

RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

EDITORIAL

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VOL. 6 NO. 1 APRIL 2020

MENS SANA IN CORPORE SANO

Where does mental health come in?

Despite the popular saying “healthy mind in healthy body” has its origin in a famous Latin quote “*Mens sana in corpore sano*” (derived from Satire X by the Roman poet Juvenal, a humorist from the time of the Roman empire), it has reached our times and we got used to hearing it and repeating it since we were children. We also got used to seeing it inscribed in many sports facilities, especially those that were emblematic in the New State, in order to remember the importance that physical exercise has in the balance between the mind (that we do not touch) and the body (that we do touch).

However, revisiting the historical path of health in general and mental health in particular, we can see how the logic – of what we do not feel (mind) and what we touch (body) – has supported over time a health care organization where the separation of responses and over-specialization blurs the condition that the evidence has brought us. That is, the implications of the interdependence of mental disorders in triggering physical and mental disorders and vice versa.

The quasi concealment of this approach, in clinical practice and consequently in the organization of care, is contrary to what is repeatedly reaffirmed under the aegis of the health definition adopted by the WHO in 1947. This refers to the concept of man as a bio-psycho-social being, that is, as an indivisible whole and therefore his right to individuality and integrity underlying the care that can be offered to him at every moment according to the identified needs.

This reality is not oblivious to the fact that we are heirs of a legacy built on the one hand, around the stigma of psychiatric illness (and consequent creation of structures that could save social coexistence of those fortunate enough to be protected from this evil) and on the other hand, the predominance of the treatment of physical illness with the set of professionals and structures based on the specialization of diseases that affect the various organs and body systems.

This being the legacy historically constructed cannot, in the 21st century and with the knowledge that today’s society has, to continue to feed dichotomous practices, unable to integrate the global dimension that the health needs of individuals, families and communities demand.

There are many studies and documents produced, in both national and international context, that support required transformation.

The National Health Council, in 2019, produced an extensive and challenging report entitled “**NO MORE TIME TO LOSE – Mental health in Portugal: a challenge for the next decade**”.

It is the confirmation of a reality that cannot be ignored. There are good experiences of properly coordinated intervention between the various actors. However, it is necessary that we are able to implement, in a more structured and systematic way, the responses that delay what is socially required.

The welfare of society demands that we dedicate ourselves to the identification of mental suffering with the same intensity and depth with which we try to minimize physical suffering. But it demands that we go further, that is, it demands that we be able to build, with those who we care for, the individual health plan – integrating the identified needs, the objectives to be achieved and the means of support for their realization.

In order for this path to materialize, four essential aspects are particularly relevant: (i) the strengthening of proximity structures and the coordination of available resources; (ii) the recognition of the importance of the knowledge and skills of each professional; (iii) team work where multiprofessionality and multidisciplinary is the support for the desired results; (iv) the implementation of joint training of the main players as an instrument to reinforce multidisciplinary.

We know that in each stage of the history of societies and the development of knowledge, the most correct and/or possible ways of implementing it are chosen according to the cultural, social, economic and political reality. Today we have at our fingertips a powerful tool to build our history – the National Health Service (NHS).

However, because there is no time to waste, it is in the present that a response is required for sharing and building of a global strategy that is decisive in the form of governance, in the distribution of human and financial resources according to the identified needs. It must guarantee a balanced coverage throughout the national territory, in decentralization versus management accountability, in the recognition and appreciation of the professionals who are the pillar of the NHS.

For all these reasons, it's our conviction that organized responses to the needs of citizens in health in general and mental health in particular, call us all – politicians, managers and health professionals – so that the transformation that reality requires is not hindered by corporate, professional, economic or political parties interests.

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This will surely be, in the decade that we started, the best contribution that we can make to the Sustainable Development Goals until 2030.

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