## MENTAL HEALTH IN PORTUGAL AND EUROPE

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## Abstract

For decades mental health has been the poor relative of health, but it is now increasingly recognized as a global priority for health and economic development. Disorders and problems related to mental health have quietly become the leading cause of disability, morbidity and premature death in both developed and developing countries. Initially these problems were underestimated because the impact of disease is calculated on the basis of mortality and not on the number of years lived with the disorder and consequent premature death. As the quality of life and years of illness started gaining priority, diseases such as schizophrenia, anxiety, and depression began to have significant weight. These diseases have been a constant concern for all countries, both economically, socially and publicly. Mental illnesses are very common and have a negative effect on personal and professional quality of life (accounting for 22% of the disability burden); they represent more than  $\in$  450 billion annually in direct and indirect costs (medical care, absences from work, etc.); only about half of the severely mentally ill in the EU have access to adequate treatment. The Spring 2019 Report revealed that Portugal is far behind in the prevention, treatment and monitoring of mental illness visà-vis other European countries. Despite some advances in this area, it is clear that our ability to legislate far exceeds what is actually implemented. The extremely welldesigned National Mental Health Plan has long pointed to several weaknesses in the Portuguese mental health system, highlighting the chronic underfunding of this area (only 5% of health funding is dedicated to mental health), given the impact these diseases have in society. The still very hospital-centric model prevailing in Portugal hinders the community approach currently advocated and can be partly explained by the poor involvement of Primary Health Care. We will also address the issue of deinstitutionalization in Portugal and its difficulties and constraints. Throughout history, people with mental disorders have experienced many injustices because they were considered threatening, both to themselves and to society. They were excluded from life, deprived of liberty and withdrawn from their dignity. Stigma associated with mental illness is one of the most recurring because illnesses are not recognized as such, being frequently associated with personal or character weakness and therefore generate shame and fear. Stigma creates a vicious cycle of social exclusion and discrimination, constituting a huge barrier to the life quality of people with mental illness and their families, sometimes becoming more important than the disease itself. In this struggle it is important to distinguish between having a mental illness and being a mentally ill patient, a seemingly subtle but very important difference, because the individual is so much more than his illness.

## Author identification

**Rosa Gonçalves**. Psychiatric doctor at Conde de Ferreira Hospital Center since November 2002. She was responsible for the therapeutic component of the "Porto Feliz" Programme, created with the purpose of social inclusion of drug addicts, homeless and car-park attendants of the city of Porto (abolished in 2008). For 13 years she was responsible for the Inpatient Serviçes of the Addictive Disorders Unit at Conde Ferreira Hospital Center. For about 3 years (between 2010 and 2014) she was responsible for the Psychiatry Consultation at the Santa Cruz do Bispo Special Prison. On February 1, 2016 she was appointed Clinical Director of the Conde de Ferreira Hospital Center, a function which she currently holds. Since 2001 she has been responsible for the practical component of the Adult and Elderly Diagnosis subject of the Porto Psychology Course at the University of Psychology and Educational Sciences. She collaborated in 2019 with the Catholic University of Porto, in the Mental Health Nursing and Psychiatry Specialization