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Editorial

Reimagining Psychiatry: Equity, Access, Recovery, and Mental Health Care in an Era of Polycrisis

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Mental health care is confronting a convergence of challenges that extend far beyond the diagnosis and treatment of individual psychiatric disorders. Persistent inequities in access to care, prolonged waiting times, workforce limitations, social marginalization, geopolitical instability, forced migration, climate change, and the continuing burden of stigma are reshaping the context in which psychiatry is practiced. At the same time, contemporary mental health care is increasingly expected to be accessible, person-centred, culturally responsive, evidence-based, and capable of addressing needs across the lifespan. Taken together, recent evidence suggests that psychiatry must broaden its perspective from treating illness to transforming the systems and social environments in which mental health is experienced.

Equity remains one of the most fundamental challenges. Despite growing recognition of mental health as an essential component of health, access to appropriate services remains profoundly unequal. These disparities are not simply the result of insufficient clinical resources; they are embedded in social, economic, and political structures. People experiencing poverty, discrimination, migration-related insecurity, or marginalization may encounter multiple barriers before reaching appropriate care. Consequently, improving mental health equity requires more than expanding services. It demands policies that address structural disadvantage, protect human rights, promote culturally competent care, and actively challenge institutional bias. As emphasized by Kastrup (2026), achieving the World Health Organization's vision of "health for all" requires governments and health systems to accept responsibility for populations that have historically remained at the margins of society.[1] International professional organizations can contribute to this agenda, but sustained political commitment and international cooperation remain indispensable.

Access to timely psychiatric care represents another urgent concern. Conventional models frequently leave patients waiting weeks or months for specialist assessment, during which symptoms may deteriorate and individuals may turn to emergency departments or require hospitalization. The early experience of Nova Scotia Health's Rapid Access and Stabilization Program illustrates the potential of alternative service models. Within its first year, the program provided psychiatric consultations to 960 patients and substantially increased the number of primary-care-referred patients receiving psychiatric assessment. High levels of reported satisfaction further suggest that rapid-access models can improve both service capacity and patient experience.[2] These findings support the wider use of stepped and integrated models of care in which people receive

timely assessment and are directed toward interventions proportionate to the severity and complexity of their needs. However, rapid access should not be viewed merely as a mechanism for reducing waiting lists. It should form part of a broader strategy that includes adequate workforce capacity, continuity of care, early intervention, community services, and efficient coordination across sectors.

Workforce development is particularly important when considering mental health among children and young people. The growing complexity of emotional and psychological difficulties in educational settings requires collaboration across professional boundaries. Skenea and Honess (2026) demonstrate how educational psychologists can contribute to mental health support teams through systemic thinking, consultation, professional development, supervision, and the creation of bridges between schools, health services, families, and other agencies.[3] Such roles illustrate that effective mental health care cannot depend exclusively on psychiatrists or clinical psychologists. Diversifying the mental health workforce and recognizing the complementary expertise of educational, social, occupational, community, and other professionals may strengthen prevention and early intervention. Sustainable collaboration, however, requires clear responsibilities, appropriate funding, professional support, and recognition of the different pressures affecting each service.

At the same time, psychiatry must reconsider how it understands the causes and consequences of mental distress. The concept of a contemporary "polycrisis" draws attention to the interaction of armed conflict, climate change, forced migration, economic instability, political fragmentation, and widening inequality. These forces can produce direct psychological trauma while also influencing mental health indirectly through displacement, family separation, insecurity, poverty, legal uncertainty, and disruption of social networks. Bhugra et al. (2026) argue that these geopolitical determinants require greater attention within modern psychiatry and propose geopsychiatry as a framework for understanding how transnational political and institutional processes affect psychiatric vulnerability.[4] This perspective is particularly important because many of the forces shaping mental health lie beyond the boundaries of individual clinical encounters. Patient-centred care remains essential, but it cannot by itself compensate for unsafe environments, structural violence, social exclusion, or policies that intensify vulnerability.

Finally, the contemporary mental health agenda must place recovery and lived experience at its centre. Recovery should not be equated solely with symptom reduction. For many people, recovery involves rebuilding identity, developing meaningful roles, reconnecting with communities, exercising autonomy, and constructing a purposeful life. Fernández-Rodríguez et al. (2026) highlight the importance of life history, social participation, meaningful occupations, and personal identity in the recovery process.[5] Their findings reinforce the value of approaches that understand individuals within their biographies and everyday environments rather than primarily through diagnostic categories. Person-centred frameworks can therefore complement conventional clinical approaches by emphasizing strengths, aspirations, relationships, participation, and self-determination.

The challenges facing psychiatry are consequently interconnected. Inequitable societies create unequal exposure to psychological adversity; inadequate access delays treatment; fragmented services weaken continuity; insufficient workforce diversity limits responsiveness; and geopolitical crises increasingly generate mental health consequences across borders. Addressing these challenges requires psychiatry to become more outward-looking, interdisciplinary, and engaged with policy and society while retaining the therapeutic importance of the individual clinical relationship. The future of mental health care should therefore combine rapid and accessible services with prevention, community-based support, culturally responsive practice, workforce collaboration, and meaningful involvement of people with lived experience. Psychiatry has an opportunity not merely to adapt to a changing world, but to advocate for systems in which mental health is treated as a fundamental component of social justice, human dignity, and health for all.

Competing Interests

The authors declare no conflict of interest.

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