

Commentary

General psychiatry, still in no-man's land after all these years: commentary, Prakash

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Response

Martin Deahl's guest editorial 'General psychiatry, still in no-man's land after all these years' in a recent issue of *BJPsych*¹ serves as a catalyst for an essential dialogue in our field. As a psychiatrist deeply immersed in the mental hospital milieu, I find the discourse on the evolving terrain of mental healthcare both necessary and timely.

The rapid expansion of superspecialisation in psychiatry, although a testament to our field's advancements, should not eclipse the indispensable role of general psychiatry. It is in the generalist's breadth of understanding where the most nuanced and compassionate patient care often resides. This holistic approach becomes increasingly vital as we navigate the complex interplay of patient rights under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the defensive posture this has fostered in psychiatric practice.


Particularly noteworthy is the emerging defensive approach in treatments such as electroconvulsive therapy (ECT) and psychotropic medication. This shift, often propelled by rigorous human rights advocacy, has inadvertently introduced a layer of hesitancy in therapeutic decisions, affecting the bedrock of trust in the psychiatrist–patient relationship.²

Furthermore, the intricacies of team dynamics within mental healthcare cannot be overstated. The effective coordination among varied professionals is paramount, yet often marred by discordant communication and differing philosophies, leading to disjointed patient care.³

Equally pressing is the marginalisation of caregivers in mental health legislation, a gap that speaks volumes about our oversight in holistic care. Additionally, the role of the state in mental healthcare governance, amid this flux of evolving practices and ethics, poses profound questions about the future direction of our profession.⁴

In weaving these threads together, the tapestry of modern psychiatry emerges, complex and multifaceted. It calls for a reinvigorated commitment to general psychiatry, not as a relic of the past but as a cornerstone of comprehensive mental healthcare. As we stride forward, the challenge

lies in balancing the rigour of specialisation with the empathy and versatility inherent in general psychiatric practice.⁵

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Declaration of interest

None.

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