

What is the future of psychiatry? - the view from sociology

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What is the future of psychiatry?
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what is the research question here?

what is a profession?

what do professionals do?

what do clients get from a profession?

What is the future of psychiatry?
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Not a critique of brain science, or psychopharmacology, or psychology.

So ... not about mental health/illness, but ***applying mundane sociology*** to the question of psychiatry and its future

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An aside

Much sociology came from
University of Chicago studies of the
mental health services:

1960s, Erving Goffman -

- moral career
- total institution



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1960s, Thomas Scheff -

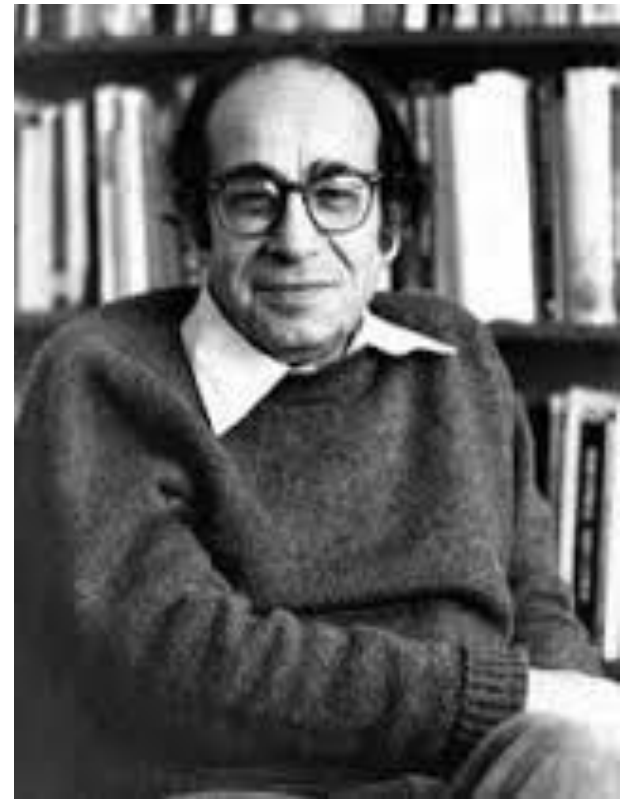
- labelling theory
- shame and conformity



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1970s, Anselm Strauss -

- negotiated order theory
- grounded theory



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Well ... not actually from Chicago

1970s, Michele Foucault -

- archaeology of knowledge
- panopticon



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1980s, Andrew Abbott -

- professions (originally psychiatrists only)
- the chaos of disciplines



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What is a profession?

“exclusive occupational groups applying abstract knowledge to individual cases” (Abbott, 1988)

Power/control - state licence ... leads to
Status – ethics, market restriction ... leads to
Knowledge - collective control ... leads to
Patient approval - friends and family test

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What does does psychiatry do?

'dirty work' – state licensed function

control – of the asylums

ethics (identity, discourse, ideology) – Hippocratic oath

knowledge – evidence based medical science

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what does psychiatry do?

“dirty work” ...Everett Hughes (also at Chicago)

“there are here two orders of questions. One set concerns the good people who did not themselves do this work. The other concerns those who did do it. But the two sets are not really separate; for the crucial question concerning the good people is their relation to who did the dirty work, with a related one which asks *under what circumstances good people let the others get away with such actions*” (Hughes, 1948/1962, p89).

Who licenses professionals, and on whose behalf?

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what does psychiatry do?

Is dirty work popular?

4–5% of UK doctors specified psychiatry as their first choice of future career, largely unchanged across 35 years. Comparing intending psychiatrists with doctors who chose other careers, factors with a greater influence on psychiatrists' choice included their

- experience of the subject at medical school
- self-appraisal of their own skills
- inclinations before medical school.

72% of those who did not pursue psychiatry gave 'job content' as their reason compared with 33% of doctors who considered but did not pursue other specialties.

In the USA, it has been estimated that three-quarters of its counties have a shortage of psychiatric prescribers. The percentage of medical students pursuing a psychiatry residency in the USA was 7–10% in the 1940s but, dropped to 3–4% in 2002–07. (Goldacre BJPsych, 2013)

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what does psychiatry do?

control – Andrew Scull

- of the asylums
- incarceration and decarceration



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what does psychiatry do?

ethics (identity, discourse, ideology)

Hippocrates of Kos -

- strict professionalism, discipline, and rigorous practice
- illness from environmental factors, diet, and living habits
- how does this translate into psychiatry today?

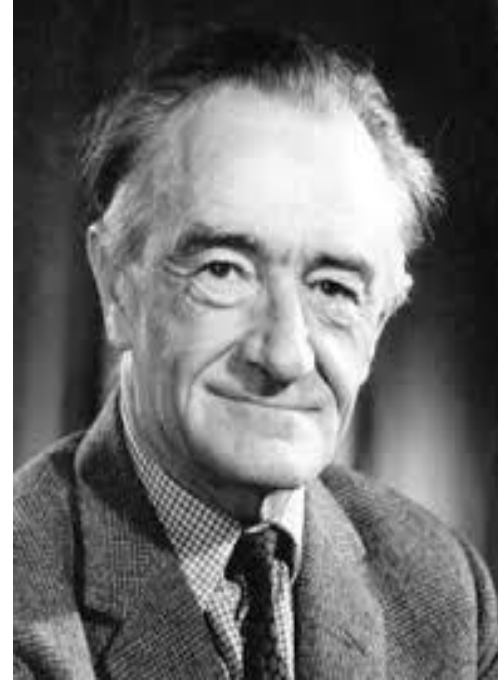


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what does psychiatry do?

knowledge – Archie Cochrane

- evidence based medicine (EBM)
- expertise



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what does psychiatry do?

Is knowledge necessary? Of what kind?

EBM for surgery -

1923 “uncontrolled low-quality outcome data likened to a comic opera” Major Greenwood

1996 “Surgical research or comic opera: questions, but few answers” Richard Horton, *Lancet*

2006 “only 6–10% surgery studies are RCTs” < half rate of medical journals, Sade, *AnnThoracSurg*

2014 “The surgical community is plagued with a reputation for both failing to engage and to deliver on clinical research. This is in part due to the absence of a strong research culture, however it is also due to a multitude of barriers encountered in clinical research; particularly those involving surgical interventions. ‘Trauma’ amplifies these barriers, owing to the unplanned nature of care, unpredictable work patterns, the emergent nature of treatment and complexities in the consent process” (Perry et al, *Bone Joint Res*)

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???EBM for psychiatry??? -

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So ... does DSM V (Diagnosis and Statistical Manual), or indeed RdoC (Research Domain Criteria) matter?

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what does psychiatry do?

what about expertise?

is this what patients want?



- periodic table of expertise - Harry Collins

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SPECIALIST EXPERTISE

UBIQUITOUS TACIT Knowledge

1. Beer-mat Knowledge,
2. Popular Understanding,
3. Primary Source Knowledge (read the academic papers)

SPECIALIST TACIT Knowledge

4. Interactional Expertise (interns, eg lasers, Boyle's air pump)
5. Contributory Expertise (can make improvements)

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META- EXPERTISE (expertise to judge other expertise)

EXTERNAL

6. Ubiquitous Discrimination (popular judgement)
7. Local Discrimination (local knowledge about the experts)



INTERNAL

8. Technical Connoisseurship (eg architect managing builder)
9. Downward Discrimination (eg senior scientists refereeing)
10. Referred Expertise (from one field to another)

What is the future of psychiatry?

power/control, status, knowledge, patient approval – all under threat. Is this the future for psychiatry?:

In just the last dozen years, the PMC (professional managerial class) began to suffer the fate of the industrial class in the 1980s: replacement by cheap foreign labor. It came as a shock to many when, in the 2000s, businesses began to avail themselves of new high speed transmission technologies to outsource professional functions. By the time of the financial meltdown and deep recession of the post-2008 period, the pain inflicted by neoliberal policies, both public and corporate, extended well beyond the old industrial working class and into core segments of the PMC. Unemployed and underemployed professional workers—from IT to journalism, academia, and eventually law—became a regular feature of the social landscape. Young people did not lose faith in the value of an education, but they learned quickly that it makes more sense to study finance rather than physics or “communications” rather than literature. The old PMC dream of a society ruled by impartial “experts” gave way to the reality of inescapable corporate domination. (Ehrenreich and Ehrenreich, 2013)

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Questions?

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