

In this, his last column, Sami Timimi cooks up a recipe for psychiatry pie in the sky

For the past two years *Mental Health Today* has given me a platform to air some of my views on the politics of mental health and how politics affects mental health. I am deeply indebted to MHT for the opportunity to express my opinions in a free and forthright manner, no matter how radical they were. However, everything has to come to an end at some time, and so in this, my last column for MHT, I would like to turn my gaze towards my imagined future for psychiatry.

My MHT articles have critically examined many of the assumptions underlying current, mainstream mental health practice. I have looked at issues from gender and globalisation to medicalisation, consumerism and terrorism (to name but a few). Those who have read my columns will realise my profound disappointment with current mainstream psychiatric theory and practice, to the point where I see both as largely failed enterprises, constantly missing the point about human subjective life and, as a result, all too frequently doing more harm than good.

Yet I am optimistic. Yes, psychiatry has too much power; yes, the drug industry is too powerful in its influence; yes, much of the prevailing psychobabble and biobabble is based on poor science; yes, the political function of psychiatry is to mystify the societal causes of unhappiness; yes, psychiatry is an instrument of social control by the state; yes, conditions in many psychiatric institutions are demoralising and dehumanising; yes, psychiatry is in need of root and branch reform. However, I do not believe that this means psychiatry should be abolished or that psychiatrists are bad people. It is all very well my deconstructing and exposing the assumptions that underlie current theory and that lead to dysfunctional practice. However, this will not change the fact that people can experience profound distress and dislocation in their lives. Any society that makes claims to being civilized and humane has a duty to do its best to understand the causes of such distress and alleviate this suffering. I have little doubt that the vast majority of psychiatrists share a desire and make a commitment to try to do the very best for their patients. However, as the saying goes: 'The pathway to hell is paved with good intentions.'

The problem, of course, lies not so much with individual psychiatrists as with the assumptions that shape the educational and clinical institutions in which we have to operate. Challenging these institutions and finding pragmatic ways forward may seem a tall order, and indeed it is. Yet I am still optimistic. The dominance of reductionist models will not go on for ever. The continued failure of biological science to discover physical pathologies and identify relevant genes will not be tolerated indefinitely by the promise of milk and honey just around the corner. While certain sections of psychiatry appear to have been bedding themselves down in their trenches, the rest of the mental health movement has been growing in diversity, with magazines like *Mental Health Today* bearing witness to the growth of the user movement, the voluntary sector, non-governmental organisations, and other advocacy services that are bringing the voice of the service user out of the background and forcing psychiatry to begin and, hopefully, sustain a dialogue with those it purports to help. This, in turn, forces us to look beyond the narrow confines of neurotransmitters and unconscious conflicts towards a dialogue with other perspectives: from the political to the philosophical, from the spiritual to the ethical and from the social to the cultural.

In this brave new world psychiatry, having been forced to renegotiate its social power and the nature of its relationship with the patient, can emerge invigorated to such an extent that it can provide the lead for the rest of medicine (which also has to grapple with broader ethical, political and social issues). Sure, there will still be patients who find benefit from medication and some form of diagnosis, but the task of the psychiatrist will go beyond these narrow confines to use more diverse systems of knowledge, locating the one that will be most conducive to developing a helpful 'human' relationship with her patient, their family and community. This might seem like pie in the sky. However, we must recall that no culture, no society, no professional group remains static. Psychiatry today is different to that of 50 years ago and there is no reason to assume that it will not be different again in 50 years time. After all, everything has to come to an end some time. ■

mht **frontline**

outside
the box

The monthly column by consultant child psychiatrist Sami Timimi that tests the boundaries of mental health politics and practice

Sami Timimi's book *Naughty Boys: Anti-Social Behaviour, ADHD and the Role of Culture* is published by Palgrave MacMillan, price £17.99 ISBN 1 4039 4511 X

Sadly, this is the last of Sami Timimi's columns. Psychologist Craig Newnes takes over *Outside the Box* from September