THE PAST AND FUTURE OF PATIENT INVOLVEMENT IN THE SYSTEM OF MENTAL HEALTH

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MHA WES



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ANCIENT BELIEFS AND TREATMENTS

• In ancient times, mental illness was often attributed to supernatural causes. Treatments included **rituals**, **exorcisms**, and **religious practices**. Patients had **little say** in their care.

ASYLUMS AND EARLY PSYCHIATRY

 In the 17th and 18th centuries, asylums were established to provide care for the mentally ill. However, these institutions often operated inhumane conditions, and patients had little voice in their treatment.

MORAL TREATMENT MOVEMENT

 The late 18th century saw the emergence of the moral treatment movement. It emphasized humane care and patient involvement in therapy. Patients' opinions were considered, but the movement waned due to overcrowding in asylums.

PSYCHOANALYSIS AND THE PATIENT'S ROLE

 With the advent of psychoanalysis in the late 19th century, Sigmund Freud emphasized the patient's role in self-exploration and insight. This marked a shift towards greater patient involvement in understanding their own mental health.

DEINSTITUTIONALIZATION AND PATIENT ADVOCACY

• The mid-20th century brought deinstitutionalization, releasing many patients from asylums. The mental health consumer/survivor movement gained prominence, advocating for patient rights and involvement in treatment planning.

CONTEMPORARY MENTAL HEALTH CARE

 Today, there's a growing emphasis on patient-centered care. Patients are encouraged to actively participate in decisions about their treatment, and shared decision-making is becoming the norm.

PATIENT-LED INITIATIVES

• The 21st century has seen the rise of patient-led initiatives, like peer support groups and online communities. Patients are increasingly sharing their lived experiences and supporting one another, the community and the care system itself.

PATIENT-CENTERED CARE

 The core principle of patient-centered care is to involve patients in their own care decisions. This approach focuses on understanding patients' preferences, values, and needs, and tailoring treatments to align with those factors. PERSON LIVING
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ALZHEIMER'S DISEASE



MATERNAL TOOTH DECAY DEATHS



ASTHMA



EPILEPSY



GENETICS IMMUNODEFICIENCY



DISORDERS

VISION

ORAL HEALTH PROBLEMS



PSORIASIS

HIGH BLOOD **PRESSURE**



PARKINSON

ALS



CHRONIC

COUGH

STROKE



CROHN'S

DISEASE





DISORDERS

SEXUAL **PROBLEMS**







LUPUS



HIGH CHOLESTEROL





CHRONIC LIVER DISEASE





STOMACH DISEASES



CORONAVIRUS DEPRESSION





INSOMNIA



RHEUMATISM



ALLERGY



ANEMIA



PERSON LIVING WITH THE **EXPERIENCE**





- Since my presidency of GAMIAN, I have been working to ensure that the voices of <u>all</u> patients are heard, because we cannot believe that there are good and bad patients.
- Every mental health problem in every country has not only symptoms <u>but a story</u>, <u>and a story of the</u> <u>community</u>. <u>It matters</u>.
- For everyone, including me, it is a stigma-laden journey that leads us to open up, or sadly often to remain silent in respect for others.
- There are no bad or good stories in mental health issues, there are only stories.
- I promise to try to make sure that every story is heard, and I will make sure that it is only told by others, but by the patient, as this will bring us closer to understanding, healing and prevention.



WITH U!