

A Brief Sketch of Psycho-ethical Status of Psychiatric Medications for Mental Health

Type: Short Communication

Received: March 01, 2025

Published: March 25, 2025

Citation:

Kumar Neeraj Sachdev, et al. "A Brief Sketch of Psycho-ethical Status of Psychiatric Medications for Mental Health". PriMera Scientific Surgical Research and Practice 5.4 (2025): 17-19.

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Human beings tend to experience or possess non-material and material objects in the world such as love and care or wealth and power. However, Aristotle contends that the well-being of a human being is to be appreciated in the human-centric fact that he has the distinct ability to exercise reason. If he manages to exercise his reason well then, he can realize his state of well-being as an objective state in the world. Such an objective state of well-being or being virtuous is the telos or purpose of being human and other objects in the world as mentioned above are subservient to this ultimate end of human life.

We go along with Aristotelian ethicists in maintaining that the well-being of a human being, in cultivation of virtues to avoid extremes in his actions and feelings, is dependent on many factors such as his psycho-physical health on the one hand and favorable socio-political conditions on the other. However, we should not forget Plato who meaningfully points out the hindrance to humans' aspiration for well-being as they naturally target pleasure or profit in their actions and feelings and in pursuit of such targets, they often experience conflict with each other or even in their own mental lives. With the result, they suffer from various health issues especially mental health issues.

Fortunately, in many instances of health issues humans do receive timely interventions of health professionals to help them regain physical and mental health. Alongside, however unfortunately with increasing commercialization of health services in the contemporary industrial world, we happen to notice some behavioral contradictions in the interventional practices of health professionals such as between psychiatrists and psychologists. They appear to work in isolation from each other.

Psychiatrists prescribe medications, which do not need any justification for benefits particularly when it comes to cure mental health disorders as these medications provide immediate and critical relief to patients all over the world. The relief is far ranging in cases from serious disorders like schizophrenia, personality disorders to milder disorders like depression, anxiety as psychiatric medications serve as a keystone in the diverse management of psychiatric conditions. Though these psychiatric medications play an important role in largely managing symptoms, they are not to be looked upon as a lifelong necessity because they do not serve the purpose of making the patient independent

mentally. We realize the significance of psychiatric medications for patients but at the same time factors influencing the decisions to reduce or discontinue their use for patients and the critical phase during mental health illness where psychological interventions can be included for long term mental health management ethically need to be taken into consideration.

The importance of psychiatric medications possibly begins with the first line of defense when mental health symptoms are out of control of the person involved, meaning he is not conscious or stable enough to manage and respond to the abnormalities. In such cases, medications like antipsychotics, antidepressants, mood stabilizers and anxiolytics help manage and regulate neurochemical imbalances, enabling the patient to regain functional stability. For example, selective serotonin reuptake inhibitors (SSRIs) have proven scientifically effective in treating major depressive disorders by enhancing serotonin levels in the brain.

It is well proven that medications can be lifesaving for patients in cases of acute psychiatric crises, such as psychotic episodes or suicidal ideations and on the other hand if they are used for the purpose of reducing the severity of symptoms that hinder a patient's ability to engage meaningfully in psychotherapy, thus creating a stable foundation for psychological interventions like Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT), etcetera.

Additionally, scientifically backed up research on biological components of many psychiatric disorders highlights the presence of genetic predispositions, structural brain abnormalities and neurochemical imbalances leading to mental health conditions. Psychiatric medications target these biological factors, providing a crucial element in a holistic treatment approach to patients.

However, recognizing the right time to discontinue psychiatric medications typically arises when the patient achieves sustained symptoms remission and stability. This often requires a minimum period of symptoms control, approximately a month to a year depending upon the diagnosis and individual differences in terms of self-determination and mental strength. It happens basically when the treatment goals such as improved mood, reduced anxiety, or cessation of psychotic symptoms are considerably met that psychiatrists may evaluate the potential for reducing the medications and eventually stop them for the well-being of patients.

The disturbing trend is that this is the book definition, making it look like a simple procedure to reduce or discontinue psychiatric medications, which hardly matches with the real-world medical practices. It is true that reducing or stopping of medicines not only depends on improvement in symptoms but the patient's will to get better without any medication support. Choosing this path is very difficult for patients in general as humans tend to seek pleasure and avoid pain thus leaving the patient vulnerable to get addicted to psychiatric medications because such medications enhance his mood without his sincere efforts. That is also why it is important to stop giving or taking psychiatric medications on a time best suited for the well-being of the patients.

Abruptly stopping psychiatric medications can trigger relapse or withdrawal symptoms. It is good for the patient to follow a structured tapering plan under psychiatric supervision, gradually reducing his doses to minimize adverse effects. He is well advised to remain under monitoring for symptom recurrence. It is important to note here that it is a complex process that needs collaborative inputs from the psychologist as well as the patient himself apart from the consulting psychiatrist. The reason being psychiatrist's decision needs to be tailored according to the individual's unique clinical history, diagnosis, and personal preferences.

At this stage, the role of psychologists - post-medication - first, in relapse prevention, mainly working with the patient on identifying early warning signs, developing coping mechanisms and creating crisis management plans to safeguard mental health, second in enhancing the self-efficacy of the patient by making him take control of his mental health through self-awareness, problem-solving skills and emotional regulation, assumes immense significance. The effective play of this role helps in long term resilience and reduces future reliance on medications.

The psychologists employ various therapies which are scientifically proven to equip patients with coping skills that address underlying emotional and cognitive patterns. For instance, Dialectical Behavioural Therapy (DBT) enhances emotional regulation and interpersonal effectiveness while Cognitive Behavioural Therapy helps the individuals recognize distorted thinking.

While medications work on the biological components of the mental illnesses, and manage symptoms present in the human body, some psychotherapies delve into root causes too as the illnesses seen today may be an outcome of an event that happened in the immediate or remote past or even childhood. In such cases, therapies like psychodynamic approach, trauma-focused therapy, schema therapy, etcetera work for the overall well-being of the patient concerned. Though these therapies are way more time consuming than therapies like CBT or DBT but are more effective in the long run and particularly when there are past roots connected to the illness.

It is true that when it comes to physical illnesses, usually patients can use the structured plan of health professionals in medications and care for themselves. The reason being, a human being's physical body is still easy to study especially with the help of technological advancements that are coming up. On the other side, the human brain is complex and the human mind is nearly impossible to study for medical purposes. Hence, more individualized care is needed in the field of mental care with a focus on individual differences in relation to reactions to medications, tolerance, and capability to leave medications for good on time. Though medications work in managing the symptoms but in the long run they can take away the patient's freedom to feel emotions on his own, to trust his own capability to deal with stressful situations and broadly his independence to breath freely in the sensory world.

We admit that psychiatric medications serve as vital tools in stabilizing mental health conditions, often acting as the first step toward recovery. However, they are most effective when they are integrated into a broader, holistic treatment plan that also includes psychotherapy. Recognizing when to move from medication reliance to psychological assistance requires careful consideration. Collaboration among healthcare providers for the long-term well-being of patients is of crucial importance. By embracing this integrated approach, patients can be helped to achieve not only symptoms relief but also deeper self-understanding and resilience, ultimately leading to their sustainable mental health much needed to cultivate virtues in living a life of well-being in the world. In fact, humans including health professionals and patients require each other's meaningful presence and support to attain well-being in their lives. If we do not help or cooperate with each other, we fail in our basic human duty to attain the telos of being human, that is to live a life of flourishing – a life of true well-being - in the world.