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EDITORIAL

The crisis in psychiatry

The future of psychiatry, it seems, is biological. Here, for example, is Nancy Andreasen, editor of the *American Journal of Psychiatry*, writing in *Science* on March 14:

> Convergent data using multiple neuroscience techniques indicate that the neural mechanisms of mental illnesses can be understood as dysfunctions in specific neural circuits and that their functions and dysfunctions can be influenced or altered by a variety of cognitive and pharmacological factors . . . These advances have created an era in which a scientific psychopathology that links mind and brain has become a reality.

Some psychiatrists even argue that their specialty should fuse with neurology, producing a new breed of physician: the "clinical neuroscientist". But perhaps one caveat should be added here—namely, that it is the future of *western* psychiatry that is biological. For, in the March issue of *Scientific American*, one finds a very different project for psychiatry outlined.

Under the rousing title, "Psychiatry's global challenge", Arthur Kleinman and Alex Cohen take a wider view than Andreasen, a view that includes countries where the study of neural circuits and the practice of pharmacotherapy may be out of reach for most physicians. They argue that a terrible myth has embedded itself within western psychological medicine: "that a knowledge base compiled almost exclusively from North American and European cases can be effectively applied to the 80 percent of the world's population that lives in Asia, Africa and South America as well as to the immigrant communities of North America and Europe".

The concerns of Kleinman and Cohen are by no means theoretical. Projections of the global burden of human disability indicate that psychiatric illness is likely to become a challenge of serious and largely unappreciated proportions. For instance, unipolar major depression, ranked fourth in the world league of disabling diseases in 1990, will be second only to ischaemic heart disease by 2020. Schizophrenia will affect almost 25 million people in poorer nations by 2000—a 45% increase since 1985. What does modern western psychiatry, with its goal of a "scientific psychopathology", have to offer people in developing countries?

The forces driving this explosion in psychiatric morbidity are social and demographic. Intense urbanisation afflicts much of the developing world. The number of mega-cities—cities with populations over 8 million—in poorer countries is estimated to rise from 16 in 1994 to 27 in 2015. This rapid expansion is unlikely to be matched by the necessary community care services to deal with the ensuing burden of illness, psychiatric or otherwise. Recent work in inner-city areas of Birmingham, UK, has shown that many individuals with psychiatric illness do not receive proper care from either hospital or primary care services. This conclusion was drawn from a relatively prosperous western European city. If one moved to Jakarta or Bombay, the picture would be starker still.

What should be the agenda for a global psychiatry? Kleinman and Cohen argue that the huge "diversity of symptoms, outcome and prevalence of mental illness offers a tremendous opportunity to test the way human cultures and environments shape the formation, distribution and manifestation of disorders". We agree that a symptom-based, rather than a disease or diagnosis based, psychiatry is required. Andreasen seems to acknowledge this alternative perspective. She agrees that the problems of psychiatry "might be made more soluble by examination of symptoms rather than disease categories".

There would be a respectable precedent for such a dramatic about turn. In 1896, Emil Kraepelin rejected his previous adherence to a biologically based psychiatry when he urged his readers to shun disease categorisation and return to the richness of simple clinical observation: "As long as we are unable clinically to group illnesses on the basis of cause, and to separate dissimilar causes, our views about etiology will necessarily remain unclear and contradictory". Viewed from Africa, Asia, or South America, Kraepelin's judgment remains true. Until the schism between narrow neuroscientific and more embracing sociocultural approaches is faced, the future of psychiatry is not biological, but inescapably bleak.

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