

Psychosomatic Medicine 2005

Clinical Care & Education
Portugal

European Network on Psychosomatic Medicine

Berlin, 2005 July 8-9th

Psychosomatic Medicine 2005

1. Rationale
2. Portugal
 - Past
 - Present
 - Future
3. Identification of crucial points
 - Weaknesses accounting for ultra-stability
 - Strengths to reinforce in order to promote change
4. Debate suggestions
 - Lines of action/opportunities for lobbying at an European level

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Psychosomatic Medicine: theoretical context

- The road to specialization
 - The biomedical deterministic approach
- Increasing need for a holistic approach
 - Systems thinking:
The bio-psychosocial model (Engel, 1977)

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Psychosomatic Medicine in Portugal

- **Past**
 - Scarcely represented in Health Care
 - Mostly psychoanalytical oriented
 - Portuguese Psychosomatic Society (90s)
- Present
- Future
- Crucial characteristics

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Psychosomatic Medicine in Portugal

- Past
- Present
 - Assistance
 - Unrecognized as a clinical area of expertise
 - Clinical practice almost excluded from NHS (no facilities whatsoever)
 - Conceptual model adopted in an individual basis
 - Liaison-Psychiatry embodying mainstream “asylum type” intervention
 - Teaching and research
 - Idiosyncratically adopted to teach psychological and communicational skills to medical pre-graduates
 - Also adopted, eventually transvestite, in some Psychology Schools
 - Fruitful paradigm adopted in post-graduation studies
- Future
- Crucial characteristics

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Psychosomatic Medicine in Portugal

- Past
- Present
- Future
 - Transversal obstacles
 - Knowledge accumulation and need for specialized care
 - Pressure of pharmaceuticals economical power shielded behind recent developments in neurosciences and molecular biology
 - Psychotherapy felt as a menace and considered as exclusive
 - Case studies
- Crucial characteristics

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➤ Crucial characteristics

- **Weaknesses** (factors of morphostasis)
 1. Cultural, political and socio-economic context
 - System ultra-stability
 - “Least effort” principle
 - Tension regarding the concept
 - Theory and ethics neglect
 - Low political commitment
 - “Established interests”
 - Limited resources
 2. Organizational / institutional constrains
 - Critical relations between clinical teaching and assistance
 - Teaching exclusively in the highly specialized hospital environment
 - Need of action
 - There are no integrated teams in medico-surgical wards
 - **Psychologists** role **within the NHS** still is almost non-existent
- Strengths (factors of morphogenesis)

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➤ Crucial characteristics

- Weaknesses (factors of morphostasis)
- **Strengths** (factors of morphogenesis)
 1. Post-graduation
 - There is a multiplicity of professionals who have carried out their post-graduation studies within this framework
 - Mutual recognition of Continuing Medical Education (EACCME)
 2. Pre-graduation
 - There is also some pre-graduation psychosomatically oriented teaching within the discipline of Medical Psychology
 - This could prove to be an asset as a framework to C-L in order to implement proper administrative models
 3. Unmet needs
 - There are multiple clinical areas willing of such support

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Possible lines of action

- **Debatable suggestions:**
opportunities for lobbying at an European level
 1. European Network on Psychosomatic Medicine
 - Objectives and priorities
 2. European Transnational Study
 - Key Messages
 3. Common European Curriculum in Bio-psychosocial Medicine
 - European Credit Transfer and Accumulation System
 4. Community Support Framework
 - *European Social Fund and European Regional Development Fund*
[Operational Programs under the *National Development Plan*]
 5. Action Plan for equity in Mental Health across Europe

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Possible lines of action

1. European Network on Psychosomatic Medicine
 - **Objectives**
 - Enhance the value and visibility of Psychosomatic Medicine at European Level
 - Seek synergies and agree on strategies on European cooperation
 - Define priorities in the field
 - Develop European Psychosomatic Medicine policies
 - Stimulate relevant actions through various projects
 - **Priorities**

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Possible lines of action

1. European Network on Psychosomatic Medicine

- Objectives
- **Priorities**
 - Discuss priorities and propose activities (starting/ongoing)
 - Exchange experiences between countries (starting/ongoing)
 - Strengthen international collaboration (starting/ongoing)
 - Support actions toward Psychosomatic Medicine promotion
 - Support research and development
 - Plan and implement joint activities in the field

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Possible lines of action

2. European Transnational Study

- **Key Messages**
 - Unapparent/somatized anxiety and depression must be assumed as utterly important health hazards
 - Psychosomatic Medicine must be seen as indissociable from public health
 - National strategies need to be developed
 - Psychosomatic Medicine should be taken into account in all levels and sectors of health policies
 - Increasing cooperation can but result in added value
 - Psychosomatic Medicine must have its emphasis shifted away from mental disorders into enhanced health and health related quality of life

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Possible lines of action

4. *Community Support Framework*

- **National Development Plan** [Operational Programs]
 - EU Cohesion & Structural Funding
 - European Social Fund [Education and training]
 - European Regional Development Fund [infrastructure projects and local development initiatives]
 - Portugal 2004-2005: Health XXI (Berlin ES, 1999)
Strategic priorities:
 1. Promote health and prevent disease
 2. Improve access and quality of health care (70.6% of the funds)
 - 2.1. Hospital Referral Network
 - 2.5. Modernization and Humanization of Hospital Services
 3. Promote new partnerships and new actors in health

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Possible lines of action

- ### 5. Action Plan for equity in *Mental Health across Europe* [Helsinki Conference, Jan 2005]
- **Fellow Networks within EC**
 - European Network on Mental Health Policy (ENMHPO)
 - Mental Health Europe/Santé Mentale Europe
 - EuroHealthNet
 - European Network of Health Promoting Schools
 - **Projects that may prove of some interest**
 - Implementing Mental Health Promotion Action (IMHPA)
 - Mental Health Economics European Network (MHEEN)
 - Mental Health Information and Determinants for the European Level
 - Implementation of Mental Health Promotion and Prevention Policies and Strategies in EU Member States

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