


ENCONTRAR+SE **UPA**
Luzes Para Azulejar

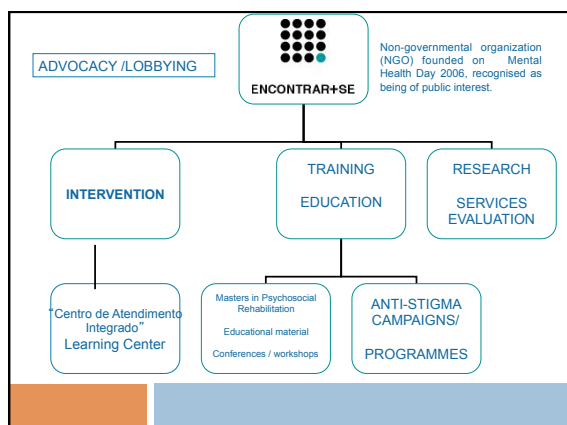

**PSYCHOSOCIAL REHABILITATION POLICIES IN PORTUGAL.
HOW LONG DOES IT TAKE TO
TRANSLATE A "PRIORITY" INTO PRACTICE ?**

Filipa Palha



What I will be talking about

- Brief presentation of ENCONTRAR+SE
- Portugal Mental Health: Political Issues
- Portuguese reality regarding Mental Health
- Psychosocial Rehabilitation: the role os NGO' s
- Present Challenges
- Final Reflections

UPA
Luzes Para Azulejar

LEVANTA-TE CONTRA A DISCRIMINAÇÃO DAS DOENÇAS MENTAIS. FAZ O DOWNLOAD DESTAS MÚSICAS EM WWW.ENCONTRARSE.PT



SOCIEDADE

Tirar doentes das instituições exige cuidado

Patti Franciosi, da Federação Mundial de Saúde Mental, assume a luta pela igualdade entre doença mental e física

Visit of Patti Franciosi, WFMH

- Portuguese Mental Health: Political Issues

Portuguese Mental Health: Political Issues

1963 ————— 2010
43 YEARS

Law nº 2118, 3rd April
The Portuguese Mental Health Law of 1963, very much influenced by the Mental Health Act promulgated by Kennedy in the USA, proposed a community-based model

1963 ————— 1994 — 1995
31 years

National Conference about Mental Health
 Constitution of the "Commission for the Study of Mental Health"

Since 1998, community care (vocational training, employment support, day centres and residential support) has been progressively developed through co-operation between health services, social services and NGOs.

1998

Joint Ruling 407/98
 Integration of social support and continuous health care for people suffering from mental and psychiatric disorders in situations of substantial dependency (physical, mental, social) in order to provide residential and occupational programmes, financed by social security.

Order 348A/98 (social firms, not specific for mental health)
 Ministry of Work and Solidarity defined the framework for recognition and granting of technical and financial support to promote integration within the context of social employment market; the Institute for Employment and Vocational Training sponsored active employment.

ASSEMBLEIA DA REPUBLICA
 Lei nº 36/98
 da Saúde Mental

The Mental Health Law 36/98, states [ONCE AGAIN, but very vaguely] a reference model that proposes a close articulation between hospital and community care... but it was mainly for compulsory treatment

1998

6 articles
 Disposições gerais

38 articles
 CAPÍTULO II
 Do internamento compulsivo

SECCÃO I
 Disposições gerais
 Artigo 6.º
 Âmbito de aplicação

1 - O presente regulado regula o internamento compulsivo dos portadores de doença psíquica.
 2 - O internamento voluntário não fica sujeito ao disposto neste capítulo, salvo quando um internado voluntariamente não voluntariamente se encontra na situação prevista nos artigos 12.º e 22.º

Artigo 46.º
 Gestão do património dos doentes

A gestão do património dos doentes mentais não é declarada incapaz e regulada por decreto-lei.

Artigo 47.º
 Serviços de saúde mental

A organização dos serviços de saúde mental é regulada por decreto-lei.

Dec.-Law n.º 8/2010, 28th January
 Creates a set of units and teams of integrated continuity care for mental health

2003 ————— 2010

Dec.-Law nº 281/2003, 8th November
 Continuity Care Network

In 2003 the first steps towards the restructuring of the primary health care network and constitution of the new Continued Care Network were taken.

2004 ————— 2010

WORST OUTCOMES IN MENTAL HEALTH. SITUATION EVEN WORSE!

"there are people at risk of being hospitalized due to the lack of alternatives to institutionalization"

"In the Portuguese National Health Plan for 2004-2010, it was assumed that :

MENTAL HEALTH CONSIDERED A PRIORITY

2001 WHO EUROPEAN MINISTERIAL CONFERENCE ON MENTAL HEALTH HELSINKI, FINLAND, 12-15 JANUARY 2005

2005 Green paper "Improving the mental health of the population: Towards a strategy on mental health for the European Union"

GLOBAL BURDEN D.

2005 Mental health: Facing the challenges, building solutions

"Portugal has actively contributed to the preparation of the Green Paper for Mental Health in the EU and the Helsinki Conference, having signed and endorsed the WHO Statement and the Action Plan for Mental Health in Europe"

2006 Establishment of the new National Commission for Mental Health (NCMH) with one main goal: - To evaluate Portuguese Mental Health Situation, and based on that propose a Mental Health Plan

Commitment to prevention and promotion

In Portugal, although policy or practice guidelines on mental health promotion or mental disorder prevention have not been developed yet, they are now in preparation.

Mental health does not seem to be a high priority in Portugal as evidenced by the number of references to it in speeches and policy documents by politicians and policy makers but there is interest in it. Drug problems and AIDS have been the highest priorities in health. However, there is a shift and at present the main priorities are cancer, cardiovascular diseases, AIDS and the elderly. Although mental health is slowly becoming a priority as evidenced by the increased amount of resources put into the field more recently, there have been no or little changes in resources because of the **non-existence of a budget allocated especially to mental health promotion or mental disorder prevention.**

In Portugal, policy on mental health (under the framework of mental health legislation), integrates mental health improvement (i.e., promotion and prevention), treatment (through mental health services) and **psychosocial rehabilitation (with the involvement of health, social security and other sectors).** The Directorate-General of Health at the Ministry of Health, (through its Psychiatry and Mental Health Department) and the five Regional Health Authorities have respectively national and regional responsibilities on the definition and implementation of mental health policies in Portugal. **Under the framework of the Portuguese National Health Plan 2004-2010, mental health (including alcohol related problems) has been appointed as a top priority.**

The key barriers to progress or challenges facing Portugal in 2004-2010 in the implementation of a country based mental health promotion and prevention strategy are **lack of funding, lack and/or heterogeneity in the distribution of human resources in mental health and a decrease of compliance (poor motivation, less availability of time, etc.) among health care professionals, particularly in primary care.**

No **evaluation studies on the effectiveness or on the cost-effectiveness of mental health promotion or mental disorder prevention programmes implemented in Portugal, have been developed or published in peer-reviewed journals or in governmental publications.** There have been studies on how to increase the involvement of primary or secondary health care professionals in the prevention of mental disorders and the promotion of mental health (DepCare, secondary prevention of depression in primary health care).

(Jané-Llopis & Anderson, 2006)

2007 Report about Mental Health in Portugal and proposal for a National Plan for Mental Health 2007-2016

2008 Resolution of the Assembly of the Republic n.º 5/2008 Approves the National Mental Health Plan for the period 2007- 2016.

Establishment of the National Coordination Body for Mental Health

"European Pact For The Mental Health And Well Being"

Portuguese reality regarding Mental Health: the facts

Mental Health Plan: some promises

Magnitude of the problem

“Portugal ranked in **third place** in the occurrence on MHI-5 (Mental Health Inventory – Ware, 2000) cases by country (29.3%), after UK and Italy.” (Eurobarometer, 2003)

“The 3rd National [Portuguese] Health Survey suggested that the prevalence of psychiatric disorders in the general population is around **30%**, with approximately **12%** being severe mental disorders [...]” (Directorate General of Health, 2004)

Total Health/Mental Health Expenditure

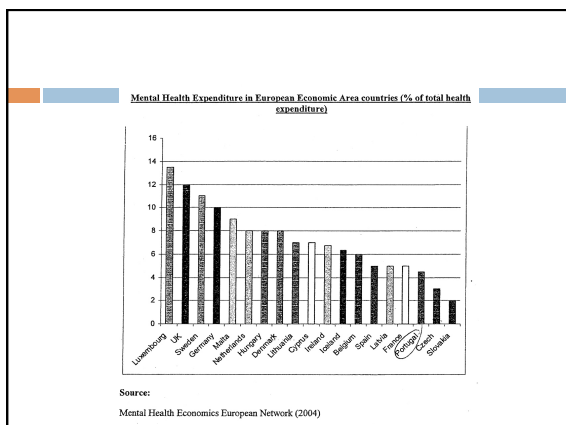
Costs per activity - 2005

	Hospitalization	Day Care Unit	Emergency	Outpatient	Total Costs
National Health System	2.447.935 56%	352.126 8%	734.175 17%	839.221 19,2%	4.373.457
Mental Health	190.127 83%	7.723 3%	1.246 1%	30.285 13,2%	229.381 5,24%

uni: mil euros

“Hospitalization continues to eat up the majority of resources (83%)

More than 50% of psychiatric beds are in psychiatric hospitals (Religious Institutions), with long-term hospitalized patients



Access to treatment

The 2010 country summary refers a large gap between the number of people affected with mental disorders and those receiving treatment:

- Estimated prevalence of people with mental disorders - 1,557,054 (16.07%);
- People receiving treatment in psychiatric mental health services belonging to the public and social sectors - 168.389 (1.7%).

Mental Health Services

- Public Psychiatric hospitals6
- Local Mental Health Services with inpatient unit 26
- Local Mental Health Services without inpatient unit 4
- Regional Departments of Child and Adolescents Psychiatry 3
- Services/Units of Child and Adolescents Psychiatry 21
- Inpatient Units Social Sector 10

“Currently there are no formal community mental health services in Portugal” (Portugal Country Summary, 2010)

Human Resources for Mental Health

Numbers per 100 000 population:

- Psychiatrists..... 5,6
- Neurosurgeons 1,5
- Psychiatric nurses.....13,2
- Neurologists..... 3,2
- Psychologists 2,3
- Occupational therapists 0,6
- Social workers 1,6

QUANTIDADE	Recursos Humanos Outros Profissionais	Enfermeiros	Psicólogos	Serviço Social	Outros Téc. Sup. Saúde	Técnicos Oportocionistas
TOTAL REGIÃO NORTE	112	11	14	8	9	
TOTAL REGIÃO CENTRO	227	9	13	9	3	
TOTAL REGIÃO LVT	303	65	25	54	23	
TOTAL HOSP PSQUIÁTRICOS	642	85	52	71	31	

NOTA: Estatísticas em tempo completo - 36 horas

(Portugal Country Summary, 2010; Mental Health Atlas, 2005)

Difficulties

- Too much bureaucracy
- Lack of adequate funding
- Delay in payments
- Scarce number of projects considering the needs (even in big cities)
- Lack of trained professionals
- Professionals badly paid
- Lack of assessment of outcomes
- No adequate places
- Burn out

Present Challenges

As assumed by the responsables for the Mental Health Plan:

- 1st - The Mental health law as not yet been acomplished in many aspects;
- 2nd - Portugal does not comply with the comitments made in the Helsinki declaration;
- 3rd - Most of the populations continue not having access to quality care;

TO WHICH WE CAN ADD:

- NO MENTAL HEALTH BUDGET;
- NO INCREASE IN MENTAL HEALTH PROFESSIONALS;
- LACK OF PROFESSIONALS TRAINED IN SPECIFIC PROGRAMMES;
- NO REGULATION OF FUNDAMENTAL LEGAL DEVICES;
- NO POLITICAL COMMITMENT;
- LACK OF LOBBYING / ADVOCACY INITIATIVES /NETWORKING

Final Reflections

People need early + adequate care

Figure 2
Graded course of illness in first-admission schizophrenic patients as indicated by episodes of illness, symptomatology and social impairment at assessments during 5 years (n = 45). From Shepherd et al. (1989).*

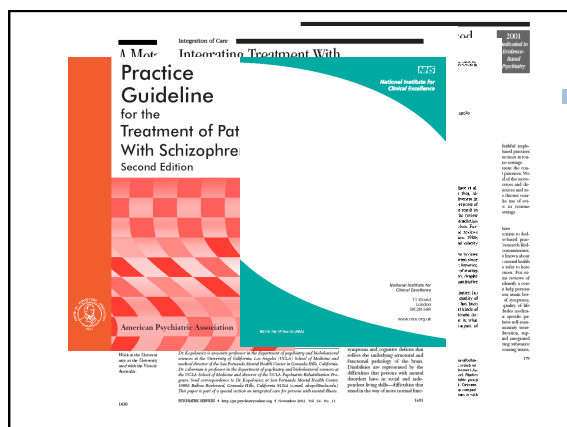
Group	Description	Percentage
Group 1	one episode only – no impairment	22%
Group 2	several episodes with no or minimal impairment	35%
Group 3	impairment after the first episode with subsequent exacerbation and no return to normality	8%
Group 4	impairment increasing with each of the several episodes and no return to normality	35%

Global Burden of Disorders

Global Burden of Disorders

- Maternal conditions
- Perinatal conditions
- Respiratory infections
- Nutritional deficiencies
- Malaria
- Other NCDs
- Childhood diseases
- Diarrhoeal diseases
- Malignant neoplasms
- Diabetes
- HIV/AIDS
- Tuberculosis
- Other CD causes
- Injuries
- Congenital abnormalities
- Musculoskeletal diseases
- Respiratory diseases
- Digestive diseases
- Diseases of the genitourinary system
- Neuropsychiatric disorders
- Sense organ disorders
- Cardiovascular diseases

Fonte: WHO 2002



But...

In more ways than one, we make this simple point: we have the means and the scientific knowledge to help people with mental and brain disorders. Governments have been remiss, as has been the public health community. By accident or by design, we are all responsible for this situation. As the world's leading public health agency, WHO has one, and only one option – to ensure that ours will be the last generation that allows shame and stigma to rule over science and reason.

Gro Harlem Brunvand
Geneva
October 2001

