The problem about psychiatric research
By Suman Fernando. 03-01-1010

The main problem about psychiatric research in the field of ethnicity is that a complex field is being researched using telescopes that examine minutiae often determined by what researchers hope to find. In scientific terms, hard data which are useful in practice are very difficult to come by because the ways of research into ethnic issues are seriously flawed, essentially being too narrow-minded and reductionist. The fundamental problems of cross-cultural research, including the effect of racism in influencing judgements that go to make diagnoses, have not been addressed. Further, the tools used to measure 'culture', 'racism' etc. are far too narrow to yield useful information; in fact the 'information' that sometimes comes out when tools that are inappropriate to the task are used is misleading. Cross-cultural research today is often misdirected and misconceived – and generally far too timid (in being afraid to challenge vested interest) and unimaginative.

Practical problems inhibiting progress

There is a political issue about funding. There are bodies with strong vested interests (for example in perpetuating medical hegemony) that vet applications or indirectly influence what may be funded. A significant problem is that service user perceptions are excluded often by devious means, although their importance is frequently voiced. The need to research institutional racism is not being tackled, possibly again for political reasons, but also because professional bodies do not really want to face up to looking at their own practices. And most importantly, powerful systemic forces – for example for maintaining western biomedical psychiatry and so-called 'scientific' psychology – act through systems of control and power that are difficult to challenge; black and Asian people often get into a position of colluding with these powers too. Notwithstanding all this, I believe that research into issues of race and culture ('ethnic issues') in the mental health field is necessary. But the tools must change, the agenda needs to be clarified and service users must be incorporated as true participants.
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This article is based partly on chapter 4 in my book *Cultural Diversity, Mental Health and Psychiatry,* Hove and New York: Brunner-Routledge, 2003. Also I have drawn from parts of *Mental Health in a Multi-ethnic Society* second edition, edited by Suman Fernando & Frank Keating, London: Routledge, 2009. For references see bibliography in these books.