

# Psychiatry in 21<sup>st</sup> century: The road ahead

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## ABSTRACT

In spite of becoming more humane in its approach with improvements in understanding of mental illnesses over last century, psychiatry still has a long way to go. At this point in time, on one hand the world faces issues like terrorism, wars and global warming; while on the other it is witnessing economic and gender empowerment like never before. With technology providing us with immense opportunities to advance care for the mentally ill, we are closer than ever to finding the holy-grail of psychiatry, and overcoming daunting challenges.

**Key words:** Challenges, future, information technology, modernization, opportunities, psychiatry

Since the earliest days of human civilization, man has witnessed mental illnesses. The attitude toward mental illnesses has been diverse, being governed by the prevalent beliefs and contemporary understanding of their etiology. Accordingly, they ranged from using talismans and rudimentary therapies to burning patients alive. However, with recent developments in technology, and the economic and social empowerment of mankind, a humane approach to mental illnesses is discernible. Mental health is now at a riveting crossroad, facing newer challenges and being provided with myriad opportunities.

The challenges are many. WHO, in defining the concept of health, has put equal emphasis on physical, mental and social well-being. But the latter two are generally blatantly neglected. Even within the medical fraternity, psychiatry as a profession is looked down upon. Prevailing ambiguity in conceptualization of mental illnesses, a lack of emphasis on it in undergraduate medical education and apparent 'lack-luster' of this field; all result in a dearth of crème-de-la-crème in psychiatry, which it needs desperately.

In community psychiatry practice, from an assertion of patients' rights to reducing social as well as "political" stigma attached to mental illnesses, dreams remain unfulfilled. Globally, social stresses and human costs of wars, terrorism, economic breakdowns and global warming need to be addressed urgently from their mental health perspective; to enable hapless sufferers lead a "socially and economically productive" life amidst changing family structures, social support pattern, work culture and employment scenarios.<sup>[1]</sup> A successful reintegration of the patient within the mainstream society, striving toward de-institutionalization; and a gender-neutral approach are further challenges.

The field of psychiatry also suffers from a dearth of research funds and initiatives<sup>[2]</sup> and meager scientific evidences still maintain ambiguity regarding psychiatric illnesses in the minds of common man.<sup>[3]</sup> The bits and pieces of "hard" scientific evidences that we have now pose serious challenges to use them in a way so that the revelations do not result in unfounded discrimination. A seamless integration of the scientific knowledge, an equitable distribution of the resources and an amalgamation with the primary health care delivery system in the spirit of "Health for All", thus making it available, affordable, and adequate are other challenges.<sup>[4]</sup>

However, the opportunities are endless. The growth of information and communication technology will probably lead the future developments in the field of psychiatry.<sup>[5]</sup> With effortless real-time multi-centric

Access this article online	
Quick Response Code:	Website: www.ruralneuropractice.com
	DOI: 10.4103/0976-3147.140013

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consultations and research, this will also help with dissemination of awareness and reducing attached stigma. With identification of subtle genetic, structural, biochemical and neurodevelopmental abnormalities<sup>[3]</sup> in psychiatric patients and ability to “read” complex data with better statistical tools and analyzing software, we expect to be able to lift the shroud of ambiguity obscuring psychiatry for ages. In light of the recent findings, we believe the social and the psychological factors will only become more and more relevant.

In near future, we might hope to be able to develop designer drugs better suited to the patients’ pharmacogenetic as well as socio-occupational requirements.<sup>[6]</sup> Thus, the future may see the dawn of a democratic “participatory medicine.” With rapid socio-politico-economic changes, the gap between the developed and the developing world is expected to narrow down, and conventions on human rights, environmental preservation and global warming are expected address relevant issues in mental health in this changing scenario.

As with availability of modern evidences and treatment, diseases like Plague have become de-stigmatized; we believe mental disorders will follow suit through a concerted effort.

## References

1. Oyeboode F, Humphreys M. The future of psychiatry. *Br J Psychiatry* 2011;199:439-40.
2. Patel V. The future of psychiatry in low- and middle-income countries. *Psychol Med* 2009;39:1759-62.
3. Plomin R, Davis OS. The future of genetics in psychology and psychiatry: Microarrays, genome-wide association, and non-coding RNA. *J Child Psychol Psychiatry* 2009;50:63-71.
4. Reynolds CF 3<sup>rd</sup>, Lewis DA, Detre T, Schatzberg AF, Kupfer DJ. The future of psychiatry as clinical neuroscience. *Acad Med* 2009;84:446-50.
5. Yellowless P, Nafiz N. The psychiatrist-patient relationship of the future: Anytime, anywhere? *Harv Rev Psychiatry* 2010;18:96-102.
6. Harrison PJ, Baldwin DS, Barnes TR, Burns T, Ebmeier KP, Ferriccer IN, et al. No psychiatry without psychopharmacology. *Br J Psychiatry* 2011;199:263-5.

**How to cite this article:** Mitra S, Kavoor AR. Psychiatry in 21<sup>st</sup> century: The road ahead. *J Neurosci Rural Pract* 2014;5:426-7.  
**Source of Support:** Nil. **Conflict of Interest:** None declared.