Social Psychiatry – Why is it important in clinical practice?

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Introduction

"Man is the only animal for whom, his own existence is a problem, which he has to solve".

- Eric Fromm

There have been rapid advances in neurosciences today, leading to higher expectations for Psychiatry to "cure" mental illnesses. The new psychopharmacological agents were often seen as the answer to many mental illnesses and breakthroughs were believed to be imminent, which unfortunately, has not happened so far. Hence there is renewed interest in social psychiatry and its relevance to clinical practice.

Social Psychiatry is that of branch of psychiatry concerned with effects of the social environment on the mental health of the individual and with the effects of the mentally ill person on his/her social environment. The multifaceted nature of the word social often makes it difficult to encompass what social psychiatry is. Man is a social animal and the social circumstances and the society as a whole figure in the pathogenesis of not only mental illness but also physical illness.

The roots of social medicine can be found in the ancient civilisations. Adding a social paradigm to the conceptualisation of health, made it more holistic and comprehensive. The origin of social medicine can be traced back to ancient Greek, Chinese and literature of Ayurveda. The W.H.O in its definition of health talks about "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It is important for the modern day physician to identify and understand the social paradigm of health and this will go a long way in the curative, preventive and promotive aspects of managing health.

The earliest roots of social medicine can be found in the ancient texts of Ayurveda.[1] The focus of the physician in Ayurveda is on the patient's health rather than the disease. There is often a stipulated harmonious frame work for health and life. There is a greater emphasis on quality of life rather than just the curative aspect of disease. The treatment approach in Ayurveda is person centered and often takes into consideration the man as a whole. The same would apply to ancient Greek philosophy. Socrates, Plato, Aristotle and Hippocrates talked about the importance of the social paradigm of health. The concept is summarized in Socrates' quote, "If the whole is not well, it is impossible for the part to be well".

The insights from the ancient philosophy gained further momentum in the early 1920s, with the Mental Hygiene Movement in the United States. This has had a major impact on the western psychiatry. There was increased social orientation to the approaches in behavioural sciences following this movement. If one views the history of psychiatry in a very broad sense, one might even state that, with the evolution of civil society and the engagement of a psychiatric discourse since around the mid-18th century, the psychiatry that was developing was also social in nature: social in the sense that the state had an obligation to care for people in need, including in cases of existing illness, and on the contrary to protect society.[2]

Why is there a need for social psychiatry/social medicine?

For centuries, psychiatry was known for its treatments aimed at making patients behave in a way acceptable to society since society generally defined behavioural deviance. Patients were often locked away in distant institutions away from the so called civilised society. Although there has always been an emphasis on aetiology and biological aspects of mental illness, there is an increasing need to focus more on social determinants and consequences of such illnesses, according to the bio-psychosocial model. The social aspects remain an essential component in understanding the genesis and management of psychiatric disorders, but are often ignored due to too much emphasis on pharmacological treatments in contemporary psychiatry. A closer look at the research in mental disorders in the last few decades reveals allocation of massive resources toward biological research, whereas hardly any funded research has been carried out into the psychosocial domains, which are important not only in psychiatry but also in other fields of medicine.[3] The limitations of drug therapy also provide a strong case for investing more to learn about the social domains in the aetiopathogenesis of mental illness.

There is increasing evidence that social determinants of health play a major role in the genesis of both physical and mental illness.[4] Human beings grow up and develop within society and specific cultures and their upbringing and learnt interactions define their behaviours that in turn affect brain structures leading to dysfunctions.

The earlier definitions of health by the W.H.O, focussing on just the 'absence of diseases', has been criticised arguing that it does not include the social domain and individuals' ability to manage one's life by fulfilling

their potential and obligations with a degree of independence.[5] This becomes very important now, since people are living longer, sometimes with co morbidities. People can be well at times, but can be unwell at other times, sometimes battling several co morbidities. It can be argued that health is a dynamic balance between opportunities and limitations, directly affected by social and environmental conditions. In addition, the social domain is highly pertinent in our understanding and management of psychiatric disorders, and can be seen as a crucial aetiological factor.[6] Current advances such as mirror neuron systems reflect the importance of social cognition that governs human social interactions.

During the development of a child, the psychosocial interactions and social environment, and difficulties at these levels can lead to psychopathological and behavioural dysfunctions in many domains. The theory of stress diathesis often points to a change in the brain homeostasis with mounting social stressors. According to Virchow illness (of any kind) was an indictment of the political system and that politics was nothing other than medicine on a large scale.[7]

There is a key role that the patient- doctor relationship has on the therapeutic outcome in every medical speciality, more so in psychiatry. The outcome of a treatment can be influenced by patients understanding, expectation and explanation of the illness. It is important that the doctor takes into account these factors for a successful outcome of treatment. Social factors are important at every stage of human development starting from the prenatal stage or even earlier when wider environmental factors are considered. Importantly, they may provide us with clues towards more preventive public strategies in reducing psychiatric morbidities.[8]

Challenges and the road ahead

There are multiple reasons why social psychiatry has not been part of main stream medicine, despite the relevance it holds in the current era. The growing influence of pharmaceutical industry on the practice of psychiatry is a major hurdle. This makes main stream research to be largely biological. Despite having path breaking evidence to look at the relevance of social and cultural context we continue to look for biological reasons to explain aetiology and pathogenesis. This also makes way for an overreliance on drugs despite having evidence for psychosocial interventions which are very effective. There are also attacks on social psychiatry from within and outside the fraternity.

Modern medicine often fails to acknowledge, the important role of social determinants of health. The over reliance on disease and cure, often leads to neglect of the preventive and promotive aspects of health. It has also led to super specialisation and fragmentation of medicine, ignoring the totality of the person being cared for.

The way ahead is to focus on the social paradigms of positive health and positive psychology. There is also a need for a paradigm shift in terms of protective and preventive medicine rather than just curative care. The focus has to shift back to resilience, quality of life and support systems, most of which are ignored in the current medical practice. Shared understanding, shared decision making and fostering partnerships with various stake holders have to be integral parts of clinical practice.

What is needed is, to study what happens between people rather than what is wrong with an individual, wholly detached from a social context. This should happen without ignoring the existing neuro-biological and psychological dimensions. There is an increasing need to link them to social phenomena in the patient's life and in treatment. This focus on social psychiatry in training and practice has a potential to strengthen our identity, give psychiatrists more societal relevance and make psychiatry more attractive as a profession.

There is also a need to shift from over reliance on technology to "high touch" medicine, where the individual is seen as a whole and clinical examination gets the importance it deserves. Social approaches to mental health promote, comprehensive care regardless of diagnosis and chronicity, seeing patients in the setting of their family and home and through eclecticism in psychiatry. In times of psycho-social adversity, and especially when mental health resources are inadequate, social psychiatry offers a ray of hope and it should be integrated in the practice of medicine and psychiatry.

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