving toward an adequate workable model. In regard with this model psychiatry can be considered as the most humanistic discipline of medicine. Medical practice is increasingly devoted to ameliorating chronic infirmities, a task in which psychosocial issues are prominent. Changing the biobehavioural risk factors for morbidity and mortality (smoking, eating, drug taking, drinking and driving) challenges the competence of all physicians. Perhaps one-half of physician visits are for complaints without an ascertainable biological basis. Without curiosity about life circumstances and an attempt to alter them, the physician's activities become futile, medical costs mount, and patient dissatisfaction increases. Comprehensive evaluation and effective treatment planning require the physician to be as knowledgeable about the psychosocial determinants of health as about its molecular base.

Some authors, like Dr. S. Nasir Ghaemi, criticized the biopsychosocial models, and they believe psychiatry needs a more comprehensive model. In his famous book, "The Concepts of Psychiatry", Dr. Ghaemi provides a pluralistic approach to the mind and mental illness.

In recent decades advances in biological

psychiatry, psychopharmacology, functional neuroimaging and psychiatric genetic provide scientific evidence about the nature of mental disorders that were very promising. In regard with more emphasis on biological psychiatry in the last decade some authors became concerned about moving from a "brainless psychiatry" of the past for that of a "mindless psychiatry" of the present and future. The following evidences criticized the this kind of "mindless psychiatry":

Underwhelming evidence of efficacy of medication for example about a third of published studies show no difference between antidepressants and placebo. Mean drug-placebo difference in improvement scores is only 1.8 points on the Hamilton Rating Scale for Depression. Raters' expectations and patients' suggestibility could entirely explain the small effect size.

Lack of appreciation of environmental factors is another shortcoming in this approach. Genetics of psychiatric disorders so complex that accurate prediction may not be possible.

Another problem is lack of ability to examine structure and function of the mind directly. Structural and functional cerebral abnormalities are at best subtle rather than gross. Brain cytoarchitecture itself is fashioned by input from the social environment

But the emerging evidence of effectiveness of psychotherapy from systematic research provides a foundation to emphasis again on psychotherapy as an important way of treatment of mental health problems. All positive futures depend on a vision that is broad enough to cope with all consideration.

### **Opportunities and threats**

The past century witnessed the overwhelm-

ing changes in the world, the more globalization with decreasing cultural diversity and increasing disparity between rich and poor, both among and within countries. Increasing demand for mental health services, aging of population, immigration, regional wars and natural disasters are among the problems of the future.

Another threat is growing public concern about real and perceived conflicts of interest between the medical profession and the pharmaceutical industry.

Psychiatrists may have the following opportunities: the more globalization with decreasing cultural diversity, the more rapid access to scientific information, the more inter-

national collaboration for education, planning and policy making for mental health in the world and increase in knowledge about mental health issues among general population.

### **Conclusion**

The situation of psychiatry in the past century especially in recent decades was changed prominently. The movement of psychiatric train continues to the future. But mental health professionals are not the merely subject to future changes; they are also active players with influence in wider societal context. The challenge is to take a proactive role in creating the shape of mental health care in the future.

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