Correspondence

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Letter to the Editor

The wellness era: has it been good or bad for psychiatry?

The surge of wellness and recovery concepts has increased focus on psychiatry over the last few decades. An epidemic of psychiatric referrals has resulted, for ill-defined reasons, with the sudden rise in the incidence of mental health difficulties. The bottleneck for treatment is already a cause for concern, and the emerging era of wellness is poised to highlight the heedless resource allocation in the sole sector of the healthcare system equipped for its treatment.

Social acceptance of mental health is reminiscent of the human immunodeficiency virus pandemic of the 1980's. Little was understood about the disease initially, it was met with fear, aversion and widespread stigmatisation (Kontomanolis *et al*. 2017). Fortunately, newly widespread focus on wellness has effected change in the public perception of mental health disorders.

Change is good. Change reforms societal norms and is a fundamental step towards acceptance. But this change has also brought the field of psychiatry into the spotlight as the need for professional treatment is ballooning at a rate that the workforce is ill equipped to handle.

The media is fraught with stories of suicide and self-harm, focussed solely on the fact that the individual remained on a waiting list for professional help, highlighting seeming inefficiencies in dealing with severe mental health disorders. However, little consideration is given to the inherent lack of predictive power unique to the field of psychiatry in terms of progression to these more severe states (Chan *et al*. 2016). Often overlooked are the various studies in other medical specialties that have demonstrated a significant increase in patient mortality as the time to treatment lengthens (Malaisrie *et al*. 2014; Colais *et al*. 2015). This issue is not unique; it is merely the unfortunate by-product of an oversaturated healthcare system. Moreover, the idea that psychiatrists must prioritise the severe patient portends the development of an end-stage system that is ineffective in treating the underlying cause (Rose, 2001). Those with the greatest chance of progression, the mildly severe and the young, require a definitive balance of resources and should be prioritised to have the greatest overall impact on the population (Demyttenaere *et al*. 2004). The wellness boom has brought about several misconceptions that have unfairly implicated psychiatry as the field in immediate need of intervention, and in this sense the wellness era has been bad for psychiatry. As the wellness era continues to erode the mental health stigma, care must be given not to stigmatise a profession in the process.

The wellness era movement is poised to evoke systemic change, however pressure should be placed not on increasing the number of psychiatrists but on the development of societal services aimed at objectifying this simple idea: it is okay to chat about how you feel outside of a clinical setting. It has been shown that patient education and group counselling can be more effective than drug treatment and physician intervention (Gutschall *et al*. 2009). We must take advantage of this apparent paradox and find solace in the idea that as society continues to realise the ubiquity of mental health disorders, we will become better equipped at recognising and being able to provide aid to those in desperate need of care. The wellness era, in this fashion, is good for the field of psychiatry as it is providing governmental pressure that is fundamental to the development of a more efficient management cascade. Where should the priorities lie? Where should funding be allocated? For these answers we must look for inspiration elsewhere.

Psychiatry is not the only specialty facing an exponential increase in patient presentation. The obesity epidemic, for example, has not caused the same stir in the field of endocrinology where the incidence of type II diabetes is escalating at an alarming rate (Cheng, 2005). The reason: an established infrastructure of secondary care and early intervention facilities, which are much easier to escalate than simply training more specialists. A diabetic patient does not require excessive specialist attention as the multi-disciplinary team of podiatrists, diabetes nurses, dieticians, ophthalmologists and general practitioners provide the requisite, individualised attention. In this model, the specialist can remain devoted to those in need of emergency care, and those that require more consistent monitoring to attenuate the progression to a more severe disease state. When time avails, routine check-ups with patients are not uncommon but it is the severely affected individuals that require and thus receive the greatest specialist attention.

Psychiatry can benefit from the adoption of a similar structural hierarchy. Increasing medical school admissions and residency positions is a cop-out strategy that does not address the issue at hand. It is a bandaid move to appease the masses that only acts to extend the issue another decade into the future. Change is needed and it

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is needed immediately. Specialised training for general practitioners to better recognise and manage mental health disorders is a logical first step towards alleviating the growing burden in psychiatric clinics. Coupled with increased funding for mediated group therapy, routine psychiatric nurse intervention and improved secondary care facilities, the standard of care for mental health will vastly improve.

The ever-present push to reduce the stigma associated with mental health is fortunately gaining momentum. The wellness era is upon us and it has consequently forced the field of psychiatry under the microscope. A specialty built behind closed doors befits assumptions and rhetoric due to a lack of understanding by the general population. It is a difficult time for psychiatrists, as with increased awareness comes increased blame when treatment is not readily available. However, the healthcare system is not immune to observation and as social pressure mounts resources must be prioritised to the specialties with the greatest demonstrated need. In this sense, the wellness era could catalyse a restructuring of the current hierarchy of management for psychiatric illnesses.

Conflict of interest

None.

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