

LETTER TO THE EDITOR

COMMUNITY MENTAL HEALTH NEEDS PSYCHIATRISTS

Dear Sir,

Grob's masterly survey of community mental health in America (Community Mental Health Policy in America: Lessons Learned; Isr J Psychiatry 2016; 53: 6-13) put meat on the bones of the topic of deinstitutionalization of the mentally ill in the U.S.A. The main thrust of his article was the abrogation of community and political responsibility for the deinstitutionalized mentally ill. The consequence was their devolution to the streets, their re-carceration in prisons, and their passage between accident and emergency departments, short stay psychiatric facilities, and bare-bones community services. Grob added the detrimental role of ideology.

There is one other "player" that has had a significant impact in Australia, and which has doubtless played a part in the U.S.A., and could be playing a part in Israel. That is: the de-medicalization of psychiatric services across the

developed world is in inverse proportion to the attempt of psychiatry to medicalize its diagnoses and treatments. In Australia, governments sought not only to close psychiatric institutions but also to encourage family doctors, psychologists, non-governmental organizations (NGOs), and above all nurses and auxiliary professionals, to take charge. These groups now run mental health services. They are, in general, anti-medical, psychiatric model. Psychiatrists have become expendable. Thus, the failure of community psychiatry is in no small part due to a de-medicalization of management of the mentally ill. No amount of attention to the dependency needs of those suffering serious and chronic mental illness, including homelessness, poverty, stigma and social isolation, can compensate for inadequate psychiatric diagnosis and treatment. If psychiatry does not re-engage with its constituency, it will become absorbed into community health.

Dr. Paul Brown

The Pierre Janet Centre, 3/3 Anderson Street, Caulfield, VIC 3162, Australia

pierrejanetcentre@gmail.com

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