

**Presidential Lecture**

 Sat. Sep 27, 2025 2:10 PM - 3:00 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:00 AM UTC  Session Room 1 (Main Hall A)

**[Presidential Lecture 2] Psychiatry in Crises**

Moderator: Suzanna Every-Palmer

[PL-2]

Psychiatry in Crises

\*Tsuyoshi Akiyama<sup>1</sup> (1. Rokubancho Mental Clinic (Japan))

---

## Presidential Lecture

 Sat. Sep 27, 2025 2:10 PM - 3:00 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:00 AM UTC  Session Room 1 (Main Hall A)

## [Presidential Lecture 2] Psychiatry in Crises

Moderator: Suzanna Every-Palmer

### [PL-2] Psychiatry in Crises

\*Tsuyoshi Akiyama<sup>1</sup> (1. Rokubancho Mental Clinic (Japan))

Keywords : Crises、Psychiatry、Dehumanization、Artificial Intelligence、Evolutionary Psychiatry

This lecture discusses the current inner and outer crises of psychiatry.

#### Inner Crises

First, the traditional diagnostic criteria are criticized for arbitrary boundaries between disorder and normality, heterogeneity of presentation within disorders, and instability of diagnosis. Comprehensive taxonomies are still not in practical use. Second, the study on patients' subjective lives is relevant as a scientific enterprise, but strikingly limited. Third, the provision of appropriate community care has long been debated. Fourth, the profound impact of artificial intelligence on mental health care is not sufficiently analyzed.

#### Outer crises

As outer crises, first, in dehumanization, people are seen as less than human and suffer violence, deprivation, and exclusion. Appropriate care and explicit research are badly needed. Second, we have learned that social determinants impact mental health, but lack an effective appeal to policymakers.

#### Is there a hope?

There can't be one simple answer. But first, evolutionary psychiatry illuminates evolved human biological design and contributes to the development of a more comprehensive and sane understanding of human mental health phenomena. Second, there is an awareness that the service users should be included in the decisions about the research to avoid wasting resources on investigating irrelevant research questions. Third, clinically, listening to patient preferences when making health care decisions is increasingly considered an essential element of practice. People are more willing to initiate and engage in treatments that match their preferences. Fourth, the balanced care model helps to overcome a false dichotomy between hospital and community care. Fifth, to provide care to many societies exposed to humanitarian and health emergencies, the WHO has released a series of scalable psychosocial interventions, including a low-intensity transdiagnostic psychosocial intervention. So, there is some hope. However, there seems to be little hope for the dehumanization tragedy, and the impact of artificial intelligence is not yet known.