



**OPEN DIALOGUE
& REFLECTIVE PROCESSES
IN MENTAL HEALTH**

3rd International Mental Health Meeting

^{of} Romão de Sousa
Foundation

**working with families,
communities and networks**

**EXPERIENCE/19, 20, 21 nov
MEETING/23, 24 nov
2018/LISBON – NOVA FCSH**

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CO-ORGANIZATION



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3RD INTERNATIONAL MENTAL HEALTH MEETING

Romão de Sousa Foundation, in collaboration with NOVA Institute of Philosophy (IFILNOVA), is delighted to present the Third International Mental Health Meeting of Romão de Sousa Foundation on the 24th of November 2018 and Associated Events:

- 19th, 20th and 21st of November 2018 (LLE – Living Learning Experience)
- 23rd of November 2018 (Workshops)
- 24th of November 2018 (Mental Health Meeting)

The theme of the Meeting is **“Open Dialogue and Reflective Processes in Mental Health: working with families, communities and networks”**

Open Dialogue

Open Dialogue is a theoretical approach, a system of care and a therapeutic philosophy for people experiencing a mental health crisis in their families and social networks. It has been developed in Finland, in Western Lapland, over the last 25-30 years. In the 1980s psychiatric services in Western Lapland were in a poor state, and had one of the highest incidences of the diagnosis of ‘schizophrenia’ in Europe. Now, they have the best documented outcomes in the Western World. For example, around 75% of those experiencing psychosis have returned to work or study within 2 years, and only about 20% still take antipsychotic medication at 2 year follow-up.

Open Dialogue is now spreading through many countries and national health systems, and this is the first time it is coming to Portugal. Some of its principles are now being applied at Casa de Alba Therapeutic Community in Mental Health, with the collaboration of Professor Jaakko Seikkula. A large multicentre randomised controlled trial is under way in the British National Health Service.

Other reflective approaches to mental health have also been showing effectiveness in restoring mental health, such as the Norwegian “reflective teams”, following the work of Tom Anderson. Humanistic and reflective approaches have long been showing effectiveness: the core therapeutic principles of mental health treatments consistently point towards the quality of the therapeutic

/ABOUT/

relationship as well as other common factors (attachment, consistency, containment, holding, open communication and others).

Specific factors, such as theoretical orientation, adherence to specific models, manualised psychotherapies, psychopharmacology and others have been showing to represent only a small proportion of the variation in long-term positive outcomes. However, with the commodification of mental health systems, it seems that these “specific factors” are the ones that still most influence commissioners in funding decisions. Should mental health systems be a “product”? Should they follow “market” rules?

In the 3rd International Mental Health Meeting of Romão de Sousa Foundation, jointly organized with NOVA Institute of Philosophy, these and other questions will be discussed, debated and reflected upon. Other associated events, starting on the 19th of November 2018 and finishing on the 24th of November 2018, will also be part of a reflective and, we hope, a refreshing week!

Submit your work and join the debate!



**João G. Pereira,
PhD, CPsychol**

Chair of the Organizing
Committee
Co-Chair of the Scientific
Committee



**Rex Haigh,
MD, FRCPsych**

Co-Chair of the Scientific
Committee



**Cláudia Pedro,
MSc**

Congress Secretary

PROGRAM

MORNING

8h45 – 9h15 | Registration

9h30 | Welcome Address

José Romão de Sousa
and João G. Pereira

9h35 | Opening Ceremony

Miguel Xavier

Director of the Portuguese National
Mental Health Plan

9h45 – 10h45 | Panel Discussion 1

Melancholic Depression. The Disrupted
Chiasma - Therapy and Dialogue through
a philosophical approach

Veronica Lubei & Valeria Bizzari, Clinic for
General Psychiatry, Center for Psychosocial
Medicine, Heidelberg University Hospital.
Germany

Importance of psychomotor observation in
a multidisciplinary team: A case study with
X-Fragile Syndrome and Schizophrenia

Maria Fragoso Melo, ARIA – Associação de
Reabilitação e Integração Ajuda, Portugal
Chair: Rui Durval, Centro Hospitalar
Psiquiátrico de Lisboa

10h45 – 11h15 | Coffee Break

11h15 – 12h15 | Keynote presentation

Jaakko Seikkula

University of Jyväskylä, Finland

Open Dialogues Mobilize the Resources of
the Patients and the Family:
Results can still be seen 20 years after

12h15 – 13h15 | Panel Discussion 2

Open dialogue approach and dialogism:
“Give me a voice and I will be dialogue”

João Pedro Lourenço, Margarida Bernardo,
Paula Godinho – Day Hospital of the
Psychiatry Service of North Lisbon Hospital
Center

Common Sense and Collective
Intentionality in Asperger Syndrome.

An interdisciplinary proposal

Valeria Bizzari – Clinic University of
Heidelberg, Germany
Chair: Joaquim Gago, NOVA Medical
School

13h15 – 14h45 | Lunch

/PROGRAM/

AFTERNOON

14h45 – 15h45 | Keynote presentation

Giovanni Stangellini
D'Annunzio University, Chieti

We are Dialogue: a phenomenological approach to psychotherapy

15h50 – 16h30 | Cultural Activities / Experiential Learning / Book Launch/ Theatre Performance

Actors:

Silvia Mendes, Inês Siquenique,
Nádia Medeiros, Marco Silva

Set Designer:

João Parreira

Book Launch

Neurobiology-Psychotherapy-
Pharmacology Intervention Triangle: The
need for common sense in 21st century
mental health

(Purchase this book at vernnonpress.com)
João G. Pereira, Jorge Gonçalves, Valeria
Bizzari (Eds.)

16h30 – 17h00 | Break

17h00 – 18h15 | Debate
Neoliberalism and Mental Health
from a non-“psy” lens

Jaakko Seikkula
University of Jyväskylä, Finland

Giovanni Stangellini
D'Annunzio University, Chieti

Raquel Varela
Historian and University Professor

Jorge Barreto Xavier
Former Secretary of State and
Professor at ISCTE-IUL

José Luís Pio Abreu
University of Coimbra

18h15 – 18h45 | Reflections on the Day

18h45 | Ending

/KEYNOTE SPEAKERS/



Miguel Xavier

Full Professor of Psychiatry and the current President of the Scientific Board at NMS|FCM-UNL. He holds a position of Senior Consultant at the Hospital São Francisco Xavier, in Lisbon, with a long track-record of collaboration with Primary Care.

He has been involved in collaboration with WHO, namely for the areas of mental health services evaluation and implementation of policies.

Besides his academic work, he is the Director of the National Program for Mental Health, a task-force from the General Directorate of Health, responsible for implementing the National Mental Health Plan in Portugal. ●



Jaakko Seikkula

Professor of Psychotherapy at

the University of Jyväskylä in Finland.

From 1981 to 1998 he was Chief Psychologist at Kero-pudas hospital in Tornio, Finland, and was instrumental in the development of the Open Dialogue approach there. Over the last 30 years he has mostly been involved in developing new family and social network orientated practices for the most severe psychiatric problems, such as psychosis and severe depression.

He has played a leading role in research into Open Dialogue and related approaches, and has published numerous papers on the outcome of these studies, which show the effectiveness of open dialogues and other dialogical practices.

He is co-author of the books *Dialogical Meetings in Social Networks* and *Open Dialogues and Anticipations*. ●



Giovanni Stanghellini

MD and Dr. Phil. Honoris Causa, psychiatrist and psychotherapist, is Full Professor of Dy-

namic Psychology and Psychopathology at Chieti University (Italy).

Co-editor of the Series *International Perspectives in Philosophy and Psychiatry*. Founding chair of the World Psychiatric Association Section on "Psychiatry and the Humanities" and of the European Psychiatric Association Section "Philosophy and Psychiatry". Chair *Scuola di Psicoterapia e Fenomenologia Clinica*. ●



Jorge Barreto Xavier

Was Secretary of State for Culture, National Director for the Arts, Councillor for Culture of Oeiras City Hall, Director and Programmer of "Lugar Comum" – artistic experimentation center, President of the Portuguese Club of Arts and Ideas, Director of the Biennale of Young Creators of Europe and the Mediterranean, Director of the Biennial of Young Creators of the Lusophone Countries, Advisor for Calouste Gulbenkian Foundation, the Cultural Center of Belém and the Serralves Foundation.

/KEYNOTE SPEAKERS/

Jorge Barreto Xavier was also a member of several international networks in culture and education.

He holds a degree in Law from the Faculty of Law of the University of Lisbon, a postgraduate degree in Arts Management from the National Institute of Administration and a Diploma of Advanced Studies in Political Science from the New University of Lisbon. He currently lectures at ISCTE-IUL University. ●



Raquel Varela

Is a historian, researcher and university professor at New University of Lisbon / IHC, where she coordinates the Study Group on Global Labour History / UNL. She is International visiting senior professor at the Fluminense Federal University and honorary fellow of the International Institute for Social History, where she co-coordinates the international project 'In the Same Boat? Shipbuilding and ship repair workers around the World (1950-2010). She is an international evaluator of CNPQ

/ Brazil; Vice-Coordinator of the Portuguese Network for the Study of Labour, Labour Movements and Social Movements (RE). She coordinated the labour network of the European Social Science History Conference in 2012-2014 – ESSHC. In 2013 she was awarded the Santander Prize for Internationalization of Scientific Production and in 2014 was nominated national scientific coordinator of the Historical Itinerary of 25 April 1974 – National Official Celebrations. Raquel Varela is the author of 10 books, editor of 13 books and the author of 58 chapters in books, both nationally and internationally published. She authored 44 articles published in peer-reviewed academic journals. She is a member of the editorial board of a peer-reviewed international history journal (Workers of the World. International Journal on Strikes and Social Conflicts, Campinas, Amsterdam), and referee for several international journals. She is the president (2 mandates 2011-2013; 2013-2015) of the academic association International Association Strikes and Social Conflicts. Her main areas of interest are global labour history, history of labour relations, and contemporary history of Portugal. ●



José Luís Pio Abreu

Is a psychiatrist at the University Hospital of Coimbra and associate professor at the School of Medicine.

Over the 30 years of his professional activity, he has developed and oriented research relating to various topics from the scope of Psychiatry, with several dozen articles published in scientific journals.

He did his doctoral thesis in 1984 connected with biological psychiatry, and aggregation in 1996 with a lecture on anxiety disorders.

Pio Abreu has performed a critical reflection on clinical activity and published several books.

Also, he has been engaged in psychotherapy and was President of the Portuguese Society of Psychodrama (SPP).

As a citizen, he has always played political, social and cultural activity, with various interventions, opinion articles and columns in newspapers of national circulation. ●



PANEL DISCUSSION 1 (CHAIR: RUI DURVAL, CHPL)

Melancholic Depression. The Disrupted Chiasma- Therapy and Dialogue through a philosophical approach.

Veronica Lubei & Valeria Bizzari, Clinic for General Psychiatry, Center for Psychosocial Medicine, Heidelberg University Hospital

Our talk aims to emphasize the relational character of subjectivity and the chiasmatic link between the self and the world, as they emerge in specific pathologies such as depression, where it is possible to trace back a profound disruption of the “intercorporeal” subjectivity. In particular, we will take into account melancholic depression, a radical condition of depression that often leads to suicidal thoughts. In this condition, the body is affected by a fundamental failure in its vital communication with the world, imploding in a vacuum of potentialities. The subject cannot perceive his potential to act in the world (his affordances), and space is limited to the surrounding environment: we argue that at stake here is what Tatossian described as a “deterioration of the intentional arch”, which is pre-reflective and embodied (2003). This affects intersubjectivity as well: “common sense” is impoverished, and the subject feels himself cut off from the world because he has lost not only his embodied sense of self, but also his power of “atmospheric irradiation,” borrowing Tellenbach’s expression (1981). With this in mind, we will defend the view according to which therapy needs to take into account the aesthetic, pre-verbal dimension of the patient-clinician encounter: depression does not need only a new definition which includes the intersubjective openness of the self, but also new therapies able to grasp the atmospheric instances at play in the clinical situation (Costa 2014).

KEYWORDS: *melancholic depression, relational therapies, chiasma, intersubjectivity, intentionality, atmosphere*

PANEL DISCUSSION 1 (CHAIR: RUI DURVAL, CHPL)


Importance of psychomotor observation in a multidisciplinary team: a case study with X-Fragile Syndrome and Schizophrenia

Maria Fragoso Melo, Psychomotor Therapist

This communication presents a case study of an individual admitted to a Psychiatric Day Hospital. For the presentation of the information the informed consent was collected. The patient is a 37 years-old man, with a history of schizophrenic psychosis that began after his twenties, who participated in the different activities of the Day Hospital of Psychiatry (psychomotricity, psychiatry, psychology and nursing) between 2014 and 2015. The psychomotor observation suggested the presence of psychomotor symptoms dissimilar than the predictable for an individual with schizophrenia. Such incongruity was discussed in the multidisciplinary hospital day team, which led to a referral for the specialties of neurology and genetics. Through genetics analysis it was found that this individual has a mutation of the FMR1 gene that corresponds to the X-Fragile Syndrome.

This case study is relevant because it emphasizes the importance of the mental health work being carried out by a multidisciplinary team with close articulation between its elements, as well as the added participation of psychomotor therapists in these teams. The redesign of the diagnosis allows an adaptation of the therapeutic goals in the rehabilitation program of the subject. This presentation begins with a description of the case, followed by a brief theoretical review about psychomotor symptoms in schizophrenia and X-Fragile Syndrome and it ends with a reflection about the importance of a multidisciplinary work in mental health.

KEYWORDS: *Day Hospital of Psychiatry; Psychomotor Symptoms in Schizophrenia; Psychomotor observation; Multidisciplinary work*



PANEL DISCUSSION 2 (CHAIR: JOAQUIM GAGO, NOVA MEDICAL SCHOOL)

Open dialogue approach and dialogism: “Give me a voice and I will be dialogue”

João Pedro Lourenço, Centro Hospitalar Lisboa Norte; Margarida Bernardo, Hospital Garcia de Orta; Paula Godinho, Centro Hospitalar Lisboa Norte

Background: One of the fundamental principles of “Open Dialogue” (Seikkula et al, 2003), a methodological approach to crisis intervention in psychosis, is the concept of Dialogism, a theoretical framework in Linguistics developed by the Russian philosopher Mikhail Bakhtin (1895-1975).

Aims: In this work we will try to present and clarify the concept of Dialogism in order to comprehend how it contributes to the implementation of “Open Dialogue”.

Method: Revision of scientific literature through Pubmed® and Scielo®, using search terms including “open dialogue”, “dialogism”, “Bakhtin”.

Results: Mikhail Bakhtin believed that Man is not an individual being. The Other is the condition of existence of the Self. Man is defined by the dialogical relationship that he continuously establishes with the Other. According to Bakhtin, Man is endlessly participating in a dialogue. No discourse is individual, it always comes from the interaction between at least two interlocutors. This means that every discourse is dialogic, it results from a “dialogue between discourses”, from a meeting of several voices. The attribution of meaning can be considered as resulting from these processes.

Discussion/Conclusions: Unlike monologue, dialogue is relational, dynamic; it aims to create new descriptions of the world. One of the goals of the “Open Dialogue approach” is to provide a “voice” to the patient and to everyone who is involved, in order to transform the monologues that are the mainstream of today’s clinical psychiatric practice into dialogues that promote narratives and meanings that encourage hope and empowerment.

PANEL DISCUSSION 2 (CHAIR: JOAQUIM GAGO, NOVA MEDICAL SCHOOL)

Common Sense and Collective Intentionality in Asperger Syndrome. An interdisciplinary Proposal

Valeria Bizzari, Phenomenological Psychopathology and Psychotherapy Section, Clinic for General Psychiatry, Center for Psychosocial Medicine, Heidelberg University Hospital

Asperger's syndrome (AS) or high-functioning autism is a disorder which involves abnormalities in the areas of social, communicative development and imagination, together with marked repetitive or obsessional behavior or unusual, narrow interests, but with normal development of verbal language skills and a normal or high IQ (APA, 2013). The clinical debate about its real nature is divided between theories that conceive it as a cognitive disorder (Happé 1994), or as a behavioral one (Goldman 2006). These approaches are individualistic in nature and neglect the pivotal relevance of the social dimension to mental health in general and to AS more specifically. As a consequence, the difficulties with crucial aspects of sociality encountered by patients with AS remains largely unexplored. The aim of my talk is to explore AS' alterations of sociality, emphasizing the role of interaffectivity (which seems to be impaired) and the pivotal importance of the social dimension for a correct development of selfhood. These themes have been widely analyzed in philosophy (especially in phenomenology) under the umbrella term of "collective intentionality." Drawing on phenomenological researches and clinical studies my aims are:

- To present a qualitative interview aimed at the analysis of the different layers of sociality in AS subjects and their relatives;
- To emphasize the importance of therapies that take into account the "we-dimension," fostering the inhabiting of social spaces for both people with AS and the communities they live in (Thoma & Fuchs 2018).

KEYWORDS: *Asperger Syndrome, Sociality, Families, Interaffectivity, Phenomenology, Interview*



Posters & Abstracts

Can emotional intelligence be a protective factor of mental health in professionals that work with victims?

Ana Inês Prior

Universidade Fernando Pessoa

Carla Fonte

Universidade Fernando Pessoa

The operationalization of positive mental health suggested by Keyes (2002) is consistent with the components that give rise to the concept of mental health formulated by the World Health Organization, namely the feeling of well-being, efficient individual functioning and effective functioning in community (Westerhof & Keyes, 2010). In this regard, this investigation aims to analyze if emotional intelligence can be a protective factor of mental health in support technicians to the victim of the Associação Portuguesa de Apoio à Vítima. 50 participants composed the sample, with a mean age of 32.02 years ($SD = 11,415$), where 94% are female and 6% are male. The Portuguese Version of the Wong & Law Emotional Intelligence Scale (2002) and the Mental Health Continuum - Short Form (Fonte et al., 2017), were used for data collection. The results indicated that the levels of emotional intelligence in the sample are balanced as well as that emotional intelligence is associated with the mental health of the technicians. A positive and significant association between emotional intelligence and the mental health of the victim support technicians was found, showing that mental-health increases according to its relation with the dimensions of emotional intelligence. These findings highlight mental health needs of mental health professionals because caring for those who are emotionally stressed or distressed is often itself stressful. This study also suggests that individuals with demanding helping professions can benefit in emotional intelligence training as a protector factor for their mental health.

KEYWORDS: *compassion fatigue, emotional intelligence, mental health, emotional well-being, psychological well-being, social well-being*

Interventions against the stigma of psychotic patients – where do we stand and where do we go?

Beatriz Côrte-Real,
Gabriela Andrade
& Inês Silva

Centro Hospitalar
Lisboa Norte, Hospital
de Santa Maria

Background: Mental disorders are common among the population, with psychotic disorders having a considerable prevalence and burden. What also appears to be widespread in society are stigmatizing attitudes. Stigma has a negative influence in the patients' self-esteem, help-seeking behavior, treatment adherence, social relationships and job opportunities.

Aims: To study the known and attempted strategies to reduce stigma against psychotic patients.

Method: Review of the literature published between 2013 and 2018 using PubMed database, with the terms: "stigma" AND "psychosis".

Results: The interventions that demonstrated major effectiveness were family psychoeducation and a traditional psychoeducational talk targeting teenagers, with an engaging drama performance and exercise demonstrations. Regarding public campaigns, those framing psychosis through testimonials are effective, in opposition to the medical approach (i.e. "mental illness is an illness like any other"). In the specific case of health-care professionals, some studies have indicated that stigma, even among those specialized in mental health, does not differ statistically from non-health-care professionals, and that strategies to change that reality so far are not effective.

Discussion/conclusions: The positive results at schools validate the use of novel strategies like drama performances to engage adolescents and may urge government funding to initiate student programs. When considering mass media interventions, first-person narratives are promising, while bio-medical messages may paradoxically contribute to increase prejudice. Despite the effective results obtained through the mentioned interventions on such a well-studied topic, it is clear that stigma and its repercussions still persist in our country – a disparity that needs clarification in the authors' opinion.

KEYWORDS: *stigma; interventions; psychosis*

Peer support in Open Dialogue – to peer or not to peer?

Gabriela Andrade,
Beatriz Côrte-Real,
Inês Silva
& Tiago Duarte

Centro Hospitalar
Lisboa Norte, Hospital
de Santa Maria

Background: Nowadays there is a strong international trend towards Open Dialogue (OD) and peer support (PS). Peer workers are individuals with history of severe mental illness who received training to share their own experience. Although different studies suggest the potential benefit of PS interventions on clinical outcomes, there is a lack of scientific evidence about the current models in OD.

Aims: To discuss the role of peer workers in OD among adult patients with severe mental illness.

Method: The research strategy on Pubmed and EBSCO was based on the presented key-words, selection and critical appraisal of literature published between 2013 and 2018.

Results: While most studies demonstrate that PS interventions and conventional approaches have similar outcomes, others state that there are additional benefits not only for peer workers but also for the mental health care system.

There are few articles highlighting the potential benefits of introducing peer workers in OD and their involvement on the therapeutic project may vary significantly. Some limitations are related with the need of specialized training and the overlapping of functions with other therapists.

Discussion/Conclusion: Peer interventions in OD can represent a synergic approach, however, there is a lack of consensus about the most effective model of action.

To conclude, further investigation is needed in order to design a standard model, with a clearly defined role for peer workers to maximize clinical outcomes in patients with severe mental illness.

KEYWORDS: *Open Dialogue; peer support interventions*

Open Dialogue – What a psychiatry trainee should know?

Inês Duarte e Silva,
Beatriz Côrte-Real
& Gabriela Andrade

Centro Hospitalar
Lisboa Norte, Hospital
de Santa Maria

Background: Open Dialogue (OD) is a Finnish intervention and ongoing care model for people experiencing psychiatric crises which engage the individual, family and supportives in meetings with open discussions of all aspects of the clinical situation, and in decision making.

Aims: This work aims to discuss and review topics in OD approach as an area of clinical importance for psychiatrist residents in training.

Method: Selection and critical appraisal of literature conducted through database search in Pubmed, PsychInfo and EBSCO with terms “Open dialogue” and “Psychiatry”. Original reflexive positioning considering contribution to residency skills.

Results: Studies regarding use of OD approach in patients with first psychotic episode show reduction in duration of inpatient treatment, antipsychotic medication, better social functioning and less residual psychotic symptoms in 2 years follow up in majority of cases (82%). OD promotes diversity and creativity in psychiatry trainees as long as encourages thinking about shifting perspectives and paradigm questioning. This approach emphasis on speech / language rather than symptoms, promoting strategies to create contexts and relationships that invite and encourage dialogue.

Discussion/Conclusions: The OD approach could be considered an emergent resource to psychosis treatment, improving psychopharmacologic management and patient recovery. A future psychiatrist should build the skills to encompass an integrated and broad treatment range. Essential aspects involved in OD include learning to expand patient social network for cooperation and participation in complex problems resolution. It also contributes to respect and learn with patient experiences and reasonings, transforming paternalistic comprehensive view of professional role into a dialogical one.

KEYWORDS: *Open Dialogue approach; Psychiatric treatment; Psychiatry trainees*

Cultural aspects in personality disorders: Differences in clinical presentation and treatment

Guadalupe Marinho

Resident, Senior Consultant and head of Psychiatric Department

Diogo Almeida

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Maria do Carmo Cruz

Psychiatric and Mental Health Department – Hospital Prof. Doutor Fernando Fonseca, EPE, Portugal

Background: Social, religious and family values with different traditions and practices tend to influence individual personality development, subjectively and interpersonally, as well as socially. Likewise, cultures and societies vary significantly regarding what is accepted versus considered a deficit or unacceptable.

Aims: Highlight the influence of culture on the presentation and treatment of personality disorders (PD).

Method: A literature review was conducted by searching in the database PubMed using the terms: “personality disorders” and “culture”. Articles were selected regarding their scientific relevance, estimated by the following criteria: publication’s year after 2010; information’s clarity and logic; article written in English; explicit focus on the impact of culture on PD presentation and treatment; and significance of its contribution.

Results: Societal development impacts personality functioning in different ways. Definitions of healthy development and mental wellbeing vary, and each culture present with a range of challenges in daily functioning. Consequently, personality dysfunction and pathology are quite differently expressed and defined within each specific society. Similarly, cultures vary regarding flexibility, openness, acceptance and containment of personality differences and diversity.

Discussion/Conclusions: Differences in traditions, education and access to health, combined with characteristics of each ecosystem, have an influence on the manifestations, clinical course and treatment response in patients having PD. Also, social norms and values, including personal, family, and culturally based, have an important impact on development and functioning of personality, how the personality is perceived and on individuals’ motivation to seek treatment. Therefore, awareness of these aspects is essential in evaluation and proper treatment of PD.

KEYWORDS: *Personality Disorders, Culture*

Suicidal Behaviour: socio-demographic and clinical characterization of patients admitted to a portuguese acute psychiatric unit in 2017

Cátia Fernandes Santos,
Filipa Fernandes Martins
& Filipa Senos Moutinho

Department of
Psychiatry, Hospital
Garcia de Orta, Almada,
Portugal

Background: Suicide constitutes a complex phenomenon resulting from the interaction of biological, psychological, sociological, cultural and environmental factors. Since it has become an increasing public health problem, a better understanding and characterization of suicidal acts is priority, so that effective preventive strategies can be developed.

Aims: The authors carried out a sociodemographic and clinical characterization of patients admitted with suicidal behaviour in the Department of Psychiatry of Hospital Garcia de Orta, in 2017, in order to determine factors associated with high risk of suicidal behaviour in this population.

Method: A retrospective analysis of the clinical records of 53 patients admitted by suicidal behaviour, from 1 January until 31 December 2017, was carried out to assess sociodemographic and clinical characteristics.

Results: Females accounted for 66% of the admissions and the patient's age was predominantly between 46 and 65 years old, with a secondary peak in the age range of 18 to 25 years. The majority of the admissions involved single individuals (43,4%), which were either unemployed (39,6%) or retired (26,4%). Major Depressive Disorder (28,3%) and Cluster B Personality Disorders (24,5%) constituted the most frequent diagnoses. Patients presented several medical conditions, with an emphasis on cardiovascular and metabolic diseases, and 43% reported substance use. The most commonly used suicide methods were drug poisoning (56,6%) and self-mutilation (13,2%).

Discussion/Conclusions: These results can be a starting point for preventive and therapeutic interventions in the area of suicide, more adapted to the community in question and, consequently, more efficient in the prevention of suicide.

KEYWORDS: *suicide, suicidal behaviour, prevention, community*

Experience(s) of family members of the person with mental illness: Contributions of emotional education

Maria Alves

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Francisca Manso

Escola Superior de
Enfermagem Calouste
Gulbenkian de Lisboa

Background: Psychiatric illness can be difficult to manage for the individual and for the family. It has become paramount to develop emotional competence, by which people tend to enrich their interpersonal relationships.

Aims: (1) evaluate the needs and problems of families of psychiatric patients; (2) provide emotional support by increasing the emotional literacy of the families; (3) perform a theoretical and practical work of nursing intervention and empirical research.

Method: An eight session program with psycho, socio-therapeutic and psychoeducational interventions was applied in Lisbon. Consisting of family members for twelve patients with mental illness: six in the experimental group and there maining six in the comparison group. Several instruments were used: protective factors and stressors (Neuman, 2011), sociodemographic questionnaire, field notes, questionnaire based on the Veiga Scale of Emotional Competence. An exploratory quasi-experimental study of mixed nature (qualitative and quantitative) was developed, emphasising the emotional competences: emotional awareness, emotional regulation and social competence.

Results: The results of the study show a slight increase in mean values of competences in the analysis for the experimental group. This may suggest that the development of emotional competence can be effective based on the implemented program.

Discussion/Conclusion: The results exposed the difficulties some of the families faced, similar to other studies carried out. The program represented a space for acquiring strategies and developing competences. Mental Health and Psychiatric Specialised Nurses can positively influence the emotional literacy progress and therefore improve the family experience.

KEYWORDS: *Emotional competence, emotional literacy, nursing intervention, psychiatric patient, family*

Psychiatry in the 21st Century – Between Reductionism and Pluralism

Guadalupe Marinho

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Diogo Almeida

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Maria do Carmo Cruz

Psychiatric and Mental Health Department – Hospital Prof. Doutor Fernando Fonseca, EPE, Portugal

Background: In the past sixty years, neuroscience has dominated psychiatric research and proposed several etiological models that govern our practice nowadays. Contributions from neurobiology, neuroanatomy, radiology and psychopharmacology flourished and influenced a reductionist belief regarding mental disorders. However, several authors have argued that a pluralist etiological model might be more suitable.

Aims: To discuss explanatory and clinical models in psychiatry, arguing between a reductionist and a pluralist point of view.

Method: Selective review of the literature using Pubmed.

Results: Throughout the history of psychiatry, there were several moments where reductionist explanations for mental disorders emerged. More recently, neuroscience appeared to hide all the answers that clinicians were thriving to find. However, despite a growing body of research in this field, there is still a lack of clear etiological models in psychiatry, arguing against a pure reductionist biological view of mental disorders. Several authors criticize this dogmatic position and state that for the biological psychiatry to endeavor it must withhold concepts from clinical psychology, sociology, anthropology and other disciplines, as the study of the human mind may fall short if just pursuing one of these branches of knowledge.

Conclusions: Current clinical psychiatry is strongly influenced by the biological reductionist view of mental disorders. However, there is still ambiguity and uncertainty regarding explanatory models in mental health, as they strive to integrate in each other and to build pluralistic evidence-based concepts and focused on treatment. Narrowing the gap between eclectic and restrict explanatory models might be the key for a brighter future.

KEYWORDS: *Reductionism, Pluralism, Psychiatry, Philosophy*

Self disturbance and borderline personality disorder

Mário J. Santos

Psychiatric Service of
Hospital Prof. Doutor
Fernando Fonseca

Background: Borderline personality disorder (BPD) is characterized by extreme sensitivity to perceived interpersonal trivialities, an unstable sense of self, intense and volatile emotions and impulsive behaviours. Particularly, self/identity disturbance is thought to be a central feature. Although some studies demonstrate that BPD has a biological basis and is treatable, there are lingering issues around its definition, core features and treatment. Such could lead to misunderstanding and mistreatment, when dealing with patients suffering with this disorder.

Aims: To review phenomenological concepts and theories surrounding the relationship between self disturbance and borderline personality disorder.

Method: Non-systematic review research using PubMed database.

Results: In BPD, self/identity disturbance could be conceptualised as stemming from a lack of differentiated and integrated representations of self and others, a lack of long-term goals and negative self-image, or the lack of sense of continuity in self-perception over time. As such, some phenomenological research suggests that a narrative self – social identity – is disturbed, while a more basic pre-reflective experiential self may remain intact. Such disturbance of this narrative self would imply an impaired ability to establish a coherent self-concept with a sense of continuity over time. This self-concept arises from the very personal specificities that range, for example, from individual style to personal history.

Conclusions: BPD is a relatively common and misunderstood disorder. Phenomenological inquiry and research may shed light over the core features of this disorder, leading to improved management and treatment of patients.

KEYWORDS: *self; borderline personality disorder; phenomenology*

Understanding empathy: A Philosophical and Clinical View

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Background: Empathy can be a complex concept involving perception, emotions and attitudinal orientation. It is also an activity that expresses personal character traits and virtues.

Aims: Explore the concept of empathy from a philosophical and clinical point of view.

Method: Selective review of the literature using Pubmed.

Results: In philosophical texts, empathy is seen as being epistemologically significant, because it allows to understand and anticipate the others behavior, and to apply the principles of reciprocity and universalizability. Some authors argue that empathy is not just an understanding attitude toward others, but a virtue. Other researchers suggest that empathy is best thought of as a set of constructs: (1) physiological responses of awareness and arousal; (2) wandering imagination: tendency to fantasize and daydream about fictional situations in an undirected manner; (3) fictional involvement: the ability to transpose oneself by imagination into the feelings and actions of others; (4) humanistic orientation: a sensitivity to and appreciation for the emotional welfare of others; and (5) emotional contagion: a susceptibility to the emotions of those around one.

Discussion/Conclusions: An examination of the literature reveals empathy to be not one unified concept but instead a set of related characteristics, essential to an ethical and therapeutically effective clinician. The reason why clinicians need a rich understanding of empathy is the importance of a precise knowledge of the patient, in order to engage in the accurate diagnostic and therapeutic approach, as well as its essential contribution for the therapeutic relationship and consequently to treatment adherence and prognosis.

KEYWORDS: *Empathy; Clinical practice; Philosophy; Therapeutic relationship*

Fighting against self-stigma, a group experience.

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As health professionals of the Andalusian Health System we have been able to participate in the development of the Strategy against stigma in Mental Health (Junta de Andalucía, 2017), whose general objectives are: combat the stigma, discrimination and violation of rights suffered by people with mental illness and to favor the recovery of people with mental illness and their families.

As a self-stigma aimed specific objective, it tries to apply the actions to a double audience: general public and people with lived experience of mental illness. To ensure changes in attitudes and behaviours, it is necessary to have both audiences.

The results of the investigations highlight the importance of subjective and metacognitive perceptual factors in the recovery process, pointing to the existence of significant relationships between self-stigma and recovery (Garay, Pousa and Perez, 2014). Self-stigma reduces the experience of recovery. In addition, difficulties in social relationships and the perception of subjective complaints about cognitive functioning are associated with a greater sense of internalized stigma.

We have carried out our work with a group of people with lived experience to empower them and reduce their self-stigma. For this, we gathered a group of 7 people, 4 men and 3 women, in weekly sessions of 2 hours, generating a total of 13 sessions.

As a subjective analysis' conclusion of the experience (of users and professionals) we can highlight the increase in the recovery sense and in the satisfaction with health services.

KEYWORDS: *self-stigma, group therapy, recovery model, mental health*

Perceived satisfaction in a mutual support group

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A mutual support group (MSG) is an active listening space, where dialogue, understanding and support among its members are favored (Erro, 2016).

As Pascual-Vera (2017) says, two of the main characteristics of the MSG are horizontality (not establishing hierarchies of power among the members that compose it) and bi-directionality (all the members give and receive support from the rest in a situation of equal to equal).

We set ourselves the objective in this work to determine the degree of participants' satisfaction with the participation in the MSG.

32 subjects participated in the present study, all of them users of a Mental Health Rehabilitation Unit from Granada (Spain). We developed ad-hoc an instrument to quantitatively measure the degree of satisfaction on a scale from 0 to 100.

The average of the satisfaction reported by the users is 92'36 (SD = 5'87). Being all the scores included in the range 77-100.

In view of the present results, we recognize the enormous importance of implementing MSG in Mental Health Care Units. Always with the consideration of the horizontality among all the members as the fundamental factor of the present model's therapeutic success (Pascual-Vera, 2017).

KEYWORDS: *mutual support, recovery, horizontality, bi-directionality*

Two cultures, Two depressions: Exploring the influence of cultural and social factors in the etiology and clinical manifestations of depressive disorders

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Background: Some authors defend that depression is universal in all societies. Inversely, the anthropological literature highlights the variability of depressive symptomatology from one culture to another. According to recent studies, cultural and social factors seem to exert an effect on the development and manifestation of depressive symptoms due to the influence in the way that reality is interpreted and emotions are felt.

Aims: Assess the impact of cultural and social factors in the development of depression and its characteristics.

Method: Selective review of the literature using Pubmed.

Results: Even though depression is one of the most common mental health disorders affecting every country, ethnicity and culture worldwide, there are remarkable differences in its manifestation. There are some areas where consistent transcultural and cross-country differences were reported, including somatization, delusions, feelings of guilt, expression of negative affects and suicidality. Similarly, social and individual representations of the disease depend on the culture, increasing some conceptual models the effects of stigmatization. Studies indicate also that the profile of depression shows remarkable differences even in the case of European countries with quite similar cultural as well as socio-economic characteristics.

Conclusions: If depressive disorders are present in all countries and societies, their symptomatic expression varies culturally and socially, especially in terms of somatization and delusions. These transcultural variations modulate the process of searching care and so the evolution of the disease in the sense of greater gravity. Therefore, paying attention to cultural and social factors should be essential during the definition of mental illnesses and their assessment.

KEYWORDS: *Depressive disorder, Culture, Social norms, Transcultural Psychiatry*

Open Dialogue and the Multifamily Psycho and Group Analysis: links and overlays

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Background: The Open Dialogue (OD) approach has become a topic of interest across fields of Psychiatry. It encompasses a therapeutic approach that focus on the individual and family's needs and particularities while embracing the patients' wider networks by encouraging dialogue. The Multifamily Psycho/Group Analysis (MPGA) consists of a therapeutic model that applies the concepts and techniques of the multifamily group analysis (that stems from the Portuguese School of Group analysis) to the psychoanalytic therapeutic community of multifamily structure (inspired by Garcia Badaracco's work) whilst sharing the same aims and being equivalent in their concepts. Given the increasing practice of the OD in family/network-based interventions, it is of interest to study the overlay between the seven principles of OD - including the fidelity criteria of the dialogic practice – and the MPGA cardinal topics.

Aim: The prime intent is to identify the links between the OD and the MPGA approaches at a day hospital setting.

Methods: A literature review was conducted using the PubMed and the Research Gate search databases, and a narrative review was constructed minding the preceding experience of 17 years in conducting multifamily groups.

Results: A paramount superimposition between the both practices was made clear in 6 topics: (1) developing dialog city in a relational focus, (2) providing a new way of communication, (3) sharing a community-oriented vision, (4) acknowledging the patient's perspective to partake in the decision making, (5) tolerating uncertainty and (6) eliciting multiple viewpoints.

Conclusions: An alternative narrative arises from the common dialogic and community-oriented therapeutic practices, valuing the patients' voice, networks and decision partaking. The overlaying and merging concepts of both methods allow the patient's network to play an active part in the recovery process while the shared dialogue between professionals, patients and their families discloses an edifying light on the recovery process that should be encouraged into current and broader approaches in psychiatry.

KEYWORDS: *open dialogue, multifamily psychoanalysis, multifamily group analysis, psychiatric day hospital*

“I’m ashamed of myself”: when mental illness stigma turns inward

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Background: Living with a mental illness is an experience that is not limited to the symptoms of the disorder. Internalized stigma, or self-stigma, is one of the three levels of stigma towards mental illness, as many individuals turn stigmatizing societal attitudes against themselves. It is associated not only with several psychosocial effects and lack of social support, but also with reluctance to trust or seek care, poor adherence to treatment and increased hospitalizations, resulting in an overall poor quality of life.

Aim: Review the definition and mechanisms of internalized stigma, determine its prevalence, socio-demographic and clinical correlates, and explore the association between internalized stigma and quality of life, general functioning, hope and self-esteem among people with mental illness.

Method: Bibliographical research on PubMed/MEDLINE electronic database, with non-systematic review of literature published between 2010 and 2018, in English, corresponding to the terms “internalized stigma”, “self-stigma” and “mental illness”, selected according to relevance.

Results: The acceptance of negative stereotypes by the individual itself has shown a negative impact on well-being – it worsens symptoms by diminishing self-esteem, compromising functionality, treatment adherence and preventing the patient from returning to his or her occupational and social roles. The Internalized Stigma of Mental Illness (ISMI) Scale can assess subjective experience of stigma and is considered to be reliable and valid for use across a wide range of settings, disorders and cultures.

Discussion/Conclusions: Educational interventions to address and reduce internalized stigma are needed as well as efforts to dispel misconceptions relating to mental illness among general population.

KEYWORDS: *internalized stigma, self-stigma, mental illness, psychoeducation*

Suicidal behavior: socio-demographic and clinical characterization of patients admitted to a portuguese acute psychiatric unit in 2017

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Background: Suicide constitutes a complex phenomenon resulting from the interaction of biological, psychological, sociological, cultural and environmental factors. Once it has become an increasing public health problem, prevention and control of suicidal acts require the development of strategies that enable their better understanding.

Aims: The authors carry out a sociodemographic and clinical characterization of patients admitted with suicidal behavior in the Department of Psychiatry of Hospital Garcia de Orta, in 2017, in order to determine factors associated with high risk of suicidal behavior in the population of the influence area.

Method: The clinical records of 53 patients admitted by suicidal behavior, from 1 January until 31 December 2017, in the Department of Psychiatry, were examined retrospectively to assess sociodemographic and clinical characteristics.

Results: Females accounted for 66% of admissions and patient's age was predominantly between 46 and 65 years old, with relevance also to the age range of 18 to 25 years. A significant part of the admissions involved single individuals (43,4%), which were either unemployed (39,6%) or retired (26,4%). Major Depressive Disorder (28,3%) and Cluster B Personality Disorders (24,5%) constituted the most frequent diagnoses. Patients presented a diversity of medical conditions, with an emphasis on cardiovascular and metabolic diseases, and 43% reported substance use. The most commonly used suicide methods were voluntary drug poisoning (56,6%) and self-mutilation (13,2%).

Discussion/Conclusions: These results can be a starting point for preventive and therapeutic interventions in the area of suicide, more targeted to the community in question and, consequently, more efficient.

KEYWORDS: *suicide, suicidal behavior, prevention, community*

Peripheral biomarkers of depression: Current knowledge and future perspectives

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Background: Major Depressive Disorder (MDD) is predicted to be the second leading cause of disability by 2020, counting with different prognosis, evolution, duration of illness and life quality impairment. Cultural, familiar and social stigmas can further complicate patient prognosis. Finding specific biomarkers to aid in the diagnosis, prognosis and treatment will decrease this stigma and will help the physician explain this polymorphic condition.

Aims: Biomarker approaches in MDD evaluation in the context of current hypotheses and their applicability to clinical practice in order to help families, communities and health networks work with those patients.

Methods: Bibliographic research was conducted using the PubMed search database, with the following keywords: “major depressive disorder hypotheses”; “biomarkers”; “peripheral biomarkers of major depression”; “biomarkers and social stigma”.

Results: There are four major MDD etiology hypotheses: monoamines’ hypothesis, stress’ hypothesis; immuno-inflammation’s hypothesis and neurogenesis and neuroplasticity’s hypothesis. Biomarkers have a central role in diagnosis, prognosis and treatment as well as an important role reducing stigma. Despite this knowledge, single biomarkers for MDD lack sufficient sensitivity and specificity to be applicable in clinical practice.

Conclusions: Discovery of biomarkers is essential for physiopathology, diagnosis and targeted therapy disclosure; Biomarkers might reduce social, cultural and ethnical stigma; Biomarkers might facilitate working with families in order to improve social reintegration; Biomarkers might improve mental health professionals’ therapeutic management, but they are lacking sufficient sensitivity and specificity to be applicable in a clinical basis: The heterogeneous presentation as well as the multifactorial etiology of MDD may be responsible for these results.

Working with a refugees' community: challenges to mental health and psychosocial wellbeing

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Background: A notorious number of people are currently experiencing forcible displacement, being the current conflict in Syria the cause of the largest refugee displacement crisis in our time. Exposure to violence and trauma are associated with an increased risk for mental disorders. Nonetheless, refugees' mental health is also highly influenced by post-migration conditions. Experiences of conflict-related violence and concerns about situation in Syria are compounded by the daily stressors of displacement, including poverty, lack of basic needs and services, language barriers, unemployment, difficulty to find housing, isolation and discrimination, uncertain immigration status, lack of information, loss of family and community support, and uncertainty about the future.

Aims: Theme review on the available evidence regarding the organization of mental health and psychosocial support for refugees and asylum seekers.

Method: A literature search was performed on PubMed database using the keywords "refugee", "mental health", "social determinants", "culture", "psychosocial intervention" and articles were selected according to their relevance.

Results: Pre-migration trauma does predict mental disorders, such as post-traumatic stress disorder, but the post-migration context can be an equally powerful determinant of mental health and psychosocial distress. People are affected in different ways and require different kinds of supports. A key to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups.

Discussion/conclusions: There is broad consensus that mental health and psychosocial support services need to go beyond clinical services to include community-based and culturally sensitive programmes that enhance functionality and coping strategies of affected populations.

KEYWORDS: *refugee, mental health, mental disorders, social determinants, culture, psychosocial intervention*

Playing with words - psychotherapy as jazz improvisation and performative act

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Abstract

Background: Notwithstanding all the current empirical evidence, we still struggle to find what are the underlying mechanisms that make psychotherapies “work” and which therapeutic relationship is the most adequate between patient and therapist.

Aims: Discuss the characteristics of psychotherapy which can activate the patient’s curative factors and help patients living a better life.

Methods: This work is based on a critical perspective of clinical practice, philosophy of language and performance studies. It stems from a process of group reflection on psychotherapies which happened monthly from March to July 2018.

Results: Psychotherapy is a form of dialogue established through utterances played like a jazz improvisation, where both patient and therapist communicate through a common new language. Each therapy session is a performative act through which this duet tries to find a better story, the one that produces the health and identity that the patient is looking for. So, this better story is also a better performance, which is built conjointly by both therapist and patient, and that ultimately allows him/her to live more fulfilling life.

Discussion/conclusions: Understanding psychotherapies beyond the strict scope of application of their techniques, seeing them as a distinct form of conversation and interaction between patient and therapist, through which a new common language and performance is created, is, in our view, a feasible path to a new conception of psychotherapy which is able to activate curative factors present in the patient in a more effective way.

A Mutual Aid Group: from annulled people to a life worth living

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Even if the word “biopsychosocial”, used to describe the hegemonic approach to Mental Health, includes three dimensions, it is clear, for whoever has contact with the services, that putting “bio” at head was a well-achieved coincidence. The unquestionable primacy of psychopharmacology as the universal answer to all Mental Health issues is the breadwinner of an industry whose branches reach way too far, way too close to people’s lives. Funneling the origin of people’s suffering to somewhere in the brain disconnects it from the life they live and takes away their sense of agency. Inversely, Mutual Aid Groups, promoting an environment of horizontal, symmetrical and generalised reciprocity between peers (Canals, 2015), enable the comunization of experiences and so the capacity to engage in reflective processes over their feelings and the reasons for them. Relocating the discussion between peers, outside the circles of psychiatrization, not only members win power over speech, they also redefine their position in it. From “annulled people” (in a mother’s words), they find their role within a community that not only recognizes them as individuals, but calls for their affirmation as such to sustain itself. Assuming practices of research in everyday life (Spink, 2008), this work is the result of a year’s immersion in the micro-places that constitute the day-to-day life and reality of a Mutual Aid Group in Barcelona as it is the inhabitation of those places that allows the researcher to be part of the construction of common significances and so to apprehend their meaning.

KEYWORDS: *Mutual Aid; Comunization; Reflective Processes; Life is Something Else*

Recovery and Community Psychiatric Services: Concepts, Relationships and Challenges

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Background: The Recovery concept in Psychiatry emerged in the late eighties of the past century as result of the increasing pressure of mental health services users and the increasing awareness that rehabilitation was possible in severe mental disorders. Since then, Recovery has been a part in most of mental health plans worldwide, being a crucial element in the current design of psychiatric services.

Aims: To review the concepts surrounding Recovery, establish its importance in current Community Psychiatry services organization and to summarize its implementation challenges.

Methods: Non-systematic review research using Pubmed/Medline database.

Results: Recovery is a set of theoretical principles that were developed from the narratives of mental health patients and that had the aim of shifting the paradigm in the way professionals and services provided care, assuring the empowerment of patients, as well as developing tools that allowed functional and social rehabilitation. Community Psychiatry can be conceptualized as Recovery-oriented, as it moves away from the asylum, promoting community-based interventions aimed at social inclusion of patients, reducing stigma and working with families. Several challenges appeared however such as professional's resistance, reluctance on empowering severe patients, the notion that Recovery is non-clinical or that these services are not cost-effective.

Conclusions: Recovery is an essential movement that influenced current design of Community Psychiatry services and national mental health plans worldwide. Several challenges have emerged that continue to shape its current implementation.

KEYWORDS: *Recovery, Community Psychiatry, Psychiatric Services*

In or Out: Experience of a Service User Working as a Professional

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The Mental Health Care Act - India 2017 (a revision of the 1987 Act which came into effect on 7th July, 2018) focuses on the service users' right to make decisions in their treatment plan. Although, the Indian Mental health system took 30 years to recognize the significance of collaborating with the service user, the atmosphere now seems inviting of the service user movement. This paper aims to explore the dynamics of a service user working as a professional in a mental health organisation (Hank Nunn Institute). This paper relies on semi-structured interviews to gather multiple perspectives on this dynamic from the service user herself, her clinical supervisor, her therapist, her peer, her colleague, and her manager. This paper then uses narrative analysis to study emerging themes related to maintaining boundaries, struggling with role identity, relationship with the staff team, and being a stakeholder in the functioning of the organization, in the given context.

KEYWORDS: *service user, narrative analysis, managing boundaries, role identity, stakeholder*

Empathy in clinical practice - how to promote empathy in physicians: a systematic review

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Background: Empathy is relevant for clinical practice, as it promotes the doctor-patient relationship, allowing a better acquisition of symptoms and giving comfort and security to the patient. Those skills will allow the doctor to dig into sensible details and they may improve therapeutic adhesion and efficiency diminishing patient dissatisfaction, medical errors and health system expenses. Therefore, empathy should be a learning goal in medical schools.

Objectives: To review methods of teaching empathy in medical students in order to identify relevant features in an holistic model.

Methods: The present work follows a selective review of 100 papers (systematically searched in Pubmed-NCBI by the use of words empathy, students, medicine and erosion). We focus on defining empathy, it's relevance to patient-doctor relation, the evolution of empathy during medical curriculum, the determinants of the changes of empathy and how to positively influence it.

Results: The review of literature shows that there are two main methods to promote empathy in medical schools. These are based on the two main dimensions of empathy: (1) active effort to understand the other and (2) focusing in "self-knowledge" development, throughout self-esteem enhancement and correct identification of emotions.

Conclusion: There are various "empathy promoting program" that have varied schemes to educate doctors in emotionally demanding situations. Their review allows the definition of a broader intervention that solicits all.

KEYWORDS: *empathy definition, empathy erosion, empathy in medical school, empathy in clinical practice, promote empathy*

Mental health: burnout and depression in healthcare workers

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Introduction: Workers' physical and mental health have been the center of the companies' concerns for the past years and are the cause of the majority of work removals. In a way, there is a consensus that some activities are more susceptible to developing the disorder, for instance the medical, nursing and teaching professions. Burnout can hit any professional.

Objective: Evaluate if there is a significant statistical difference between male and female sexes regarding the number of health-care professionals on work removals diagnosed with burnout syndrome.

Method: The sample was composed of 401 professionals from state public hospitals in Goiás, Brazil, chosen because of their proximity. This study is localized in order to have an easier way to contact these professionals in case there needs to be interviews that need to be further conducted. In order to collect data, the following instruments of measure were used Maslach Burnout Inventory-General Survey and the Beck Depression Inventory which have been completed in their own workplaces. After, the database was assembled using the software SPSS through descriptive analyses.

Results: Regarding burnout, it is possible to determine that the emotional exhaustion level is 25.1%, the cynicism level is 77.9% and the inefficiency level is 100%. Regarding burnout level, 42.3% of these workers present symptoms of depression. Such data point to the necessity of urgent investment on quality of life policies at the hospitals. That is if we are to minimize the impacts that lead to illnesses which workers receive during their daily activities at these hospitals.

Conclusion: The study shows that the researched hospitals present signs that their employees might, very soon, be diagnosed with burnout syndrome and that there is already the presence of depression both in moderate and high levels, that is some concerning data.

KEYWORDS: *Depression. Workers. Burnout syndrome*

Relationship stress and style of organizational leadership of teachers of higher education: a systematic review of literature

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Abstract

Stress, leadership style and teaching are themes that have received the researchers attention in the last years. This study aims verifying how the specialized literature has made associations between the teacher's perception about the stress generated by the work activity and its relation with the leadership style used by managers of higher education institutions. In this sense, scientific productions of the area published in Brazil and abroad, were researched based on the systematic literature review, considering the period from 2005 to 2014. The descriptors used were: stress; leadership style; coping; and upper-level teachers. The electronic bases consulted were: SciELO; PEP-SIC; PubMed Central; Index Psi; And Cochrane. Among 94 selected articles, it was observed that, despite the huge amount of papers about stress, leadership styles and coping, only a few dealt with the relationship between the influence of leadership styles and the stress generation in employees, especially on those in higher education. Furthermore, there is a lack of papers that evaluates the strategies of psychological coping used by the employees who suffer stress due to the management style. Articles written in English were the closest studies to the scope of this research. It's important to mention that publications in Brazil are still incipient.

KEYWORDS: *Coping, Leadership style, Stress, Systematic Review*

A Psychosocial Structure to Create a Developmental Space: CHT's 'Four Pillars' Approach

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Community Housing and Therapy (CHT) provides psychologically informed residential therapeutic communities for adults and young people with psychological, emotional and behavioural difficulties, including diagnoses of psychosis or personality disorder and/or substance dependency, self-harm, suicidal thoughts etc.

The aim of this presentation is to describe the psychosocial framework which CHT uses in order to create an enabling therapeutic space that can contain the high levels of anxiety and distress experienced by our residents.

The Psychoanalyst DW Winnicott coined the phrase 'transitional space', referring to both the creative space between mother/primary carer and infant within which the infant's mind develops, and the creative therapeutic space between therapist and client/patient. CHT tries to create a transitional space within which young people and adults with existing or emergent mental health problems can develop a more integrated and self-regulated sense of themselves, and more stable relationships with the other.

Development is a psychosocial process with both mind and sense-of-self coalescing around the experienced interaction between the self and other. To enable a space where creative development can occur, CHT uses a 'four pillars' model to contain the therapeutic or transitional space: Therapeutic Communities, Psychologically Informed Environments, Psychodynamic Theory and Practice, and Recovery. The transitional space is then overseen and guided by a 'parental couple' of Service Manager and Community Psychotherapist.

The result is a dynamic but contained space within which self-development for both staff and residents can take place and the residents can, in the words of one of them, 'get a life worth living'.

The power of Therapeutic Accompaniment (AT) as a device for Psychosocial attention

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Introduction: The present work intends to present the Therapeutic Accompaniment Project in the Public Network – AT na Rede, permanent action of university extension of the Institute of Psychology of the Universidade Federal do Rio Grande do Sul (Brazil) for 20 years.

Objective: To present the therapeutic accompaniment (at): a clinic modality that aims to accompany a subject in his daily life, favoring his social circulation and the expansion of his ties and life possibilities, developed by the members of the Project.

Method: Using a methodological perspective that encompasses clinical, research and intervention, AT na Rede follows the developments of the Therapeutic Monitoring intervention in its three areas of incidence: in the relationship with the users indicated by each service to be followed, focusing on the strategies of interaction with the environment and the constitution of ways of life; in the relationship with the service teams in which these users are served, focusing on the problematization of the other devices in use as well as on the compositions that the team uses to respond to what is demanded; in relation to the ongoing process of psychiatric reform in Brazil, focusing on the functioning of the network and on the ways in which local communities respond to the deinstitutionalization of madness.

Results and discussion: The experience of this project has proven the effectiveness of the practice of therapeutic accompaniment as a mental health care device, and its power in the formation and production of knowledge in the undergraduate psychology course.

Attitudes towards people with mental disorders

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Background: beliefs, attitudes and opinions towards mental illness affect the patients and their mental health care. They can arise from the person, the family, the community and from health care providers.

Aims: to characterize attitudes towards people with mental disorders, including families and mental health care providers, its impact on mental health, and possible interventions.

Methods: non-systematic literature review with the keywords “attitudes”, “mental disorders”, “stigma”, “care providers”, “family” and “interventions”. Retrieved papers were selected according to their relevance.

Results: stereotypes and prejudice about people with mental disorders can lead to stigma. There are two types of stigma: public stigma and self-stigma. Negative beliefs and attitudes constitute a barrier towards seeking help, preference for no treatment and desire for social distance from people with mental illness. Stigmatizing attitudes are common among general physicians and mental health professionals can be even more negative, particularly in terms of pessimistic outcomes and desire of social distance. On the other side, contact with people suffering from mental illness can diminish and facilitate the seek of psychiatric help.

Discussion/conclusions: stigmatizing attitudes can act as an important source of suffering and a barrier for patients to receive the appropriate treatment. This can lead to worse outcomes. However, destigmatizing programs are rising and can be a way of promoting mental health.

KEYWORDS: *attitudes, mental disorders, stigma, family, primary care*

From Plato to modern science – a holistic approach to knowledge

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Background: How we come to know objects has been a subject of study since ancient times. We can trace theories of epistemology back to the first known philosophers, the Presocratics. This paper how ever concerns Plato's theory of knowledge, the theory of reminiscence. He proposes that we know objects by a process of remembering something weal ready knew, but was not yet available to recall. This processes called ananmesis, the recollection of information within our mind. The current term cryptomnesia issued to describe a distortion of memory, in which the subject is recalling something he identifies as knew, but it is actually a memory.

Aims: this study aimed to establish an encounter of past and present theories as well as of Philosophy and Psychiatry.

Method: review of the literature regarding Plato's epistemology and contemporary psychopathology.

Discussion/Conclusions: the study of philosophy allows a more comprehensive knowledge of every aspect of our daily life, both inner and outer lives.

KEYWORDS: *cryptomnesia, Plato, reminiscence*

Caring for Who Cares – The Family Caregiver Burden

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Psiquiátrico de Lisboa

Background: Families have been the mainstay of caregiving for people with mental illness. Family caregivers take care of the patient's daily needs, identify the early signs of illness, relapse and deterioration, help the patient in accessing services, supervise treatment and offer emotional support to the patient.

Aims: The aim of the study was to understand the experience of family caregivers of individuals with mental illness and to explore what helps to sustain them in their caring role.

Methods: Non-systematic literature review with the keywords "family caregivers burden" and "mental illness".

Results: Family caregivers can experience untoward effects on their own physical, emotional, and social well-being. Mental illness tends to be chronic and demanding, and the family caregivers may have to deal with behavioral disorders and abusive or violent behavior.

The caregivers may feel that the patient is not accepted by the society and face a sense of social isolation.

Family caregivers burden early identification and suitable interventions, like the development of problem focused coping mechanisms, are crucial for the patient and his family.

Conclusion/Discussion: Nowadays adequate mental health infrastructures are scarce, so the family caregivers take multiple roles at providing care for people with mental illness.

The family caregivers suffer substantial burden as result of the caregiving role and need help from the mental health professionals and from their own communities.

It is very important to develop appropriate strategies to reduce the burden and develop healthy coping strategies.

KEYWORDS: *"family caregivers burden" and "mental illness"*

Sense of belonging and mental health

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Background: Sense of belonging is a concept that can be defined as the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment. Its association to psychological well-being and mental health factors is well established.

Aims: to describe the concept of the sense of belonging and its association to psychological well-being and mental health problems.

Methods: non-systematic literature review with the keywords “sense of belonging”, “mental health”, “psychological well-being”. Retrieved papers were selected according to their relevance.

Results: sense of belonging is related to positive mental health, all across the life span. It may buffer the impact of childhood trauma. Sense of school belonging can enhance psychological well-being and academic success. Overall, sense of belonging has a protective role on mental disorders, substance abuse and suicide; it also can help in dealing with stress and physical illness.

Discussion/conclusions: despite the knowledge that sense of belonging can protect against mental health problems, it is often undervalued in clinical assessment. Nowadays society brings new challenges in intervention regarding this issue. The understanding and investigation of this concept are essential to broader clinical assessment and intervention strategies.

KEYWORDS: *sense of belonging, mental health, psychological well-being*

Searching for dialogue: On the intersubjective world of schizophrenia

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Sofia Barbosa

Hospital Prof. Dr.
Fernando Fonseca,
E.P.E

Background and Aims: This work proposes to study intersubjectivity in schizophrenia. The authors investigate whether disturbances of intersubjectivity are present in the different theories on schizophrenia, and what type of disturbances were described by psychopathologists who contributed to the understanding of the disorder.

Method: The authors reviewed the literature on the subject of intersubjectivity in schizophrenia.

Results: The intersubjective dimensions of schizophrenia were analysed from the contributions of several key authors. From the first descriptions of Kraepelin, Bleuler, and Jaspers; then taking into account the contributions of phenomenological psychopathology, by analysing the works of Minkowski, Kimura, and Blankenburg; and, lastly, the recent and important contributions in this direction, like Fuchs, Ratcliffe, Lysaker and Stanghellini.

Schizophrenia involves a particular alteration of intersubjectivity, conditioning several possible manifestations. These domains concern not only encounter with others, namely understanding others, attunement and intercorporeality, and sociality; but also another kind of intersubjectivity, such as the intersubjectivity within the delusion.

Discussion/conclusions: Intersubjectivity disturbances appear to be an essential feature of schizophrenia and not a mere epiphenomenon. These dimensions seem to involve the triadic relation between the patient, the other and the world, playing an important role in the suffering of patients and their environment. A phenomenological informed view, integrating these intersubjective dimensions, may have strong implications on understanding the disorder, and also on management and therapy of these patients.

KEYWORDS: *dialogue, schizophrenia, intersubjectivity*

/LLE – LIVING LEARNING EXPERIENCE/



The 'Living-Learning Experience' – Residential training

19th, 20th and 21st of November 2018
Morada do Sol (Cascais – Lisbon, Portugal)

Come and live in an 'enabling environment' for three days in a beautiful property between Sintra and Guincho, near Lisbon in Portugal:

- Learn about the power of group process in a safe and enjoyable way;
- Experience what goes into making any group or working environment genuinely therapeutic;
- Also find time to relax, be playful, have fun and recharge your batteries!

What is it

This is a 3-day intensive experiential residential training course. It takes place entirely in groups, and is run as a structured programme of activities in a democratic and non-hierarchical framework. Participants explore the experience of working closely with others, and

learn how to use relationships effectively in clinical practice.

During the course participants have the opportunity to:

- take part in community meetings, small, large and work groups, and other activities involved in a residential community;
- meet with colleagues and share work experience;
- think about how they relate to others, and safely experiment with new ways of thinking and behaving.

Although some group relations courses can generate anxiety for participants, the primary aim of this training is to offer a robust experience of psychological containment. This is provided through structured participation, and the experience of attachment and agency. It also provides the opportunity to participate in creative and therapeutic work, in an emotionally safe environment.

The course is routinely evaluated and audited, independently researched, and is part of international development work.

What will you learn?

Practical and Transferable Skills

- Knowing how any organisation or psychosocial environment can be made more compassionate and ‘enabling’;
- Confidence in using relationships effectively in clinical practice, including the therapeutic management of risk;
- Establishing and using reflective practice in work settings;
- Being able to function more effectively within authoritarian hierarchies;
- Having confidence to use one’s own and others’ emotional reactions as a valid part of working practice.

Knowledge and Understanding

- Understanding unequal power dynamics, and how they are used and misused in organisational settings;
- To understand how emotional and physical safety is best established and maintained through therapeutic relationships;
- To apply knowledge of one’s own patterns of behaviour in the formation of working and personal relationships.

Intellectual Skills

- To experience, understand and critically evaluate the nature and impact of intensive group processes;
- To describe the impact of one’s self on another, and vice-versa;
- To make links between objective and subjective understanding of relationships;
- To apply this knowledge in understanding one’s own emotional development.

Who is it for

The course is suitable for all levels of staff. Although it is designed primarily for clinicians, it is also useful for those working in administrative, managerial, commissioning and policy roles. It will be of most interest to those working in:

- NHS and independent mental health care settings, forensic units and social care environments;
- Therapeutic Communities (TCs), Enabling Environments (EEs), Psychologically Informed Planned Environments (PIPEs), Psychologically Informed Environments (PIEs) and any other intentional positive environments;
- Any setting which aspires to be more compassionate, empathic or psychologically-minded;
- CPD certificates are issued to all participants who complete the course.

/LLE - TRAINERS/



João G. Pereira

Is Senior Lecturer in Psychology at Évora University and Clinical Director of Romão de Sousa Foundation (Casa de Alba).

He holds a Doctorate in Psychotherapy by Middlesex University, following a number of years in the UK National Health Service developing and researching therapeutic programs.

João is a Chartered Member of the British Psychological Society (BPS), a Registered Psychotherapist with the United Kingdom Council for Psychotherapy (UKCP) and has been awarded the European Certificate of Psychotherapy by the EAP.

He is interested in understanding what goes on in developing and sustaining therapeutic relationships and in the intersection between psychoanalysis, philosophy and neuroscience.

He is currently a Post-Doctoral Researcher in Philosophical Psychiatry at NOVA University of Lisbon and member of international research groups. He is also on the scientific committee of several mental health related events.

João is the author and editor of a number of mental health publications. He co-edited and authored the recently published books "Schizophrenia and Common Sense" by Springer-Nature and "The Neurobiology-Psychotherapy-Pharmacology Intervention Triangle" by Vernon Press. ●



Jan Lees

Is a free-lance group analyst, psychodynamic psychotherapist, and therapeutic community specialist. Jan has worked in and around the field of mental health and therapeutic communities for over 40 years, and was at Francis Dixon Lodge Therapeutic Community in the UK for 12 years. Jan is a staff member for the Living-Learning Experience Workshops, and a supervisor for overseas Living Learning Workshops.

Jan has been Chair of the Editorial Collective of the Therapeutic Communities Journal, and Chair of the Association of Therapeutic Communities Research Group. Jan has also been a lecturer and researcher. Jan has conducted two major

research studies on therapeutic communities – one systematic literature review, and one multi-centre comparative study, and has published widely.

Jan is currently a Director of Growing Better Lives, a greencare (horticultural therapy) Community Interest Company. She is also Secretary of Living and Learning, an organisation which provides experiential, and other forms of, training in therapeutic community work, and in working with people with personality disorders. She is a therapeutic community specialist for the British Community of Communities project, which is a national quality improvement network for therapeutic communities, and also an assessor for the British Enabling Environments award, provided for mental health units – both projects are located within the Royal College of Psychiatrists. ●



Rex Haigh

Professor Rex Haigh is an NHS Consultant Psychiatrist who has been fascinated by therapeutic communities since learn-

/LLE - TRAINERS/

ing his psychiatry in one, as an Oxford medical student.

He has been Chair of the Association of Therapeutic Communities, founder of the Community of Communities quality network at the Royal College of Psychiatrists Research Unit, series editor of the Jessica Kingsley 'Community, Culture and Change' book series, and member of the editorial board of the International Journal of Therapeutic Communities. His professional background is general practice, psychiatry, psychotherapy and group analysis.

He has been an NHS Consultant Psychiatrist since 1994, has worked with the Department of Health as Clinical Advisor for the National Personality Disorder Programme, is a Senior Fellow of Nottingham University's Institute of Mental Health and leads the Royal College of Psychiatrists' "Enabling Environments" project. He founded the current style of LLE workshops in 1995. ●



Shama Parkhe

Has a background in clinical psychology and likes to be known as a

passionate mental health warrior. She co-founded Hank Nunn Institute, a not-for-profit registered charitable trust, in July 2014, and presently works in the capacity of a Clinical Director. She works with individuals experiencing personality difficulties in an individual and group setting (using psychodrama and group analytic framework). In addition, Shama also offers training & clinical supervision to psychology post-graduates and young professionals. She is also a facilitator for the residential Living Learning Experience workshops for students and professionals in the field of mental health.

Shama has a keen interest in developing alternatives to conventional mental health practises. She believes that one's cultural and social systems are highly influential in one's development of mental health.

It is therefore necessary to address the larger community and not just the individual in isolation. To begin with, she aims to combine the therapeutic community methodology with permaculture and in doing so involve the larger community.

Shama also believes in collaborating with the service user community in designing supportive spaces which enable their journeys of self discovery. ●



Anando Chatterji

Is CEO and Co-Founder of the Hank Nunn Institute in Bengaluru, India. He has a background in philosophy, having worked in a residential therapeutic community for people with severe psychological problems for 14 years, mostly as an individual and a group therapist. Anando has an interest in understanding behaviours and emotions in a social context which shapes his views about mental health and about psychotherapy.

He co-founded Hank Nunn Institute in 2014 with an aim to create and alternate to the predominant bio-medical approach to diagnosis and treatment of psychological distress. Anando is an associate staff member of the community of communities (RC-Psych UK) and the living learning experience workshops. He has led four of these workshops in India. Anando currently train, supervise and work with people individually and in groups and have an interest in complex traumas and histories and the role of culture in psychotherapy. ●

WORKSHOP 1

APPLYING THERAPEUTIC COMMUNITY PRINCIPLES IN SEVERE MENTAL HEALTH DIFFICULTIES

23/11/2018 – 14.00 to 18.00

Venue: IFILNOVA, Nova Institute of Philosophy



João G. Pereira

João G. Pereira is Senior Lecturer in Psychology at Évora University and Clinical Director of Romão de Sousa Foundation (Casa de Alba). He holds a Doctorate in Psychotherapy by Middlesex University, following a number of years in the UK National Health Service developing and researching therapeutic programs. ●

She is currently at the latest stages of Psychodynamic Psychotherapy training at 'Sociedade Portuguesa de Psicologia Clínica'.

Cátia is a full member of the Order of Portuguese Psychologists and a certified trainer.

Her professional experience is wide, having collaborated with project NOP 'New Parental Opportunities' promoted by 'Questão de Equilíbrio' and commissioned by Calouste Gulbenkian Foundation under a Program for Children and Young People at Risk. ●

chologists with the title of specialist in clinical psychology.

She is in the latest stages of Phenomenological-Existential Psychotherapy training at the Portuguese Society for Existential Psychotherapy (SPPE).

Tatiana has completed a placement in clinical neuropsychology (ISPA) and has trained in the subjects of psychotherapy, psychoanalysis, psychosomatics, mental health and risk behaviour. ●



Cátia Ribeiro Alves

Cátia completed a first Degree in Psychology at Évora University, having specialized in Clinical Psychology.



Tatiana Gil Ferreira

Tatiana has an MSc in Clinical Psychology from Instituto Superior de Psicologia Aplicada (ISPA) and is a full member of the Order of Portuguese Psy-



António Paiva

Medical Doctor and Consultant Psychiatrist at Casa de Alba, Therapeutic Community. António is the Clinical Director of the Psychiatric Unit in Barreiro Hospital (Lisbon). He is Member of the Portuguese Psychoanalytic Society. ●

WORKSHOP 2

AN ENCOUNTER OF PHILOSOPHY AND PSYCHIATRY

23/11/2018 – 14.00 to 18.00

Venue: IFILNOVA, Nova Institute of Philosophy - Members of the Mind and Reasoning Group



Robert Clowes

Robert Clowes (Ph.D. University of Sussex, 2008) works as a researcher and invited auxiliary professor at the Universidade Nova de Lisboa. ●



Jorge Gonçalves

Jorge Gonçalves graduated first in Psychology (1988), then in Philosophy (1997), both in Lisbon. He has a Master's degree in Philosophy (2002) and PhD (2007) in Philosophy. He is a Chartered Psychologist. He works at IFILNOVA (New University of Lisbon) as a post-doctoral researcher. ●



Dina Mendonça

(Ph.D. University of South Carolina, USA, 2003) researches on Philosophy of Emotions and Philosophy for Children at the Univ. Nova de Lisboa. Her current research is focused on the application the Situated Approach to Emotions, which takes emotions as dynamic and active situational occurrences (Mendonça 2012) to Ethics and Decision Making. ●



Klaus Gärtner

Klaus Gärtner studied Philosophy at the University of Regensburg (Germany). He obtained

his PhD at the Faculty of Social and Human Sciences of the New University of Lisbon as a collaborator of the Institute of Philosophy of the NOVA (IFILNOVA) in 2014, with his dissertation entitled "From Consciousness to Knowledge – The Explanatory Power of Revelation". ●



Steven S. Gouveia

Researcher of the Mind, Language and Action Group of the Institute of Philosophy of the University of Porto. He is a visiting researcher at the Minds, Brain Imaging and Neuroethics at the Royal Institute of Mental Health. He is the main organizer of the International Conference on Philosophy of Mind. He published various articles and book chapters on several topics and made several conference presentations ●



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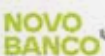
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