EDITORIAL

Psychiatry for the Person: articulating medicine's science and humanism

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The WPA Institutional Program on Psychiatry for the Person: from Clinical Care to Public Health (IPPP), approved by the 2005 General Assembly, involves a WPA initiative affirming the *whole person of the patient in context* as the center and goal of clinical care and health promotion, at both individual and community levels. This involves the articulation of science and humanism to optimize attention to the ill and positive health aspects of the person.

Ancient Greek philosophers and physicians, like Socrates, Plato and Hippocrates, advocate holism in medicine (1). Socrates taught that "if the whole is not well it is impossible for the part to be well". It is striking that these perspectives are re-emerging with renewed vigor in today's world through assertions that there is no health without mental health and by focusing local and international health efforts on the totality of the person (2-4).

And here the person is to be thought of in a contextualized manner, in the words of the philosopher Ortega y Gasset, *I am I and my circumstance*. In addition, evidence is growing for the value of integrating mental health in general health and public health practice (5). These concerns are emerging in response to many deficiencies in health care including neglect of the needs of real people (6-9). A major perspective to deal with these limitations emphasizes a comprehensive and holistic concept encompassing ill and positive health as well as a biological, psychological, social, cultural and spiritual framework (10-13). The mental health care field in many countries is being stimulated by a recent movement emphasizing *recovery* and *resilience* (14,15) which promotes the fulfilment and empowerment of patients as active participants in their own health care. Also, increasing interest is appearing towards clinicians applying themselves as whole human beings (16). All these perspectives reflect growing aspirations towards meeting scientifically, humanistically and ethically our responsibilities as psychiatrists and health professionals (17-19).

Given the early programmatic achievements and responses received from throughout WPA and initial contacts with external organizations (World Federation for Mental Health, World Medical Association, World Federation for Neurology, etc.) it is becoming clear that Psychiatry for the Person (and eventually a Medicine for the Person) has to be seen as a long term initiative aimed at innovatively refocusing the objectives of the psychiatric and medical fields in consonance with their fundamental soul.

CONCEPTUAL COMPONENT

Several key concepts underlying the IPPP are being analyzed with the expectation that they will lead to a number of papers and monographs. Planned first is an introductory paper to cover two central concepts: a broad notion of health, including ill or pathological aspects and positive ones such as adaptive functioning, protective factors and quality of life, as well as the notion of person and its key characteristics within the IPPP including autonomy, history, context, needs, values, and life project in addition to illness experience. Of relevance, E.J. Cassel (20) has offered a useful description of the person within a medical framework. Also to be considered is the value and need for comprehensive diagnosis and care as well as for integration of services to achieve a person-centered psychiatry and medicine. Also planned is a set of papers, as follows, for a special issue of an international journal: a) historical perspectives: the evolution of person-centered concepts in psychiatry and medicine; b) philosophy of science perspectives: underlying broad conceptualizations of health and person-centered care; c) ethics and values perspectives: axiological implications of a person-centered psychiatry and medicine, relevant to the *reason d'etre* of the field and the profession (this may offer a valuable approach to deal with stigmatization against persons in psychiatric care); d) biological perspectives: the genetic, molecular and physiological bases of a psychiatry and medicine for persons including an individualized understanding of illness, health, and care processes; e) psychological perspectives: the phenomenological, learning and other psychological bases of person-centered care; f) socio-cultural perspectives: the contextual framework of a broad concept of health and the plural meaning of a person in the medical field; g) perspectives from health stakeholders: engaging interactively all stakeholders in the health field for the development and implementation of person-centered concepts and procedures, including persons and families in health care, health professionals and planners, industry and social advocates. Other papers in the set would cover Psychiatry of the Person in literature, in art, and in films. Additional journal papers and books relevant to the conceptual bases of the IPPP are anticipated.

CLINICAL DIAGNOSIS COMPONENT

There are two work objectives in this component. The first

is collaboration with WHO and various WPA components towards the development of the WHO ICD-11 Classification of Mental Disorders. A preliminary background phase principally involving the WPA Classification Section and the WHO Classification Office has resulted in the publication of two monographs (21, 22). A full development of the ICD-11 Mental Disorders Chapter has started in early 2007 under the direction of the WHO Mental Health Department.

The second and main work objective of the IPPP Clinical Diagnosis Component is the development of a provisionally termed Person-centered Integrative Diagnosis (PID). At its heart is a concept of diagnosis defined as the description of the positive and negative aspects of health, interactively, within the person's life context. PID would include the best possible classification of mental and general health disorders (expectedly the ICD-11 classification of diseases and its national and regional adaptations) as well as the description of other health-related problems, and positive aspects of health (adaptive functioning, protective factors, quality of life, etc.), attending to the totality of the person (including his/her dignity, values, and aspirations). The approach would employ categorical, dimensional, and narrative approaches as needed, to be applied interactively by clinicians, patients, and families. A starting point for the development of PID would be the schema combining standardized multiaxial and personalized idiographic formulations at the core of the WPA International Guidelines for Diagnostic Assessment (IGDA) (23-25).

An introduction to this IPPP component's work is being published as an invited editorial in *Acta Psychiatrica Scandinavica* (26). Another planned background publication is an IGDA Case Book.

The development of PID, including its theoretical model and its practical guide or manual, will proceed in three main phases: a) design of the PID Model, encompassing a review of the pertinent background and the most suitable and promising domains and structures for the diagnosis of a person's health; b) development of the PID Guide, through the preparation of a first draft, its evaluation, and preparation and publication of a final version; c) PID Guide translations, implementation, and training.

CLINICAL CARE COMPONENT

While many may argue that personalized care is already mainstream, the fact is that in many settings in both the developing and developed worlds the focus of attention is just illness (and frequently ineffectual at this) with minimal if any attention given to the positive aspects of health (adaptive functioning, resilience, supports, quality of life) and its totality (thus neglecting the bases for health promotion) as well as to the dignity of the persons being cared for.

The main work of this component involves preparing and publishing curricula for graduate, post-graduate and continuing education and training levels in both specialty and primary care. The curricula will promote the development of knowledge, skills and attitudes relevant to person-centered care. Cultivation of the clinician-patient relationship is central to this effort and small group learning and intense supervision will be emphasized. Input from psychiatrists across the world will be sought through workshops at various regional congresses. Networks to enhance and monitor implementation and follow-up will be organized.

An introductory paper on the place, content, and prospects of Psychiatry for the Person in Clinical Care will be prepared at the outset. Each one of the curricula will be presented in due course through a monograph. In addition to educational activities, attention will be paid to the organization of person-centered clinical services and procedures. Some of the key activities in the public health component outlined below are relevant to this aim.

PUBLIC HEALTH COMPONENT

Psychiatry for the Person is a basis for advocacy that emphasizes the value and dignity of the person as essential starting points for public health action. Public health action includes development of policies and services, and the research and evaluation supporting these. Failure to recognize the humanity and dignity of citizens living with mental illness as well as the value of mental health to the individual and community have resulted in abuse and neglect of the former and lost opportunities to improve mental health through population-based and person-based initiatives. Public health actions to promote mental health, prevent illness and provide effective and humane services benefit from and contribute to the conceptual and clinical development of psychiatry for the person.

The proposed program of work aims to foster research and evaluation related to both ill and positive health and the consideration of the totality of the person in society. It will include: a) the design of public policy initiatives aimed at promoting population mental health and b) the development, introduction and monitoring of person- and community-oriented health services in a culturally appropriate manner. The potential scope includes mental health promotion, mental illness prevention, and policy and service development. An introductory paper on the IPPP initiative on public health is being prepared.

Initially three IPPP Public Health Projects will proceed as follows: a) the person's involvement as user and citizen in creating policy and planning and delivering services; b) the person in non-consensual treatment situations and c) psychodynamic essentials for a person-centered psychiatry. Topics for later development may include translating "data" to "policy" and "policy" to "data", using indicators for positive mental health, matching types of needs with levels of care**,** advocating for rural mental health, community-based rehabilitation and recovery, reviewing the importance of private and public sectors in poorly resourced

countries, disaster planning and mental health, national and local planning for suicide prevention, and mass violence and mental health.

WORK STRUCTURES AND PROGRESS

IPPP Workgroups and an Advisory Council will respectively carry out and support the work of the program. An internet platform is in development. Research organizations, foundations and industry are being approached to cover the costs of work meetings, teleconferences, field trials, evaluations, and the preparation of documents and publications. Major institutions such as the UK Department of Health and several US University Departments of Psychiatry have expressed interest to participate in and support the Program.

Two volumes have been recently published, i.e., *Psychiatry and Sexual Health: An Integrative Approach* by Jason Aronson/Rowman & Littlefield, and *Recovery: Das Ende der Unheilbarkeit* by Psychiatrie-Verlag, under the IPPP logo. Two Presidential Symposia on the IPPP have been organized at the 2006 and 2007 annual meetings of the WPA member societies in the US and the UK, respectively. The concept of psychiatry for the person is present in the overall themes of WPA World and International Congresses as well as Regional Congresses and Conferences across continents. Editorials on IPPP are invited in several major international journals.

CONCLUDING REMARKS

The positive responses being received from throughout WPA and external organizations as well as the stimulus from early contributions are encouraging. High are the IPPP aspirations to refocus our field and profession at the service of persons, providing within this framework tools to address collaboratively health problems and health promotion. We are, thus, committed to psychiatry's and medicine's fundamental soul.

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