

Special article Ειδικό άρθρο

Advances and perspectives in mental health: Is psychiatry being stigmatized?

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The specialty of Psychiatry and the interdisciplinary work performed by psychiatrists in conjunction with other scientific and humanistic disciplines is being affected by some facts which lead to its stigmatization. There are both internal and external risks that are affecting the profession. Among the internal ones we may mention the different diagnostic criteria used by psychiatrists and the differences between treatments – as there is a wide variety of treatment options. Besides, the practice of psychiatry may differ enormously, according to the perspective –biological, psychological, social, cultural, and so on– of each psychiatrist. The internal inconsistencies give rise to some of the external risks psychiatry and psychiatrists have to face: patients' discontent or even mistrust, the intrusion of other professions in the field of psychiatry and the negative image psychiatry has among the public. Just as it occurred in many other places before, the passing of a new mental health law in Argentina has proved to be an occasion for deep debate. The passing of this law has caused big controversy, especially among professional associations, private mental health services, NGOs which represent users and their families, trade unions which represent health workers, political and economic decision makers, etc. In Argentina, the debate of ideas has always been rich. Even when political parties were forbidden, there were discussions taking place among groups which supported psychoanalytic and psychodynamic approaches. There are many who demonize the developments made in the field of psychiatry and they also campaign against such developments. They catch the public's attention and they convince legislators, thus spreading the idea that psychiatry may be dangerous. As a consequence, for example, the new law gives similar status to psychiatrists and psychologists when it states that the decision to confine a patient into hospital "should be signed by two professionals, one of whom should be either a psychologist or a psychiatrist". We all know that psychologists play a very important role in mental health care, but the medical training of psychiatrists will surely enable them to make very complex medical decisions such as the decision to confine a patient into hospital. Some other aspects to be mentioned about this law are that no reference is made to outpatient services, although they are of utmost importance in everyday practice, and that there is a bureaucratization of hospitaliza-

tion. Such decision is no longer made by a professional, as a means to achieve the best treatment possible, but by a judge, who is expected to know what is best for the patient. However, there are basic contents in this law which are definitely positive: it defends patients' rights; it promotes interdisciplinary team work; it recommends deinstitutionalization, community services and, if necessary, inpatient services in general hospitals. However, there are many doubts as regards the way this will be put into practice. In most countries psychiatry is also threatened by a shortage of psychiatrists. In Argentina, the number of medical students who choose this branch of medicine as their specialty has declined the past twenty years, while the number of prospective psychologists has soared in the meantime. These are some of the reasons why many believe that psychiatry is being discredited. In this scenario, where there are both internal and external risks for psychiatry, our main professional interest is based on improving our patients' quality of life, which obviously includes their mental health. In order to achieve the best results we should avoid militant attitudes and the ideologization of reality, and be as creative as possible looking for the best way to do so.

Key words: mental health, stigma, advances, perspectives

In spite of the during many advances there have been in psychiatry in the past decades, the specialty is now facing a paradoxical situation: we find that psychiatry – namely the interdisciplinary work performed by psychiatrists in conjunction with other scientific and humanistic disciplines, other medical specialties and the mental health sphere– is being affected by some facts which lead to its stigmatization. As H. Katschnig mentioned in the forum "Are Psychiatrists an Endangered Species?",¹ I believe there are both internal and external risks that are affecting the profession. Among the internal ones we can mention the different diagnostic criteria used by psychiatrists –which may make patients doubt about their condition, and the differences between treatments –as there is a wide variety of treatment options. On top, many psychiatrists may feel that they do not know enough about medications, as many might suspect the information received about them is biased. Besides, the practice of psychiatry may differ enormously according to the perspective –biological, psychological, social, cultural, and so on– of each psychiatrist. This may occur due to the fact that individual psychiatrists work in a limited setting and have specific experience on a limited number of cases, so each psychiatrist comes to specific conclusions about his/her field of knowledge, and contrasting ideas may arise. These internal inconsistencies give rise to some of the external risks psychiatry and psychiatrists have to face: patients' discontent or even mistrust, the intrusion of other professions in

the field of psychiatry and the negative image psychiatry has among the public.

However, there are some psychiatrists who believe there should be only one psychiatry, although there may be different branches –due to super-specialization– and that this is a psychiatry which is based on the person. It seems that a holistic understanding of the patient has become a need: they are people who suffer from disorders with biological, psychological, social, cultural and spiritual implications, but all these aspects concern a specific person and it is from this perspective that psychiatry and mental health professionals have to treat their patients: as a unique singularity in its own context.

Just as it has occurred in many other places before, the passing of a new mental health law in Argentina has proved to be an occasion for deep debate. What was supposed to be good news, as –apparently– we are all in favour of legislation which defends the rights of the patients and guarantees the necessary funds to care for people's mental health in community services, turned out to be an upheaval. To begin with, we all know that setting and time have always been fundamental aspects that affect all our actions. And these elements have played an important role in the passing of this law, as this is a particularly critical political time in Argentina, in which reaching consensus on any subject has proved to be almost impossible, especially due to the example set by the governing party, which works with the binary

logic of good/bad. In this climate, and this being an electoral year (presidential and general elections will take place in October), everything said or written at present unavoidably involves us in such fight, even though we are interested in mental health and not in politics. "A further common mistake is linking inappropriately the reform of mental health care with narrow ideological or party political interests. This tends to lead to instability, as a change of government may reverse the policies of their predecessors. Such fault lines of division or fragmentation may also occur, for example, between service reforms proposed by psychologists and psychiatrists, or even socially and biologically oriented psychiatrists, or between clinicians and service user/ consumer groups. Whatever the particular points of schism, such conflicts weaken the chance that service reforms will be comprehensive, systemic and sustainable, and they also run the risk that policy makers will refuse to adopt proposals that are not fully endorsed by the whole mental health sector."²

Consequently, the passing of this law has caused big controversy, especially among professional associations, private mental health services, NGOs which represent users and their families, trade unions which represent health workers, political and economic decision makers, etc.

Historically, the debate of ideas has always been rich in my country. Even when political parties were forbidden, there were discussions taking place among groups which supported psychoanalytic and psychodynamic approaches. In the 50s, 60s and 70s, many supported the anti-psychiatric movement under the leadership of Cooper and Lain, Bassaglia, Castell, etc., as well as the contributions of Tusquet, etc. However, there are many who have learnt that going to extremes leads nowhere; in fact, tolerance in face of differences and the search for consensus is what enriches any discussion.

Unfortunately, not every one has learnt this lesson. As sketched in the introduction, there are many who still demonize all the developments made in the field of psychiatry. And they also campaign against such developments. They catch the public's attention and they convince legislators, thus spreading the idea that psychiatry may be dangerous. As a consequence, for example, the new law gives similar sta-

tus to psychiatrists and psychologists when it states that the decision to confine a patient into hospital "should be signed by two professionals, one of whom should be either a psychologist or a psychiatrist". We all know that psychologists play a very important role in mental health care, but the medical training of psychiatrists will surely enable them to make very complex medical decisions. Actually, the decision to confine someone necessarily is a medical intervention, in which there should be a differential diagnosis between an organic illness which affects behaviour (brain trauma, neoplasm, cardiovascular or endocrinological disorders, etc.) and functional mental disorders. And the same occurs when pharmacological treatments become necessary. Medication should be prescribed competently and responsibly in order to avoid as many side effects as possible. Such decisions, I insist, can only be made by a certified physician. Nick Craddock and Bridget Craddock have expressed it this way "Psychiatrists are medically trained. They are the members of a mental health team that have expertise in diagnosis and management of physical illness. They have training in the biological disciplines of physiology, biochemistry, anatomy, pathology and pharmacology. They have training in diagnostics. Given the importance of identifying the key issues as early as possible and setting the patient along the most appropriate therapeutic path, the psychiatrist is the specialist who can undertake/co-ordinate effectively the initial diagnostic assessment process and make appropriate diagnostic reviews if new information arises. The psychiatrist is uniquely placed to take account of physical illness, both as a contributor to the psychiatric picture (for example when thyroid dysfunction contributes to affective disturbance) or as a comorbid condition (such as recognizing heart disease co-occurring with depression) or as an adverse effect of psychiatric treatment (such as type 2 diabetes associated with treatment by antipsychotic medication). Finally, in addition to the psychiatrist's core medical skills, he/she has training in psychological and social issues. Thus, the psychiatrist is uniquely placed to take the "big picture" overview that includes the biological, psychological and social domains within the assessment."³ Unfortunately, in a way, this law does not consider interdisciplinary teams as a sum of different knowl-

edge; in fact, it erases the boundaries between professions, thus leading to confusion.

Some other aspects to be mentioned about this law are that no reference is made to outpatient services, although they are of utmost importance in everyday practice, and that there is a bureaucratization of hospitalization. Such decision is no longer made professionally by a, as a means to achieve the best treatment possible, but by a the judge's, who is expected to know what is best for the patient. Besides, the law creates a new supervising agency, which will supervise the judges' decisions, instead of appointing the Office of Public Prosecutor to perform this task, an office which already exists. Consequently, due to bureaucracy, there is little hope that this office will be created in the near future.

By definition, the passing of a good law is promising, as we expect to improve what we have. However, due to various circumstances, my country has seen laws that promised a lot, but they were never implemented. This necessarily results in high scepticism among the population. In fact, many of the biggest developments in psychiatry in our country were produced by people who had a clear view of what would be better for psychiatric patients, rather than by specific laws. For instance, Mauricio Goldenberg, an outstanding dynamic psychiatrist, managed to carry out many important reforms -such as the creation of psychiatric beds in general hospitals, the creation of outpatient services in the community, the training of psychiatrists by means of a residency training program, which was attended by many colleagues who then promoted mental health community services-without new laws being passed.

There are basic contents in this law which are definitely positive: it defends patients' rights; it promotes interdisciplinary team work; it recommends deinstitutionalization, community services and, if necessary, inpatient services in general hospitals. We all agree on this; however, there are many doubts as regards the way this will be put into practice. For example, closing psychiatric institutions is not enough; it is necessary to build new infrastructure for the treatment of patients, such as half way houses, day care centers and so on. This must necessarily be done before psychiatric facilities are closed, as discharged patients must be well supported under the new cir-

cumstances. However, this law does not say anything about the creation of these resources which are vital for social rehabilitation of such patients. Besides, the law says that it guarantees that the necessary funds will provide care in community services, but it does not specify where the money will come from, so it is difficult to believe that the money will be available. In fact, it is important to know that Argentina is made up by twenty-four provinces, each of which has its own constitution, laws, authorities, government etc., which must comply with the national constitution. Consequently, the central government may pass a law and recommend a certain course of action, but it cannot make it obligatory due to the federal nature of our political organization; it is the task of each province to adopt and implement it, and without specific funds it is not likely for the reform to take place.

These problems seem to be the natural consequence of the passing of a law for which no consensus was reached beforehand. Many actors were not involved in the writing of the law -professional associations, for example- so they feel it is difficult to accept a law which seems to be inspired by external realities rather than by local circumstances. All stakeholders should participate in the building of any consensus. Otherwise, there will always be people who will react to defend their own interests.

In most countries psychiatry is also threatened by a shortage of psychiatrists. For example, in Argentina the number of medical students who choose this branch of medicine as their specialty has declined during the past twenty years, while the number of prospective psychologists has soared.

These are some of the reasons why many believe that psychiatry is being discredited. In fact, Mario Maj, President of the World Psychiatry Association, has stated "Indeed, we and our profession are stigmatized in many countries of the world. This is certainly related to our difficulty to convey the new image of psychiatry: the image of an integrative discipline, which deals with a broad range of disorders, including some that are very common in the population, using interventions that are at least as effective as those available to most other branches of medicine. However, it would not be fair to state that psychiatry has just a problem with promoting

more successfully its new image. It has to be acknowledged that our profession also has a problem, in several contexts which vary from one country to another, with matching up to this new image in the reality of clinical practice, research and training.¹⁴ Thus, he places the solution within our reach: we have to show the public what the new psychiatry is, and live up to it. A WPA Task Force appointed to develop a guide on how to combat stigmatization of psychiatry and psychiatrists. "...recommended that national psychiatric societies establish links with other professional associations, with organizations of patients and their relatives and with the media, in order to approach the problems of stigma on a broad front. The Task Force also underlined the role that psychiatrists can play in the prevention of stigmatization of psychiatry, stressing the need to develop a respectful relationship with patients, to strictly observe ethical rules in the practice of psychiatry and to maintain professional competence."¹⁵

In this scenario, in which there are both internal and external risks for psychiatry, the question we should ask ourselves is: Are we providing patients with what they need? Is there any other way of helping them?

The answer to these questions should come from avoiding militant attitudes and the ideologization of reality. We should learn from past lessons –whether they are local or foreign– and, most important of all, focus on the people. In this line, the International Network for Person-centered Medicine (INPCM) has been a pioneer in the building of new bonds among different professions and advocacy groups to improve medical care.* The original initiative was born in 2005, focusing on "the whole person of the patient in context as the center and goal of clinical care and health promotion, at both individual and community levels. This involves the articulation of science and humanism to optimize attention to the ill and positive health aspects of the person. As care is basically a partnership experience, the program involves the integration of all relevant health and social services. Furthermore the program also involves advancing propitious public health policies."¹⁶

Let us always remember that our main professional interest is based on improving our patients' quality of life, which obviously includes their mental health. We have to be as creative as possible to find the best way to do so.

* Members of the International Network for Person-centered Medicine (INPCM)

- World Medical Association (WMA)
- World Organization of Family Doctors (WONCA)
- World Health Organization (WHO)
- International Alliance of Patients' Organizations (IAPO)
- International College of Surgeons
- International Council of Nurses (ICN)
- International Federation of Gynecology and Obstetrics (FIGO)
- International Federation of Social Workers (IFSW)
- International Federation on Aging
- International Pharmaceutical Federation (FIP)
- Council for International Organizations of Medical Sciences (CIOMS)
- Medical Women's International Association,
- World Federation for Mental Health (WFMH)
- World Federation of Neurology (WFN)
- World Association for Sexual Health (WAS)
- World Association for Dynamic Psychiatry (WADP)
- International Federation of Medical Students' Associations (IFMSA)
- World Federation for Medical Education (WFME)
- International Association of Medical Colleges (IAOMC)
- European Association for Communication in Health Care (EACH)
- European Federation of Associations of Families of People with Mental Illness (EUFAMI)
- Ambrosiana University
- University of Buckingham
- University of Geneva
- Hospitals of Geneva (HUG)
- Paul Tournier Association

Εξελίξεις και προοπτικές στην ψυχική υγεία. Υπάρχει προκατάληψη για την ψυχιατρική;

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Η ειδικότητα της Ψυχιατρικής και η διεπιστημονική εργασία που επιτελείται από τους ψυχιάτρους σε σύνδεση με τους υπόλοιπους επιστημονικούς και ανθρωπιστικούς κλάδους, επηρεάζονται από κάποια γεγονότα που έχουν ως αποτέλεσμα τον στιγματισμό τους. Υπάρχουν τόσο εσωτερικοί όσο και εξωτερικοί παράγοντες που επηρεάζουν το επάγγελμα. Ανάμεσα στους εσωτερικούς παράγοντες πρέπει να αναφερθούν τα διαφορετικά κριτήρια που χρησιμοποιούν οι ψυχιάτροι για τη διάγνωση των ψυχιατρικών νοσημάτων, καθώς και οι υπάρχουσες διαφορές στη θεραπευτική αντιμετώπισή τους. Επιπλέον, η ψυχιατρική πράξη μπορεί να διαφοροποιείται πολύ ανάλογα με τον βιολογικό, ψυχολογικό, πολιτισμικό ή κοινωνικό προσανατολισμό του ψυχιάτρου που εξετάζει την κάθε περίπτωση. Οι εσωτερικές αναντιστοιχίες πυροδοτούν τους εξωτερικούς κινδύνους που αντιμετωπίζουν τόσο οι ψυχιάτροι όσο και η ψυχιατρική: την αμφισβήτηση και την έλλειψη εμπιστοσύνης των ασθενών, τη διείσδυση άλλων κλάδων στον χώρο της Ψυχιατρικής και την αρνητική εικόνα που έχει η κοινή γνώμη για την Ψυχιατρική. Στην Αργεντινή, όπως και σε πολλά άλλα μέρη του κόσμου στο παρελθόν, η ψήφιση του νέου νόμου για την ψυχική υγεία έγινε η αφορμή για σοβαρές συζητήσεις και έντονο προβληματισμό. Η συζήτηση του νόμου δημιούργησε πολλές διχογνωμίες και αντίθετες τοποθετήσεις ανάμεσα στις επαγγελματικές εταιρείες, τον ιδιωτικό τομέα παροχής υπηρεσιών, τις ενώσεις που αντιπροσωπεύουν τους χρήστες και τις οικογένειές τους, τα σωματεία των εργαζομένων στο τομέα της υγείας, τα πολιτικά και οικονομικά κέντρα αποφάσεων και ούτω καθεξής. Στην Αργεντινή ο ιδεολογικός προβληματισμός και οι συζητήσεις ήταν πάντα πλούσια. Ακόμη και την περίοδο της απαγόρευσης των πολιτικών κομμάτων, υπήρχαν συζητήσεις ανάμεσα σε ομάδες που υποστήριζαν τις ψυχαναλυτικές και ψυχοδυναμικές απόψεις. Υπάρχουν πολλοί που δαιμονοποιούν τις εξελίξεις και την πρόοδο της Ψυχιατρικής και πρωτοστατούν εναντίον αυτών των εξελίξεων. Καταφέρνουν να παρασύρουν την κοινή γνώμη και πείθουν τους νομοθέτες διαδίδοντας την άποψη ότι η Ψυχιατρική μπορεί να είναι επικίνδυνη. Ως συνέπεια, ο νέος νόμος τοποθετεί στο ίδιο επίπεδο τους ψυχιάτρους και τους ψυχολόγους όταν αναφέρει πως η απόφαση για νοσηλεία ενός ασθενούς «πρέπει να υπογραφεί από δύο επαγγελματίες, εκ των οποίων ο ένας πρέπει να είναι είτε ψυχίατρος είτε ψυχολόγος». Όλοι γνωρίζουμε ότι οι ψυχολόγοι έχουν έναν πολύ σημαντικό ρόλο στη φροντίδα της ψυχικής υγείας, αλλά μόνο η ιατρική εκπαίδευση των ψυχιάτρων μπορεί να διασφαλίσει τη λήψη σύνθετων ιατρικών αποφάσεων, όπως για παράδειγμα την ανάγκη νοσηλείας ενός ασθενούς στο νοσοκομείο. Άλλες πλευρές αυτού του νόμου που αξίζει να αναφερθούν είναι η απουσία αναφοράς σε εξωνοσοκομειακές υπηρεσίες, παρόλη τη σπουδαιότητα που έχουν στην καθημερινή πρακτική και τη γραφειοκρατία που υπάρχει στη νοσοκομειακή φροντίδα. Αυτές οι αποφάσεις δεν βαραινουν πλέον τον επαγγελματία στο πλαίσιο της βέλτιστης άσκησης του επαγγέλματός του, αλλά τον δικαστή ο οποίος καλείται να γνωρίζει τι είναι το καλύτερο για τον ασθενή. Παρόλ' αυτά, υπάρχουν και θετικά σημεία: Υπερασπίζεται τα δικαιώματα των ασθενών, προωθεί τη διεπιστημονική ομαδική δουλειά, προτείνει την αποασυλοποίηση, τις κοινοτικές υπηρεσίες και, αν είναι απαραίτητο, τις ενδονοσοκομειακές υπηρεσίες στα Γενικά Νοσοκομεία. Υπάρχουν βέβαια πολλές αμφιβολίες σχετικά με τη δυνατότητα πραγματοποίησης αυτών των συστάσεων. Στις περισσότερες χώρες, η ψυχιατρική απειλείται, εκτός των άλλων και από τη μείωση του αριθμού των ψυχιάτρων. Στην Αργεντινή εκτός των άλλων, παρατηρείται μείωση του αριθμού των φοιτητών της Ιατρικής που επιλέγουν ως ειδικότητα την Ψυχιατρική τα τελευταία χρόνια, ενώ ο προβλεπόμενος αριθμός των ψυχολόγων έχει αυξηθεί. Αυτοί είναι κάποιοι από τους λόγους που αρκετοί πιστεύουν ότι έχουν οδηγήσει στην απα-

ξίωση της ψυχιατρικής. Σύμφωνα με αυτή την τοποθέτηση, κατά την οποία τόσο εσωτερικοί όσο και εξωτερικοί κίνδυνοι απειλούν την Ψυχιατρική, το δικό μας επαγγελματικό ενδιαφέρον οφείλει να είναι προσανατολισμένο στη βελτίωση της ποιότητας ζωής των ασθενών μας, η οποία προφανώς περιλαμβάνει και την ψυχική τους υγεία. Προκειμένου να επιτύχουμε καλύτερα αποτελέσματα, πρέπει να αποφεύγουμε τις πολεμικές συμπεριφορές καθώς και την ιδεολογικοποίηση της πραγματικότητας, και να είμαστε όσο πιο δημιουργικοί γίνεται προκειμένου να επιτύχουμε όσο καλύτερα γίνεται τον στόχο μας.

Λέξεις ευρητηρίου: Ψυχική υγεία, στίγμα, εξελίξεις, προοπτικές

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