

## OVERVIEW OF THE UTILISATION OF MENTAL HEALTH SERVICES IN PORTUGAL

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### Abstract

*A few years ago, Portugal switched to a 'care in the community' model for the care of its mental health patients; this allowed the ministry to close Portugal specialist mental health units. This paper explored the issues that beset mental health services in Portugal, and the factors that may contribute to mental health problems. Among the predictive factors that were observed are: sociodemographic factors, intercultural contact and psychosocial adjustment variables. These were revealed, in the previous studies, to be associated with youth' mental health. Training professionals in a shared care model is arguably not linked with consistent improvements in the recognition or management of mental health problems. In spite of instabilities that the Portuguese context may have contributed to the lack of effects, wider changes in the mental health services may be required to improve training and to encourage reliable changes in behaviour, and more specific and proven models are needed. The current paper also identifies the barriers on access to mental health services.*

**Key words:** mental health, mental health services, service development

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### Introduction

Dramatic changes have occurred in mental health treatments during the past decade. Data on recent treatment patterns are needed to estimate the unmet need for services (Wang et al., 2000). However, comprehensive information about access and patterns of use of mental health services in Europe is lacking. In Portugal, for instance, the counsellor figure is yet to exist, the orders connected with mental health are eclectic and bear an elitist seal, and status seems to be more

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important than the patients' health; as a result, it has become difficult to assertively deal with this subject.

This is a pressing issue, but the issue seems attainable. For instance, one study (Watts & Van Esbroeck, 2000) has outlined the main trends in the development of such services including the results of a task analysis covering the main guidance and counselling roles. Implications for professionalisation and for training and professional development are reviewed. It is suggested that a European master's degree could be a valuable complement to national training and qualification structures.

All the relevance of the delicate and serious problems that haunts the community with some sort of mental disease seem to be pushed away from politics and professional groups in a country, small both in size and mentality. Moreover, much was already said about this Portuguese characteristic of looking only to 'one's garden', alienating oneself from the greater good, respect or common interest, no matter the area (greater writers took this state of being as a central question in masterworks of Portuguese literature). In reality, mental health is still, at the moment, very little discussed both in the media and society, being regarded as taboo and stigmatised.

Statistical data that are revealed to us about mental diseases in Portugal is still scarce and unreliable, controlled by small groups that dominate this area of health. These same groups of professionals however, defend themselves by granting efficiency and general care, for the fear of losing their 'status' is what in fact matters the most. Mental health is a no-subject not only in the newspapers and magazines' pages, but also in televisions and radio. However, if by any reason an interview or report is released, there's always the same professionals to be heard, so that democratisation or reality stands properly guarded, that is, occult.

Each country's health system is different. Your care in Portugal might not include all the things you would expect to get free of charge from the NHS. This means you may have to make a patient contribution to the cost of your care. The healthcare system in Portugal is similar to the NHS in the UK. The Portuguese Serviço Nacional da Saúde (SNS) is the equivalent of the UK's NHS, providing hospital and local health centre service (National Health Service, 2017). The Portuguese National Health Service does not take care of addictions. It solves the issue by delivering these patients to psychologists who know nothing about this specific disease (though claiming otherwise) and the general public who has absolutely no idea of what to do when hosting an alcoholic, a drug, internet, gambling or sex addict. The disease is unknown, even in hospitals.

Nonetheless, it has not always been clear what is meant by equity and health and this paper sets out to clarify the concepts and principles. This is not meant to be a technical document, but one aimed at raising awareness and stimulating debate in a wide general audience, including all those whose policies have an influence on health, both within and outside the health sector (Whitehead, 1991). Santa Casa da Misericórdia (Holy House of Mercy) is a Portuguese charity founded in Lisbon in 1498 by the Queen Leonor of Portugal. And the one who rules and has the monopoly of gambling, like lotteries and so on, has to advertise (even when Portuguese are watching football, saying, ‘No too early to gamblers’, or a similar statement. And the image is the traditional rooster game.

Apart from that, it has been revealed that in Portugal, oral health services are provided by private dental practitioners. Patients pay 100% of the fees or may be reimbursed by their private insurance scheme if dental care is included in the package of benefits. School-linked preventive oral care programmes for children were introduced during the late 1980s. Children are encouraged through health education to adopt regular oral hygiene habits and to pay regular visits to the dentist. Moreover, children are offered preventive services such as fluoride supplements and fissure sealing (de Almeida, Petersen, Andre, & Toscano, 2003). Although it is known that the suicide rate has increased (we cannot speak about numbers, since they are not credible enough to the researchers) and, despite the fact that mental health is still carving lives, what the researchers consider to be most important is the public judgement that is being made to thousands of patients that either are not aware of their disease, or are not understood and helped in a professional way, as well. Fear and ignorance still keep the Portuguese in a wild state of enlightenment, helped by pseudo-elites’ connivance of almost all the professionals of the area. Surely, Portugal suffers from a scary unemployment rate. And all the professionals are poorly paid for their labour. This makes everybody hold on to what they still have, and promise to take care of what they do not really know, with fears of losing patients. But while all this conjecture still exists and the institutions and private practice professionals keep closing on each other, mental health will continue the way it is: closed, stigmatised, ignored and far from being talked and discussed about by the general public in an open and healthy way. The Portuguese way of thinking is still, to a large extent, in the phase of denial.

### **Objective**

In view of the facts presented above, this paper sought to identify the utilisation of mental health services in Portugal. The central goal of this paper is to contribute to the knowledge about the

disadvantages, the current mental health situation of the most vulnerable groups in Portuguese society (those who are struggling due to poverty, deprivation and social exclusion) and to identify the barriers on access to mental health services.

### **The landscape of Portuguese health services**

People in Portugal have never been so healthy. Nevertheless, there are great differences in health status between social groups and regions. In 1994, Portugal was the country with the second worst level of inequality in terms of income distribution and with the highest level of poverty in the European Union (EU). Poverty in Portugal affects mainly the elderly and women (especially in single parent families). Beyond these groups, there are the children, the ethnic minorities and the homeless. Substance abusers, the unemployed, and ex-prisoners are also strongly affected by situations of social exclusion and poverty. Although poverty has been an important issue on the political agenda in Portugal, it shows a worrying tendency to resist traditional Social Security interventions. In the late 1990s, however, welfare coverage rates appear to have risen. To what extent can poverty cause a worsening of health status? Is there any sustainable positive association between welfare and improved health status? How, to whom and when should actions to improve the health status of the disadvantaged be addressed, without subverting the health status of the rest of the population. It is also necessary to reveal the consequences of poor health to individuals, families and communities in terms of income, social empowerment and the ability to fulfil other needs (Santana, 2002).

Portugal is a country where ethnic minorities are well protected. Anyone can be assisted by the National Health Service and get a doctor. On the other hand, you have a huge community of gypsies, that can manage to live a whole life in Portugal, with all the resources, including home, low bills, support for the National Insurance, and so on. They can live a life doing just nothing at all. So, they are substantially privileged and everyone is afraid to speak out. One study confirms the connection between alcoholic beverages' promotion and drinking during adolescence. A study published in the scientific magazine *Addiction* concludes that 'the exposition to several types of alcohol commercialisation, is associated both to quantity as well as consumption frequency between teenagers in Europe.' These results support the demand for legal restrictions regarding the amount of alcoholic beverages' advertising campaigns in the European Union, where the Audiovisual Media Services Directive (AVMSD) is the only EU regulation currently in force. The AVMSD regulates alcohol's commercialisation content in the audiovisual media, yet does not restrict the quantity of campaigns of alcohol commercialisation in televisions or other

advertising media. The study includes more than 9.000 adolescents in Germany, Italy, the Netherlands and Poland. The average age was 14 years. Students spoke about their drinking frequency, excessive consumption of alcohol, as well as their exposure to a wide range of alcohol commercialisation campaigns, including television ads, online marketing, sport events' sponsors, musical events or festivals, free advertising samples and exposure to offers and promotional prices. The data shows that the exposure to alcoholic beverages' advertising campaigns of all sorts was positively associated with the use of alcohol by adolescents over time. This interconnection was found in four countries with different cultural, regulating and drinking contexts. Sadly, there is yet to be a cause-effect connection strong enough to force a legislation change. But the results are clearly a cause of concern. It is, at least primordial, to face this reality. Avalon de Bruijn from the European Centre for Monitoring Alcohol Marketing (EUCAM) states that 'Europe is the world's heaviest region'. He also says that youth drinking is particularly problematic in the continent.

This recent study, which was presented to the press, highlights the necessity to drastically restrict the amount of alcoholic drinks advertising campaigns to which youngsters are exposed in their daily lives. He also adds that it is not just a question of restricting television ads anymore. Lawmen must re-evaluate in a scathing and exhaustive way the whole 'alcohol industry marketing scheme', for it is indeed a scheme, full of lobbies and little transparency and an evident indifference towards public health and especially youngsters.

New regulations must be developed in order to reduce all kinds of campaigns for this legal drug, otherwise in a few years all of us will be confronted with unbelievable negligence. No one intends to be 'holier than thou', nor start a graceless prohibition where everyone would be forbidden to drink and ads would be totally abolished. What is in fact urgent is to have a bigger awareness of the real and perverse effects that these campaigns can generate. We cannot keep 'washing our hands off' in order to sell beers like no tomorrow by, for example, associating it with the noble concept of friendship. That is, if on one hand brands refute this negative influence on youngsters and others. On the other hand, they cannot refute any influence at all. Hence, they are being paid and that is why, technically, campaigns are produced and answered to briefings.

Any sort of ingenuity here is indefensible. As for adults, once again, the friendship association arises: this time older, sometimes represented as ever-adventurous 'eternal youngsters', who get themselves on boats and row towards islands fully packed with pallets of whiskey bottles, or curled up in their blankets, in the comfort of their homes, ever with an aura of someone who is happy and in good company (Pinto-Coelho, 2016).

### **Utilisation of health and mental health services in other countries**

Mental health services in Portugal, and elsewhere, demonstrate how physical health can be enhanced by improved monitoring and lifestyle interventions initiated at the start of and during continuation of treatment. People with a mental illness are more likely to get diseases such as respiratory problems, asthma, heart disease and diabetes. Here are some reasons: (1) People with mental illness are more likely to lead unhealthy lifestyles due to lack of motivation, reduced nutritional quality, insomnia, lower social contact, poor judgement, increase in risk-taking behaviour etc.; (2) Mental illness and physical health can have similar risk factors such as stress, substance abuse, lower economic status; (3) Additionally, mental and physical symptoms are more likely to be picked up in advanced stages of the disease because of diagnostic overshadowing, stigma, isolation.

The question then is: how can physical illnesses be prevented among people who are already suffering from a mental health condition? (1) More community interventions and understanding to help those suffering from mental health problems lead healthy and active lives. The role of charities and support groups; (2) Increased training for clinicians monitoring the health of people with a mental health condition. Understanding that symptoms may go unreported, there may be issues with communication, the patient may be experiencing unusual symptoms for the physical condition, they may have altered pain thresholds, etc.; (3) Understanding the possible triggers of the mental health condition and whether this could present risk factors for other diseases. If an association is identified, increased monitoring of the person to detect onset of physical conditions early; (4) Accelerated public health campaigns, education about mental health problems to reduce stigmatization.

People with a long-term physical illness are more likely to develop mental illness. Clinicians should understand that the mental illness may mask self-report symptoms that might otherwise be important for detecting changes in physical illness. They should be aware of possible risk factors with the physical condition and organise regular health check-ups to monitor progress. Another option would involve using public health campaigns and education to reduce stigma and discrimination in the community and among the medical profession so that there is better recognition of the physical health problems of the person. There should also be an increased general monitoring of people who may lack capacity owing to mental illness. It is also vital that there is recognition of the fact that during symptoms of mental illness, signs of physical pain/discomfort may be distorted. It should be suspected if abnormal behaviours arise during periods where rational communication may be impaired. It is also beneficial to have an increased

community engagement through education and the role of charities will help to manage both the symptoms of mental illness and help identify changes in the physical state of the person.

### **Connecting the dots: Global perspectives and interventions**

#### *Low-income and middle-income countries (LAMIC)*

Mental disorders in low- and middle-income countries (LAMIC) do not often attract global health policy attention. Consequently, the majority of people with mental disorders do not receive evidence-based care, leading to chronicity, suffering and increased costs of care (Patel, 2007). In middle-income countries, primary mental health care would be supported by general adults' mental health services. Growing up in the slum in Manila, in the Philippines, the secondary author has witnessed first-hand how discussions about mental health are regarded as luxury, which is understandable given that there are numerous health issues deemed to be more threatening. Aid spending remains selectively allocated on the 'big three' communicable diseases of HIV/Aids, malaria and tuberculosis, with many other health conditions receiving only a fraction of the attention. In terms of mental health, The Philippines lacks sufficient mental health law and funding support and mental health programmes and services are not evenly distributed in the country. While the continuing development of newer and more sophisticated medical techniques for evaluating the functions of kidney diseases, it is expected that patients would have a better survival rate, and consequently a more positive outlook. However, such is not always the case as some patients have demonstrated poor coping skills (Gagani, Gemao, Relajo, & Pilao, 2016).

#### *High-income countries*

By and large, the mental health landscape among LAMIC and high-income countries (HIC) is just about the same; it remains a killer disease; people suffering from mental illnesses die earlier than everybody else. However, the disparities in investment in mental health between LAMIC and HIC is evident. In low-income countries, mental health care would be provided mainly through primary care and limited specialist staff would support with training, consultation for most complex cases, and in-patient assessment and treatment. Cambodia's health system, for instance, struggles to cope with a high incidence of mental disorders; a festering legacy of the Khmer Rouge regime. In 2012, the Royal University of Phnom Penh conducted the first large-scale study of mental health in Cambodia. The results were alarming. The findings revealed that 27% of the 2,600 respondents experienced symptoms of acute anxiety, 16.7% suffered from depression and

2.7% exhibited symptoms of post-traumatic stress disorder (PTSD); prevalence of the latter being seven times higher than the worldwide average (Hruby, 2014). By contrast, in high-income countries, mental health care benefits from specialised mental health services. In the UK for instance, its National Health Service (NHS) offers free mental health services. There are also some mental health services that will allow people to refer themselves. This commonly includes services for drug problems and alcohol problems, as well as some psychological therapies (National Health Service, 2016).

#### *Role of non-government organisations (NGOs) and advocacy groups*

NGOs and advocacy groups provide much of the support and education for people with mental illness, and their families and carers. There are many NGOs and advocacy group throughout the world. However, no matter the scale of the NGO operation or wherever they are in the world, this report finds similarities in the core concerns these organisations face, including: (1) Stigma and discrimination and how this can be as bad as the illness itself. It can prevent people with mental health problems from seeking help when they need it and impact their life chances; (2) Human Rights abuses and fighting for the rights of people with mental health problems who are often marginalised and excluded from society. For some NGOs there are extreme human rights violations such as shackling, starvation and denying access to any basic mental health help and support. For others, it might be repealing or refining existing mental health laws; (3) Lack of funding for mental health which means there aren't appropriate facilities and services to refer people to. (4) Limited, unstable funding for NGOs hindering their ability to support the communities they serve and meet their aspirations; and, (5) A shortage of trained mental health staff, for example in Indonesia there is only one psychiatrist for every couple of hundred thousand people (Mind, 2014).

#### **Potential interventions that could be implemented in Portugal**

Alleviating social isolation and loneliness among the elderly is a vital area for both policy and practice. However, the effectiveness of various interventions has been challenged due to lack of evidence. Twenty-four institutionalised geriatric residents from an institution in Manila were recruited. Using a non-experimental research design, participants completed questionnaires to measure their feeling of loneliness. Findings revealed that blurring of vision was the most common physical agony. While in terms of common emotional agony, feeling of irritability has been identified. No notable mental agony has been revealed by the present study. Findings

support earlier studies that emphasise the social isolation and loneliness encountered among this age group. Results are intended to serve as a framework for intervention (Pilao, Relajo, Tubon, & Subida, 2016).

In general, the elderly exhibit conflicting feelings about their daily lives in the geriatric residence. While they refer to positive aspects as the good relationship between residents and the possibility of getting involved with activities of daily living, they also describe a feeling of isolation and loneliness, especially when talking about their relatives. Living at institutionalised residences is deemed as a hiatus from life lived so far. For many elderly, coming to these institutions makes their home, their family, and their friends become just a story to be told, a life event which becomes alive only in their memories. Hence, with all the fragility and limitations inherent in the life cycle, they still need to find strength to start a new life in their new home, where they meet new friends, and simply live on their lives without their family (Pilao et al., 2016). Expressive writing could be one intervention that could be implemented in Portugal. Images portraying idealised slender bodies are here to stay. They are already a staple of magazines and music videos; and existing literatures are rich in evidence which confirm that exposure to these images can impact one's psychological well-being. The field of psychology has already proven its adverse effects—the next goal is to discover new and effective interventions to address those negative impacts. In light of the results of this study, two strong conclusions can be drawn with regard to the benefit of EW. Firstly, drawing on the literature, EW may result in a host of health benefits. The results of this study offer insights into what factors contribute to ensure the efficacy of EW as an intervention tool. This may be attributable to the fact that EW affects people on a number of aspects – biological, cognitive, emotional and social – making a single explanatory theory unlikely. Secondly, a variety of mechanisms can be posited as to ensure its efficacy. Needless to say, future research should further explore its boundary conditions, including potential moderating variables. In addition to addressing theory-relevant questions, researchers and therapists must now address how, when and with whom this form of therapy is most beneficial and, at the same time, further evaluate how and why this intervention produces positive outcomes (Relajo, 2015). Sports could also be considered as a potential intervention. For instance, it has been revealed that snooker can have a positive impact on mental health (Sagoo, 2017). The explorative investigation has clearly outlined that when individuals play snooker, the game of snooker plays a vital role in maintaining or indeed developing cognitive function. It is also clear to see from the secondary analysis from the Snooker Insight Survey provided by the WPBSA that snooker has addressed some of the outlines of the Mental Health Charter by promoting the individuals' well-being, addressing it through a positive approach to mean health

practice, tackling any form of discriminatory practice by generating awareness of mental health in snooker, and by the WPBSA, collaborating alongside in this research, and from the study's initial findings, this enables the WPBSA to make a start in taking positive steps in mental health issues around the world in snooker.

Another article by Mosavat and Vannier (2017) explored how art could have an effect on mental health. They presented a psychoanalytic commentary about a play recently performed in Tehran, Iran through an interview with its author, Mohammad Mosavat. The cosignatories both attended a performance of this play. Invited by Shahid Behesti, Alzahra, and Shiraz Universities for many public lectures and supervisions, the French psychoanalyst Jean-Luc Vannier signs the commentary while the interview and the translation were conducted by the Iranian psychoanalyst in training at the Freudian Group of Tehran, Mahyar Ali Naghi.

On top of these interventions, we cannot discount the potential of positive thinking as illustrated in an earlier study: positive thinking, in conjunction with a robust attitude, can affect one's well-being and coping strategies under stressful events. The study sought to identify the role of Emotional Quotient (EQ) to Work Attitude Behaviour (WAB) of selected faculty members from three higher educational institutions in the Philippines. Using a non-experimental research design, participants were asked to complete questionnaires to obtain their EQ and WAB scores. EQ was gauged using the Emotional Quotient Test while WAB was measured using a self-made survey questionnaire. A chi-square test revealed that there was no significant relationship between EQ and WAB,  $F(1, 24) = 2.469, p > 0.05$ . Although no significant relationship has been observed, it is argued that findings from this study will highlight the need for teacher-training programmes to raise awareness of the emotional demands of teaching (Relajo, Pilao, & dela Rosa, 2015).

## **Implications**

As pointed out by de Almeida (2009) there are many difficulties and insufficiencies that should be given due consideration. However, there are also at present some opportunities that could help overcome many of these difficulties, including: the new National Integrated Continuous Care Network (aiming at the creation of facilities by collaboration between the health and social sectors); the development of new family health units; and the creation of mental health units in new general hospitals under construction or in the planning stages.

As mentioned in an earlier study (Pinto-Coelho, 2017), three discrete predictive factors should be taken into account: (i) sociodemographic; (ii) intercultural contact; and, (iii) psychosocial

adjustment. As earlier studies have revealed, these were linked to youth's mental health. Training professionals in a shared care model is theoretically not linked with consistent improvements in the recognition or management of mental health services in Portugal. This study could be further explored and assessed in different context since it has been noted that an earlier study assessed the relationship between the need for and use of mental health services in Portugal (Relajo, 2017).

De Almeida further explained that some measures planned for the coming years could also help overcome the difficulties identified in research. This point is particularly important: the increase in the research capacity in psychiatry and mental health, particularly in epidemiological and services research, is an extremely effective factor in the development of a public health culture, and for the constitution of a critical mass, essential for the improvement of mental health care. Finally, opportunities offered through international cooperation should be used. The WHO, which has already made a valuable contribution in the preparation of this plan, can provide technical cooperation in its implementation and assessment. The EU, for its part, following the approval of the Helsinki Declaration and of the Green Paper on mental health, will certainly be able to make important contributions to the development of reforms and to help integrate Portugal into the modernisation movement of mental health services currently under way on a European level.

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