Respect, support, overcome: the HPA mental health program

Based on epidemiological data gathered in the last decade, it is now evident that psychiatric disorders and problems related to mental health have become the main cause of incapacity and one of the main causes of morbidity, particularly in industrialised western countries.

The prevalence of psychiatric disorders in Portugal is quite high, rated as the second highest in Europe, ranking almost equally with Northern Ireland, which occupies first place.

Despite statistics and a few actions implemented in recent times, mental health continues to be considered the "poor relation" of health policies and the area where less has been invested.

To counteract this situation, the **HPA Health Group** has made a commitment to this type of care, more specifically in specialised inpatient care. The concept goes over and above a new innovative therapy, developing a new philosophy of life and well-being in **Clínica Particular SIIPEMOR** in São Brás de Alportel.

Nowadays it is rare for a person not to know someone personally, who is going through or has gone through some type of psychological disorder or symptom. The high prevalence of mental disorders, the availability of clarifying information on its causes and the efficiency of current therapies have helped dispel the preconception on mental health. When we cease to believe that a mental disorder is synonymous of psychological "weakness", this preconception disintegrates. The truth is that mental health does not choose gender, age, social or cultural status, or even religion. A mental disorder can affect anyone, even those with the highest cognitive social, emotional and intelligence quotients. This happens because its aetiology is very complex and multifactorial. At the moment, there are no clinical analyses that can prove a mental disorder or its underlying chemical alterations.

Just as with an organic or physical disorder, there are multiple factors associated with psychiatric disorders. In each particular case of the disorder, there is, in its aetiology, a variable prevalence between factors we designate as biological, such as genetics, hormonal, inflammatory, vascular issues, and psychological factors. In the latter, we include the specific way each person interprets, feels and acts in daily situations. When a situation has a negative emotional impact on someone, this emotional stress (feeling of fear, guilt, pain, frustration, sadness or shame) affects the neuro-biochemical balance. Then, depending on the magnitude of this influence and the biological vulnerability of the person at this level, the disorder might or might not manifest itself.

In our **Mental Health In-Patient Unit**, we try to bring to the context of psychiatric hospitalisation the possibility of the individual not only recuperating from the symptoms (psychopathology), whose severity often leads to hospitalisation, but also to begin a deeper process, "working" on the psychological roots of these symptoms as soon as possible. What is most innovative to this project is the unique way that this road to personal growth is presented and facilitated, according to the "believe" philosophy.

We treat cases of depression and stress, such as obsessive-compulsive disorders, post-traumatic stress, social phobias, panic, generalised anxiety and burnout syndrome. We receive and work with problems of personality and behaviour, such as impulsiveness or self-mutilation.

We believe that moments of psychological suffering are unique opportunities for self-awareness and personal growth for each of us. Pain and suffering create the conditions necessary to allow us to stop and step back from the rhythm of our daily lives. As such, this point of distancing invites us to put into perspective the problematic situations that drive us there and to observe what we think and feel about these experiences. We search for comprehension, a sense or significance for what we are going through.

Our therapeutic program accompanies the patients on this voyage of self-awareness, of themselves and, in particular, of their psychological vulnerabilities, making them more aware of emotional patterns, thoughts and behaviour, responsible for their suffering and their psychological symptoms. Lastly, better resources are taught through which individuals can allow themselves to "work" their weaknesses.

We are working towards the self-responsibility of each individual, through their emotional state and their recovery, which implies, besides changes to their believes and convictions, learning to find new internal resources.