

LETTERS

MENTAL ILLNESS TREATMENTS

Time to concentrate on human factors in mental illnessSami Timimi *consultant child and adolescent psychiatrist*

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Drug companies losing interest in psychiatry is great news for psychiatry and mental health services but most of all for patients.¹ Other research funding sources may also recognise that a focus on the brain is not a credible, evidence based choice likely to contribute to better care for those who have mental distress. Drug companies have found mental health highly lucrative, with multibillion pound blockbuster drugs such as the misnamed (for marketing purposes) antidepressants and antipsychotics. Sooner or later it would become apparent that the evidence based cupboard was empty—that all of the drugs were of dubious effectiveness, had varying degrees of neurotoxicity, created abnormal mental states (which can be lifesaving for some at certain points in their distress) rather than corrected them, and were different from illicit drugs only through who provides them and how they are subsequently used rather than because of discoveries of some particular therapeutic potency.

In biological psychiatry a reliance on psychotropic drugs has encouraged some remarkable developments such as an increase

in the numbers and a worsening of the long term prognosis for those categorised as mentally ill,² and an increase in stigma that is associated with the model that mental illness is “an illness like any other illness.”³ Freed from the corrupting shackles of the pharmaceutical industry we can put money into better understanding the factors that have the biggest effects on outcome: social factors outside of treatment and the therapeutic relationship within treatment.⁴

Competing interests: None declared.

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- 2 Whitaker R. *Anatomy of an epidemic*. Crown, 2010.
- 3 Read J, Haslam N, Sayce L, Davies E. Prejudice and schizophrenia: a review of the ‘mental illness is an illness like any other’ approach. *Acta Psychiatr Scand* 2006;114:303-18.
- 4 Timimi S. Campaign to Abolish Psychiatric Diagnostic Systems such as ICD and DSM (CAPSID). 2011. Available at: www.criticalpsychiatry.net/?p=527.

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