Dear Colleagues

In this newsletter we hope to share with you some thoughts on the role of psychiatrist as “citizens” of the many communities we belong to. As citizens we are all political agents, meaning that we have the option and often the hard-earned right to contribute and shape the life and the ethos of these communities. We focus on two prevalent media trends that invite further reflection as anyone listening, watching or reading the news could be forgiven for thinking that the world has turned into a virtual mental health consulting room.

One concerning trend is the prevailing tendency within the press to use the language of psychiatric symptoms and syndromes as political “weapons”. Within our profession, we have fought and continue to advocate against the discrimination of those with mental illness. We do not imply that current prominent figures have mental health problems although some of the most revered ex-presidents and prime ministers certainly did. We argue that political discourse should be about the political arguments. We advocate that we should actively oppose the use of psychiatric language as a means to diminish others as it goes against our efforts to remove the stigmatizing effects of psychiatric problems.

The second theme concerns our role as citizens in maintaining scientific integrity in a “post-truth” era populated with “alternative facts” and “fake news”. The intense competitiveness of academic environments, the fight for shrinking funding resources and the media-driven dramatization of medical findings require increased awareness and vigilance so that we can maintain our moral and scientific authority. This topic has been brilliantly handled by Dr. Harold Alan Pincus and Dr. Stephanie Rolin, from the Department of Psychiatry at Columbia University, in their recent paper “Evidence-based science policy for mental health in a post-truth era”. We could not have said it better!

Finally, we were thrilled to receive a commentary from Professor J. Pierre Loebel, from the University of Washington, in response to the February newsletter discussing the challenges with psychiatric nosology. The commentary is attached to this newsletter but it has also inspired us to update the division webpages to include an interactive section where you can post comments directly.

Let’s keep talking!

Nhanapal Natarajan  Sophia Frangou  Kenneth Kaufman
The opening article in the February 2017 Newsletter [1] strikes chords that are fundamental to resolving the dissent [2,3] that has characterized modern psychiatry for decades. The authors, and the publications they cite, support the view that “…psychiatric disorders are complex…” But that complexity is too often reduced to the form of which the then President of the American Psychiatric Association, Dr. Stephen Sharfstein, in 2005 stated “…. we have allowed the biopsychosocial model to become the bio-bio-bio model….”. This development is the result of rejecting an earlier proposal described as biopsychosocial [4]. In support of that proposal, the Loebel Lectures and Research Program [5] and related book [6] propose: “….an interdisciplinary scientific and philosophical project dedicated to exploring and explicating the causal and conceptual links between the biological, psychological, and social factors that contribute to mental processes, mental health, and in particular mental illness. Its aim is to lay the ground work for a unified theory that can form the basis for clinical work in psychiatry. The field of psychiatry uncomfortably spans biological and psycho-social views of mind and behavior. As a branch of medicine, psychiatry has long been under pressure to conform to the sort of reductive, biological model that has traditionally defined medicine. According to this biomedical model, diseases are characterized primarily in biological terms (e.g. genetic influence, molecular changes in the body’s organs, abnormalities detectable via blood tests, MRI scans, etc.). As well as being a branch of medicine, however, psychiatry draws heavily on the psychodynamic tradition. This makes no reference to the biological underpinnings of mental life, concerning itself instead with psycho-social elements. Patients’ mental distress, on this approach, is explained with reference to life experience and treated by reflecting on past experience and current feelings in psychotherapeutic treatment.

The biomedical approach and psychodynamic approach ought to inform and complement each other -after all, both aim at understanding the mind, and each contributes something unique and important to this understanding. However, historically, this has not happened. With no theory creating global, systematic links between the two approaches, psychiatry is divided between those clinicians who adopt a psychodynamic view of the mind, those who take a biomedical approach, and those who subscribe to un uneasy eclecticism under the rubric of the biopsychosocial model. Generally, however, the latter view to date involves little more than an acknowledgement that biological, psychological, and social factors are relevant to understanding and explaining mental illness. It has been criticized both for failing to specify how mental illnesses may be diagnosed and characterized in biopsychosocial terms, and for failing to provide directions for treatment."

I have suggested that a biopsychosocial formulation, resting on the modern, rapidly expanding foundation of philosophical [7] and neuroscientific research (epigenetic; epidemiological) [8] draws together bio-, psycho- and social strands that have been demonstrated to interact. This adds the weight of psychosocial and psychodynamic individualism to the objectivity of the DSM checklist. Also, the integrated approach provides the framework for addressing “…the complexity of psychiatry…” which Dr. Natarajan and co-authors properly call for. Furthermore, the new and influential Integrative/Collaborative Care approach [9] operationalizes the biopsychosocial viewpoint, raising hope that we may be approaching an evidence based resolution of the long-standing “Dissent in Psychiatry” [2].

References
2. Clare A. Psychiatry in Dissent. Tavistock Publications Ltd. 1976
5. www.loebellectures.ox.ac.uk
This and That

★Job Board★

The Job Board can be accessed at [http://jobs.rcpsych.ac.uk/home/index.cfm?site_id=16082](http://jobs.rcpsych.ac.uk/home/index.cfm?site_id=16082). The site accepts job postings from employers and allows job seekers to search for jobs and create personalized alerts based on their interests. Please note that the postings are international (not just UK) and include clinical and academic posts at all levels of seniority.

★ RCPsych PanAm Book club ★ The book club features books (recommended by our members). The topic has to be relevant to psychiatry and neuroscience from either a scientific, literary or societal perspective. Self-nominations by authors who are college members are welcome. Please provide a brief comment for each recommendation but this is optional. Any ideas? Please send them in at panamicandivision@rcpsych.ac.uk! NB: Inclusion of a book in the PanAm Book Club does not imply endorsement or promotion by the RCPsych.

Book of the Month

Head in the Cloud: Why Knowing Things Still Matters When Facts Are So Easy to Look Up

By William Poundstone (Little, Brown and Company, 2016)

Previously featured

Walking the Medicine Wheel: Healing Trauma & PTSD
By David Kopacz and Joseph Rael (Beautiful Painted Arrow)
Millichap Books/Pointer Oak, 2016


The Emotional Life of Your Brain
By Richard J. Davidson, Sharon Begley
Avery; Reprint edition (December 24, 2012)

Journeys into the Bright World
by Marcia Moore and Howard Alltounian (Para Research, 1978)

The Doors of Perception
By Aldous Huxley (Harper Perennial Modern Classics 2009)

The Age of Wonder: The Romantic Generation and the Discovery of the Beauty and Terror of Science,
by Richard Holmes (HarperCollins, 2008)

Marijuana: The Unbiased Truth about the World’s Most Popular Weed
By Kevin Phill (Hazelden 2015)

Algorithms to Live By: The Computer Science of Human Decisions
By Brian Christian and Tom Griffiths (Henry Holt and Co 2016)

Why You Love Music: From Mozart to Metallica--The Emotional Power of Beautiful Sounds
By John Powell (Little, Brown and Company 2016)

Introductory Textbook of Psychiatry, Sixth Edition
By Donald W. Black and Nancy C. Andreasen (APA 2014)
(Comment by Sophia Frangou: A good textbook for residents and students updated to reflect changes in the DSM5)
**Sacred Pathways: The Brain’s role in Religious and Mystic Experiences**  
By Todd Murphy; Foreword by His Holiness The Dalai Lama and A. Persinger; 2015

**NeuroTribes: The Legacy of Autism and the Future of Neurodiversity**  
By Steve Silberman (Penguin 2015); Winner of the 2015 Samuel Johnson Prize for non-fiction

**The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine’s Computer Age**  

**The Well-Tuned Brain: Neuroscience and the Life Well Lived**  
By Peter Whybrow (WW Norton & Company 2015)

**The Heart and the Bottle**  
By Oliver Jeffers (HarperCollins Publishers 2015)  
(Comment by Sophia Frangou: An unbelievably tender book that helps children understand death and loss; it is also available as an animated film read by Helena Bonham-Carter: [https://itunes.apple.com/gb/app/heart-bottle-for-ipad/id407795360?mt=8](https://itunes.apple.com/gb/app/heart-bottle-for-ipad/id407795360?mt=8))

**Gratitude**  
By Oliver Sachs (Knopf 2015)

**A Passion for Science: Stories of Discovery and Invention**  
By Suw Charman-Anderson (Editor) (Kindle ebook 2015)

**Furiously Happy: A Funny Book About Horrible Things**  
By Jenny Lawson (Flatiron Books 2015)

**Brain Renaissance: From Vesalius to Modern Neuroscience**  
By Marco Catani and Stefano Sandrone (Oxford University Press, 2015)

**Shrinks: The Untold Story of Psychiatry**  
By Jeffrey A. Lieberman and Ogi Ogas (Little, Brown and Company, 2015)

**The Future of the Brain: Essays by the World’s Leading Neuroscientists**  
By Gary Marcus and Jeremy Freeman (Princeton University Press, 2014)

**Drugs, Without the Hot Air**  
By David Nutt (UIT Cambridge, 2012)
Meeting Announcements

2017

European Psychiatric Association, 25th Congress, 1-4 April, Florence, Italy. Visit the congress website for details: http://www.epa-congress.org/

Society of Biological Psychiatry, 72nd Annual Scientific Meeting and Convention, May 18-20, Hilton San Diego, San Diego, CA, USA

American Psychiatric Association, 170th Annual Meeting May 20-24, San Diego, CA, USA

World Federation of Societies of Biological Psychiatry, 13th World Congress of Biological Psychiatry, 18-22 June, Copenhagen, Denmark. Visit the congress website for details: http://www.wfsbp-congress.org/welcome2017.html

International Congress of the Royal College of Psychiatrists, June 26-29, Edinburgh International Conference Centre, UK. Visit the congress website for details: http://www.rcpsych.ac.uk/congress

European College of Neuropsychopharmacology, 30th Congress, September 2-5, Paris, France, Visit the congress website for details: http://www.ecnp-congress.eu/

Canadian Psychiatric Association, 67th Annual Conference, 14 – 16 September, Shaw Centre, Ottawa, Canada. Visit the congress website for details: http://www.cpa-apc.org


American Academy of Child and Adolescent Psychiatry, 64th Annual Meeting, October 23-28, Marriott Wardman Park and Omni Shoreham Hotels, Washington, DC

Please feel free to submit information on meetings or teaching events you may be organising nationally or locally and which may be of interest to the Pan American Division members to panamericandivision@rcpsych.ac.uk