



ICPCM Newsletter

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The Role of Psychiatry in Person Centered Primary Health Care

Professor Michel Botbol

Board Director, International College of Person Centered Medicine

Psychiatry has three main missions in Primary Health Care (PHC):

- To recognize and treat psychiatric disorders in relation with primary care services and eventually other medical specialists: it is its diagnostic function
- To favor the other professionals' attention to the feelings and needs of the patient and of his carers, in their objective and subjective dimensions. It is its liaison or intersectoral function.
- To help the professionals to consider and integrate in its evaluation and its treatment, the context of the patient, that is to say his social and relational personal needs and values and his well-being at large: It is its personal function.

Each of these functions should be implemented in a person centered way, that is to say, it should comply with the requirements and principles of Person Centered Psychiatry (PCP) and Person Centered Medicine (PCM). This in turn involves to be integrative of all health domains (Health Status, Experience of Health, Contributors of health), in their positive and ill aspects, involving patients, professionals and carers as persons in the evaluation process and in the decision making in primary care as in other settings, using all the available approaches to do it (from standardized tools to idiographic formulations). This is possible only if the organization and the objectives of Primary Health Care are compatible with these principles, meaning that the system has itself to comply with these principles and values.

Various models have been proposed with similar expectations even when they do not refer explicitly to PCM. Value Based Medicine in the UK and the Sector model in France are among those which have been experimented with similar objectives.

In the USA, the model of Behavioral Health Psychiatry (BHC) is currently emerging. It is presented as a new way to address person with mental health issues, focusing on the behavioral effects of mental and emotional illnesses “that disrupt one’s life, affecting relationships, jobs, family and life goals. In other words, it focuses particularly on the personal functions of psychiatry rather than its diagnostic classification functions. As a consequence, they give specific attention to the psychological aspects of the disorders and to their effects on the person of the patient with the goal to assist patients to regain control of their lives and to reconnect with their family and community. The objective is to implement these principles in every type of psychiatric settings, starting with primary health care. BHP insists on the need to adopt this perspective from the beginning of the care relationship to avoid adding to the person the injury of inadequate responses to the suffering related to the disease. BHC considers then important that at the primary care level and independently from the severity or the duration of the diagnosed disorder, Mental Health issues should be, at an early stage, treated by a specialized professional.

This implies the implementation of specialized mental health oriented primary health care, with arguments which were also used to promote the sector model in France. It is then an alternative to the model usually promoted for primary health care in which mental health issues are integrated in all the other health issue at the primary care level.

In each of these principles, BHC is then very close to PCP:

- it is centered on the person and his context including subjective aspects.
- It has recovery objectives: “A way to live a satisfactory life, efficient and full of hope, considering the limitations due to the illness. Recovery implies the elaboration of new meanings and life goals in the person’s development, overpassing the catastrophic effects of ill mental health: the most important is not to be cured but to live with our illness”
- It gives a major importance to the respect and the enhancement of patients’ rights.

This comprehensive approach remains to be evaluated and considered “in perspective”.

- Is it a reform-like movement marked by a “return” to psychology to challenge the excesses of the mainstream model of disorder centered approach, in the US and Globalized Psychiatry, with a

focus limited to biological and neurodevelopmental processes underlying mental health disorders?

- Is it, merely, a way to provide common Mental Health Care without having to relate it to psychiatry?
- Is it the new packaging of old concerns in mental health, for marketing reasons?
- Or is it an effect of the influence gained by the PCM ideas in Medicine and Psychiatry?

What is sure is that, in any of these hypotheses, it is good news for PCP and PCM, as long as ideology, marketing, ethics and technics on which they are grounded, converge towards Person Centered Practices in Health Care, including in Primary Health Care.