



## ICPCM Newsletter – February 2017

### **Person-centered Mental Health Promotion: Ten years of the ICPCM contribution**

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The International College of Person-centered Medicine (ICPCM) celebrates its 10 years of existence. Is celebration justified? My response to this self-addressed question is positive. Celebration is justified on the following grounds.

Firstly, the very fact that the ICPCM (Mezzich, 2011; Christodoulou & Mezzich 2011) has lasted for 10 years is in itself an achievement. Times are difficult and it is not easy for people to retain their membership in international organizations in addition to their membership in local professional organizations. In the case of the ICPCM, however, it appears that people make an exception. The multi-disciplinary character of the College makes the difference. It is indeed important and appears to be appreciated that all kinds of professionals, medical and non-medical plus representatives of advocates, patients and families participate. This provides the opportunity for feedback, integration of various approaches and interaction between the various participating groups.

The person-centered scope of the College represents yet another motivating factor. Professionals and patients alike have started feeling frustrated with the alienation from the person that dominates present-day medical practice. Is this the result of burnout due to excessive workload of professionals, is it the result of hyperbolic trust in modern technology that allows diagnosis based solely on laboratory findings, is it the result of neglect of the diagnostic but also therapeutic value of the interview? We do not know for sure. What we do know, however, is the fact that modern medicine may have achieved miracles in medical technology but has lost its touch with the person. So, a movement that aims to restore this attention to the person is a strong motive for people to join the ICPCM.

#### **Measurement of the Impact**

Is it possible to measure the impact of the person-centered movement on the quality of everyday medical practice? This task is indeed very difficult. The confusing factors are so many that it is practically impossible to make this assessment in a scientifically valid way. But even if it would be possible many doubts would arise as to whether the scientific methodology used would be appropriate. There have been many arguments on this subject on the grounds that assessment of any possible progress should take into accounts not only the observed changes but also the subjective experience of the recipient. It has been pointed out that health promotion research does not focus sufficiently on social and environmental

factors and that it should not be limited to the traditional bio-medical methodology but should also include subjective indicators of health (Oldenburgh et al. 1999; Schmolke 2003).

### **The Importance of communication for Person-Centered Medicine**

Advances in medical technology are very welcome and even if we attempted to limit them this would have been impossible. Progress can not and should not be inhibited. It is true, however, that this progress has some undesirable effects and one of them is limitation of communication.

How is communication inhibited? By the fact that we rely very much on laboratory and para-clinical investigations and less on the clinical interview. Clinicians tend to consider communication with the patient (person-centered medicine *par excellence*) of secondary importance and loss of time. Yet, a diagnosis can not rely on laboratory findings only. The contribution of psychological and psychosocial factors to somatic pathology can not be detected by an MRI!

By neglecting communication with the patient we may miss the diagnosis and we certainly miss the therapeutic effect of the interview. It may sound unimportant but an interview can certainly be therapeutic because it incorporates a hidden value, the value of communication with all its constituents (development of a therapeutic relationship, reassurance etc).

Interpersonal interaction with all its benefits is inherent in the clinical interview pertaining to all clinical specialties but it is an absolute necessity in Psychiatry. The difficulties and the personified character of a psychiatric diagnosis that underlines the necessity of the psychiatric interview is supported by Jaspers (1963) when he warns that “the more we reduce to what is typical and normative the more we realize that there is something hidden in every human individual which defies recognition”. Likewise, Appleyard (2016) stresses the importance of interpersonal interaction by stating that “the physician’s compassion, competence, caring and empathetic attitude enable the person’s own story to unfold within this interpersonal relationship”.

In conclusion, communication with the patient is essential in present day person-centered medical practice not as a social behavior obligation but as a means to advance a personified interpersonal relationship and promote therapy.

### **Promotion of Health**

Health promotion is a fundamental activity of person-centered medicine. Health is no longer considered as a gift of the Gods (as was the case in pre-Hippocratic Greece) and human intervention in the promotion of health is not only legitimate but also very much wanted. The WHO definition of Health (1948) incorporates not only absence of illness but also positive health in the sense of “wellbeing” and defines health in three dimensions – physical, mental and social. This broad definition of health defines the holistic strategy that is necessary for the preservation and promotion of health – very much in line with the person-centered approach.

Promotion of Health is a different concept than Prevention. It aims at preservation of health whilst Prevention aims at avoidance of illness (Christodoulou et al. 2011). Although both concepts are important the difference is significant as prevention is associated with illness and promotion is associated with Health.

Antonovsky’s concept of salutogenesis (creation of health) (Antonovsky, 1996) is considered as an antecedent of health promotion and many of its principles (like the search for the person’s total history) are related to the person-centered perspective.

Health Promotion is defined by the WHO as action and advocacy to address the full range of potentially modifiable determinants of Health (WHO, 1998). Worth noting and also worth emphasizing is that these “potentially modifiable” determinants are not necessarily associated with the health sector. For example, actions that result in reduction of unemployment, improvement of schooling, reduction of discrimination, prevention of conflicts as well as protection of civil, economic, social, political and cultural rights are perhaps stronger than those associated with the health sector. These actions are potentially of maximum effectiveness if they are implemented within a person-centered and people-centered framework.

Preservation of peace is one of the targets of mental health promotion (WHO, 2004). In keeping with this, the ICPCM has supported the Athens Anti-war Declaration (2016) along with more than 100 other international organizations in the hope that the life, the health and especially the mental health of potential victims of war conflicts can be spared with actions like this. There has been a very positive response to the Declaration by many organizations and individuals, notably the President of the European Commission Jean-Claude Juncker, on behalf of the European Union.

### **Conclusion**

During the 10 years of existence of the ICPCM, the College has worked hard to advance and promote health within a person-centered perspective. Some results of this effort are visible, others are not. We feel that the aim of directing our attention to person-centered and people-centered care is a noble one, in line with the historical traditions of Medicine since ancient times and we will continue to work towards this goal. The 10<sup>th</sup> Geneva Conference on Person-Centered Medicine to be held on May 7-10, 2017 in Geneva, Switzerland under the title “Celebrating Ten Years of Promoting Healthy Lives and Well-being for All” will provide an ideal forum to highlight and promote the person-centered principles in Medicine and the ways to implement these principles.

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