1: Alternatives Beyond Psychiatry â€" MFIPortal

*Boards and Beyond: Psychiatry: A Companion Book to the Boards and Beyond Website [Jason Ryan MD] on www.enganchecubano.com *FREE* shipping on qualifying offers. Black and white reproductions of all slides used in the Boards and Beyond psychiatry video modules at www.enganchecubano.com Enhance your learning and retention by taking notes as you watch.*

Causation and Causal Explanation in Psychiatryâ€"Beyond Scientism and Skepticism Since psychiatry firmly established itself as a scientific discipline, it has been propelled forward by the hope that the different diagnostic categories distinguished in clinical practice, will turn out to correspond to unique underlying causes. However, so far there is little evidence that disorders such as major depression or schizophrenia can be traced back to relatively simple, common causal trajectories. Rather, the etiology of almost all mental disorders seems to be complex and multifactorial and to span different levels of explanation, ranging from epi genetic, neurobiological to psychological, and social levels. Clinicians, broadly speaking, tend to be skeptical about the prospects of causal modeling in psychiatry, whereas scientists tend to cling to a scientistic and sometimes also reductionistic view on mental disorder. Psychiatry needs to find a way beyond skepticism and scientism, and this requires new methods and new conceptual approaches that enable us to gain a better insight into the complexity of the causal processes leading to mental disorders. This Research Topic discusses novel theoretical and empirical strategies addressing causation and causal explanation in psychiatry, in the context of a broader discussion of what science can and cannot contribute to the definition of mental disorder. Are traditional nomological theories of causation the best framework for thinking about causation in psychiatry, or should we look at alternatives such as mechanism-based, interventionist, or pluralist theories of causation? How to integrate different levels of explanation in etiological models of mental disorder? Also, they show what happens to these conclusions if we adopt different views of the relation between mental states and brain states. Gijsbers reviews recent debates about the unity of science and explanatory pluralism, focusing on the tension between the integrative and the isolationist perspective: He argues that an important question is whether two true explanations of the same fact can ever fail to be combinable into one single explanation and shows that this can be the case when explanations have incompatible counterfactual consequences. He thus concludes that although interdisciplinarity may have many advantages, we should not take the project of integration too far. According to Hutto , philosophy of psychiatry faces a tough choice between two competing ways of understanding mental disorders. Opposing this, the scientific image SI view holds that our understanding of mental disorders must come from the mind sciences. This paper rejects both the FP view in its pure form and the SI view, in its popular cognitivist renderings. It concludes that a more liberal version of SI can accommodate what is best in both views and provide a sound philosophical basis for a future psychiatry. Thornton focuses on the idea that psychiatry contains, in principle, a series of levels of explanationâ€"an idea that has been criticized as presupposing a discredited pre-Humean view of causation. Van Riel starts from the common assumption that social environment and cultural formation shape mental disorders. The details of this claim are, however, not well understood. His paper takes a look at the claim that culture has an impact on psychiatry from the perspective of metaphysics and the philosophy of science. Its aim is to offer, in a general fashion, partial explications of some significant versions of the thesis that culture and social environment shape mental disorders and to highlight some of the consequences social constructionism about psychiatry has for psychiatric explanation. Stein and Illes discuss the emergent field of global mental health, which has paid particular attention to upstream causal factors, for example, poverty, inequality, and gender discrimination in the pathogenesis of mental disorders. However, this field has also been criticized for relying erroneously on Western paradigms of mental illness. The authors argue that it is important to steer a path between scientism disorders as essential categories and skepticism disorders as mere social constructions and propose an integrative model that emphasizes the contribution of a broad range of causal mechanisms and the consequent importance of broad spectrum approaches to intervention. Young presents a hybrid top-down, bottom-up model of the relationship between symptoms and mental disorder, viewing symptom expression

and their causal complex as a reciprocally dynamic system with multiple levels, from lower-order symptoms in interaction to higher-order constructs affecting them. He concludes that symptoms vary over several dimensions, including: Bechtel reviews some of the compelling evidence of disrupted circadian rhythms in individuals with mood disorders major depressive disorder, seasonal affective disorder, and bipolar disorder. While the evidence is suggestive of an etiological role for altered circadian rhythms in mood disorders, it is compatible with other explanations. In light of this, the paper advances a proposal as to what evidence would be needed to establish a direct causal link between disruption of circadian rhythms and mood disorders. Conflict of Interest Statement The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. The use, distribution or reproduction in other forums is permitted, provided the original author s or licensor are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

2: Sexual assault, psychiatric assault and the patriarchy â€“ Everything Matters: Beyond Meds

A series of editorials in this Journal have argued that psychiatry is in the midst of a crisis. The various solutions proposed would all involve a strengthening of psychiatry's identity as essentially 'applied neuroscience'.

Added to Your Shopping Cart Add to cart Description Religion and spirituality is very much alive and shapes the cultural values and aspirations of psychiatrist and patient alike, as does the choice of not identifying with a particular faith. Patients bring their beliefs and convictions into the doctor-patient relationship. The challenge for mental health professionals, whatever their own world view, is to develop and refine their vocabularies such that they truly understand what is communicated to them by their patients. Religion and Psychiatry provides psychiatrists with a framework for this understanding and highlights the importance of religion and spirituality in mental well-being. This book aims to inform and explain, as well as to be thought provoking and even controversial. Patiently and thoroughly, the authors consider why and how, when and where religion and spirituality are at stake in the life of psychiatric patients. The interface between psychiatry and religion is explored at different levels, varying from daily clinical practice to conceptual fieldwork. The book covers phenomenology, epidemiology, research data, explanatory models and theories. It also reviews the development of DSM V and its awareness of the importance of religion and spirituality in mental health. What can religious traditions learn from each other to assist the patient? Religion and Psychiatry discusses this, as well as the neurological basis of religious experiences. It describes training programmes that successfully incorporate aspects of religion and demonstrates how different religious and spiritual traditions can be brought together to improve psychiatric training and daily practice. Describes the relationship of the main world religions with psychiatry Considers training, policy and service delivery Provides powerful support for more effective partnerships between psychiatry and religion in day to day clinical care This is the first time that so many psychiatrists, psychologists and theologians from all parts of the world and from so many different religious and spiritual backgrounds have worked together to produce a book like this one. In that sense, it truly is a World Psychiatric Association publication. Religion and Psychiatry is recommended reading for residents in psychiatry, postgraduates in theology, psychology and psychology of religion, researchers in psychiatric epidemiology and trans-cultural psychiatry, as well as professionals in theology, psychiatry and psychology of religion About the Author Peter J. In he was registered as a psychiatrist. He is a practicing psychiatrist and theologian, group psychotherapist and supervisor of the Dutch Association for Group Dynamics and Group Psychotherapy. He established the first department of biological psychiatry in Europe Groningen and became the first European Professor of Biological Psychiatry in He is well known for his extensive research on the biological determinants of depression and depressive symptoms for which he was decorated many times. He is author, alone or in collaboration, of 53 books and of chapters in monographs by other authors. He has published more than papers in scientific journals and has presented more than 1, papers and communications in scientific meetings. During his period as President and Dean of the Royal College of Psychiatrists, he encouraged greater emphasis on international mental health, and the bridging of arts and science. He has a longstanding interest in the relationship between religion, spirituality and mental health, and was the lead editor of a book based on the work of Paul Tournier. He co-authored Modern Management of Perinatal Mental Disorder, and has published widely in perinatal mental health and transcultural psychiatry. Driss Moussaoui has published or edited 10 books and hundreds of papers in international journals.

3: Beyond Psychiatry, where the mental health debate needs to be â€“ News and Views

In , the British Journal of Psychiatry carried a pivotal paper from the network entitled Psychiatry, Beyond the Current Paradigm. Dr. Pat Bracken, an Irish psychiatrist then based in the UK, was one of 29 mental health professionals who put their name to it.

Those involved in the network have, over the years produced countless books and academic papers chronicling what they believe has gone wrong within their own profession. For example, the DSM-5 will allow clinicians to label a child with temper tantrums as having disruptive mood dysregulation disorder, and overeating can now be called binge eating disorder, to name a few. Printed article begins here: Others just know there has to be a better way. Some want psychiatry dismantled, others believe it can be a part of the way forward, but only if it embraces new ways of thinking, and places people and their individual experiences before longstanding medical views of distress. The latest in a growing canon of books, blogs, research papers, lectures, and conferences railing against the mainstream is The Depression Delusion, Volume One, the Myth of the Chemical Brain Imbalance, a book by Limerick-based doctor and psychotherapist Terry Lynch. Set for release in September, it chronicles how the notion that a chemical imbalance in the brain is responsible for depression was started by pharmaceutical companies to market their pills, but was adopted widely by the psychiatric community. Lynch, who has sat on several government-appointed mental health advisory groups, writes that psychiatry is unique in medicine in that none of its diagnoses have any scientifically established biology or pathology. Numbing is one of their more common effects. Patients on them walk a tightrope as to whether this emotional effect is going to be beneficial or disastrous. But they are not going to help everyone and should be part of a treatment package that includes talking therapies and other forms of support. An Irish Examiner investigation earlier this year found that almost 2. These figures only take the top five most frequently prescribed anti-depressants and anti-anxiety drugs under the General Medical Services GMS into consideration. Harry Gijbels, a lecturer of post-graduate psychiatric nursing at UCC, and Lydia Sapouna, a social work lecturer at UCC, in founded the Critical Voices Network of Ireland CVNI , a grassroots movement that aims to redress the balance between patients and practitioners, and give a voice to people who have been silenced. We have seen no change in the services. The idea emerged in mental health in the s and grew from the publication of personal stories and research studies that showed people diagnosed with severe mental health problems could recover and lead meaningful lives. The recovery ethos requires new knowledge, skills and approach and is seen as a challenge to professionals working within traditional services, according to Mental Health Reform. All, he says, were told they had a chemical brain imbalance that needed long-term treatment with medication. In each of the cases, the person either never took the medications in the first place, or came off them during the course of his work with them. It seems that while we are comfortable working with individuals and organisations who accept the medical framing of mental problems, we are less willing to contemplate working with critical service users. For any of this to happen, political will is needed. The cost of having an IMG â€” there were six, from to â€” is negligible as experts appointed, such as Terry Lynch and John Hillery, do not get paid. Psychiatry should have an input but should not be controlling it.

4: Peter Stastny / Peter Lehmann (Eds.): Alternatives Beyond Psychiatry

The fascinating, diverse, readable, jargon-free essays in this splendid book, some by eminent professionals and some in the voices of patients, told me more about the human experience and the state of psychiatry today than the excellent year's fellowship I took at a prestigious psychiatric institution.

The book highlights alternatives beyond psychiatry, current possibilities for self-help for individuals experiencing madness, and strategies toward implementing humane treatment. These are some of the questions, which are addressed by the authours: What helps me if I go mad? How can I find trustworthy help for a relative or a friend in need? How can I protect myself from coercive treatment? As a family member or friend, how can I help? What should I do if I can no longer bear to work in the mental health field? What are the alternatives to psychiatry? How can I get involved in creating alternatives? Assuming psychiatry would be abolished, what do you propose instead? About the Editors Peter Stastny right was born in Vienna, Austria, where he graduated from medical school in Since , he has been working and residing in New York City. Taught at the Albert Einstein College of Medicine in the Bronx until and has conducted several publically funded research projects in the area of vocational rehabilitation, social support and self-help, in collaboration with individuals who had survived personal crises and psychiatric interventions. Stastny is working on the development of alternative services that obviate psychiatric intervention and offer autonomous paths towards recovery and full integration. These activities have engendered a close collaboration with the user-survivor movement, as manifested by joint research projects, publications, service demonstrations, and community work. More about Peter Stastny Peter Lehmann left. Born in Calw, Black Forest Germany. In , awarded with an Honorary Doctorate in acknowledgement of "exceptional scientific and humanitarian contribution to the rights of the people with psychiatric experience" by the School of Psychology of the Aristotle University of Thessaloniki, Greece, Faculty of Philosophy. English publications include, " Coming off Psychiatric Drugs: More about Peter Lehmann.

5: Revolution In Psychiatry: Butterfly Effect; Beyond Psychiatry And Against Stigma |

The book highlights alternatives beyond psychiatry, current possibilities of self-help for individuals experiencing madness, and strategies toward implementing humane The book highlights alternatives beyond psychiatry, current possibilities of self-help for individuals experiencing madness, and strategies toward implementing humane treatment.

6: Review: "Alternatives Beyond Psychiatry" reviewed by Mary Maddock â€” MFIPortal

Beyond Psychiatric Nursing. likes. This is a page dedicated to providing information about Mental health and Psychiatric Nursing Care.

7: Everything Matters: Beyond Meds â€" Beyond Meds

Public attention has been focused on the medical management of pain, patterns of opioid prescriptions, and use of heroin and fentanyl. But the opioid crisis is, in fact, part of a far larger drug epidemic.

8: Alternatives Beyond Psychiatry by Peter Stastny

Similarly, when religious beliefs become extreme, as sometimes happens in persons with acute bipolar mania, the unusual verbal output is regarded as a variant of religious exuberance rather than a psychiatric condition, which may delay medical treatment.

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