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Editorial

Psychiatry at the Brink: Reclaiming Relevance in an Age of Global Instability

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Introduction

As the world faces multiple crises wars and conflicts, climate change, and increasing social and political polarization psychiatry as a discipline stands at a critical juncture. At the same time, the forthcoming revision of DSM-5-TR, in which the "S" shifts from *Statistical* to *Scientific*, reflects broader tensions within the field. Psychiatry is increasingly challenged by the anti-psychiatry movement, by new lines of investigation and intervention, and by societal debates around neurodivergence and the over-psychiatrization of normal human responses. Meanwhile, climate change, mass displacement within and across borders, protracted conflicts, economic precarity, and political instability are no longer background stressors. They are at the forefront of everyday pressures, reshaping emotional life, social bonds, and expectations about the future. In this context, psychiatry must confront an uncomfortable question: what does relevance mean when distress is structurally produced rather than individually generated? Importantly, many of these forces now move rapidly across national borders, amplifying their reach and impact.

Traditional psychiatric frameworks have largely assumed a relatively stable social world, within which symptoms emerge as deviations from an expected baseline of functioning (Torales et al., 2025a). This assumption becomes fragile when instability itself becomes the norm. For millions of people living under recurrent heatwaves, food insecurity, forced migration, or chronic exposure to violence, anxiety, hypervigilance, grief, and despair are not exceptional states. They are adaptive responses to a persistent threat. When psychiatry approaches such experiences solely through the lens of individual pathology, it risks misrecognizing intelligible suffering as disorder. This also suggests that the role of psychiatrists may need to evolve, including greater engagement as advocates for patients and carers—an evolution with important implications for training and professional identity.

The mental health consequences of climate change illustrate this epistemic tension with particular clarity. A growing body of evidence links rising ambient temperatures and extreme weather events to increased rates of anxiety, depression, post-traumatic stress disorder, and suicide (Hayes et al., 2018; Liu et al., 2021; Torales et al., 2025b). Beyond acute disasters, chronic environmental degradation fuels anticipatory distress, uncertainty, and loss of meaning, particularly among young people and climate-vulnerable communities (Hickman et al., 2021; Torales et al., 2026). These experiences challenge conventional diagnostic boundaries and raise the possibility that psychiatry is increasingly confronted not with maladaptive reactions, but with psychologically coherent responses to an objectively threatened future.

This is not a marginal issue. It compels psychiatry to reflect critically on its conceptual foundations. Diagnostic systems are designed to classify individual syndromes, not

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to account for collective, cumulative, and forward-looking forms of distress. The debate over whether constructs such as climate anxiety or ecological grief should be formally incorporated into diagnostic systems may miss a deeper point. The central problem may not be diagnostic insufficiency, but contextual blindness: the difficulty of integrating macro-level determinants into clinical understanding without relegating them to background noise.

In the past three years, geopsychiatry has emerged precisely from this sense of disquiet. Rather than treating geopolitical and environmental factors as distal influences, it conceptualizes them as active determinants of mental health (Javed & Persaud, 2024; Anantapong et al., 2024). Wars and conflicts, climate systems, and economic policies shaped by commercial and political determinants influence exposure to risk, access to resources, and the distribution of vulnerability. Crucially, their mental health consequences are uneven. Populations in low- and middle-income countries, migrants, Indigenous communities, and other socially marginalized groups bear a disproportionate burden (Sri et al., 2023). In this sense, distress is not randomly distributed; it is structured.

Yet clinical psychiatric practice often continues to individualize suffering that is socially produced. Displacement-related anxiety is framed as an anxiety disorder; despair linked to environmental collapse becomes depression; hypervigilance in violent settings is treated as pathology rather than adaptation. When structural harm is translated exclusively into individual diagnosis, psychiatry risks participating in a subtle depoliticization of suffering. Attention shifts from the conditions that generate distress to the individual who embodies it. As Kleinman, Das, and Lock (1997) argued, suffering that is socially generated demands social recognition; without it, clinical care risks becoming ethically incomplete. Of course, patients present as individuals with personal distress and individual psychopathology. However, clinicians may overlook the fact that outside the clinic and the ward, these individuals occupy social roles and carry responsibilities. To build effective and humane care, a broader picture must be considered—one that includes families, communities, cultures, and societies.

These considerations extend beyond theory into training and practice. Most psychiatric curricula remain heavily weighted toward intrapsychic and neurobiological models, with limited engagement with climate science, migration studies, political economy, or human rights. As a result, clinicians may feel ill-equipped to situate patients' distress within broader systems of risk and constraint. This gap becomes increasingly untenable as global instability intensifies. Understanding how heat affects cognition, how displacement reshapes identity, or how economic austerity correlates with suicide is no longer peripheral knowledge; it is central to contemporary psychiatric competence (Cianconi et al., 2021).

It is important to recognize that reclaiming relevance does not require abandoning individual-level care. Psychotherapy, psychopharmacology, and community-based interventions remain indispensable. The challenge is integration rather than replacement. Psychiatry must learn to operate simultaneously at multiple levels: alleviating individual suffering while acknowledging structural harm; treating symptoms while recognizing their origins; and offering care without obscuring responsibility. This requires epistemic humility and tolerance for complexity—qualities often undervalued in a discipline that seeks clarity and control.

Psychiatry has faced similar moments before, including responses to war, political abuses of psychiatry, and the historical shift from asylums to community-based care. What distinguishes the present moment, however, is its scale and apparent irreversibility. Climate change, mass displacement, and geopolitical fragmentation are not transient crises; they appear to be defining societal features for decades to come. If psychiatry responds by refining existing tools without questioning its underlying assumptions, it risks becoming increasingly disconnected from the realities shaping mental health.

Standing at this brink, psychiatry must decide what kind of discipline it wishes to be. One path leads toward technical sophistication applied to distress that is structurally generated and politically invisible, where personal experience is eclipsed by symptom-focused approaches. The other demands contextual intelligence, ethical clarity, and the courage to name forces that lie beyond the individual yet profoundly shape functioning. Reclaiming relevance, in this sense, is not about expanding diagnostic categories, but about expanding vision. Psychiatry must look beyond symptoms and confront the world that makes them necessary. If psychiatry is to remain relevant in an age of global instability, it must stop asking only what is wrong with individuals and begin asking what kind of world is making their suffering inevitable. This is where geopsychiatry comes into its own.

Conflict of Interest

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