

Summary

Mental Health in primary mental health care is complex and up to date has been poorly researched. Like all other diseases treated in primary care the approach should be a bio-psycho-social and existential one, so that the three elements of this model are not approached as individual parts, but with an understanding of the mutual cohesion and dynamics, which is what good primary care does best. Primary mental health care corresponds therefore with complexity sciences which have cohesion and dynamics in their focus.¹

In primary mental health care labelling a mental disorder should not be seen as the primary goal. The primary goal needs to be patient focus, guiding and supporting the patient to the resources which they need for recovery. These resources include those that can be mobilised in the patient themselves, their support networks of informal carers, family, friends and community, psychological support that is acceptable to the patient and medication.²

In primary care the focus should be on client centred care and mental health in primary care should be treated no differently. The unique context of the request for help and the possible presence of co-morbidity are hereby taken into account and the interactions of physical and mental health should always be taken into account and pro-actively sought, so that those with mental illness no longer die younger.

Psychological therapy needs to adapt to the needs of the individual patient and not the other way around and it needs to be recognised that the relationship between therapist and patient is far more important than the style of therapy. Progress needs to be evaluated at every session, so that patients do not get stuck in therapy, but instead can move on to another approach as it needs to be recognised without blame that not all approaches or therapists can work for everyone.

Recommendations

- Beside classical scientific research for mental disorders and effective treatments, research should be done on the links between biological, psychological, sociological and existential properties of the patient with mental problems.
- During treatment focusing on what the patient needs and how we help them to recover should be at the forefront. This includes clinical recovery, functional recovery, physical recovery, social recovery and existential recovery.
- Treatment for mental problems in primary care needs to move away from protocol and/or standard care based on disease orientated professionals guidelines and recognise the uniqueness of every individual, the very basis of good primary care.
- The emphasis of research needs to be more focused on what makes an effective therapist.

¹ Smit, E. (2015). The Complexity of Primary Care Psychology: Theoretical Foundations. *Nonlinear Dynamics, Psychology and Life Sciences*, Volume 19 (3), 269-284.

² Whitley, R., & Drake, R. E. (2010). Recovery: a dimensional approach. *Psychiatric Services*, 61(12), 1248-1250.