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Socioeconomic trends affecting psychiatry

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Recent years witness the impact of several socioeconomic trends on medicine in general and psychiatry in particular. On the international level the most worrisome of these is deglobalization, an active effort to eliminate or weaken agreements, arrangements and institutions which were created after the Second World War. After the end of the war, the memories of the war were frightening and governments and leaders of opinion were trying to create institutions and agreements which would prevent similar disastrous wars to occur. They created the United Nations and a Security Council, a number of agencies such as the World Health Organization, signed a number of bilateral and multilateral agreements, promoted contacts and collaborative ventures.

In recent years the wish to create a world in which the borders were formalities and where most of the laws were applicable to all lost its power. Resolutions of the United Nations became less precise and less demanding. Most recently the USA and Argentina withdrew from the World Health Organization and permitted, in their countries, the development of national health policies diverging from the consensus of scientists concerning health measures. Other countries reduced their participation in international organizations. Wars often leading to severe disruption and dire consequences were noted as if they were news about agricultural production and the Security Council – in part because of the veto rules - did little to stop them

In addition to the trend of deglobalization there are others equally relevant to psychiatry. The trend of rapid urbanization continued resulting in the growth of urban slums and making villages unable to be self-sustaining, being inhabited by the elderly, the frail and the disabled left behind by the migrants to towns. In towns anomie and drug abuse, crime and fear of migrants became usual. Digitalization which was to become a mighty ally to all social endeavors including health care helped to accumulate and exchange information but unfortunately also contributed to the dehumanization of medicine. Medicine fragmented itself into numerous disciplines often completely separated from each other. Economic migration brought patients with diseases not too well known to the local health care agents.

While these trends affect medicine as a whole psychiatry has its own demons which are still at large. The carers of people with mental disorders who have to provide care in addition to all the other tasks of their life are increasingly often suffering from mental and physical diseases themselves, undoubtedly facilitated by the immense burden which they carry. Carers are only rarely provided financial support, training or recognition for their work and as time goes by they begin to reject their carer role. The human rights of the mentally ill are often only partially respected, possibly in part because respecting them requires additional resources which are not made available by the authorities.

It is of essential importance that psychiatrists begin paying attention to the best way of organizing care to people with mental disorders. It is to be hoped that, while doing so they will also seek advice from persons who have experienced mental illness and from those who care for them most of the time. It may be that the organization of health care responding to the needs of patients and of staff who looks after them will require a lot of effort – not only to describe the best way of running services but also to implementing these plans. It is however necessary to undertake this task, now.

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