# REVIEW OF NEED FOR HEALTH EDUCATION IN THE BIO-PSYCHO-SOCIAL APPROACH OF MENTAL HEALTH

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Motto: 'Health is not everything, but without health there is nothing' (Schopenhauer, 1788-1860)

**Abstract:** Healthcare and fight against disease are some of the oldest human concerns. Health is not only an individual problem, it also concerns the society as a whole, as German philosopher Schopenhauer said, 'health is not everything, but without health there is nothing' (Schopenhauer, 1788-1860). Research objective: In this study, there was made a systematic review about the bio-psycho-social approach of mental health and educational needs in this context.Research hypotheses: Mental health status has an important role, as a part of human health in the bio-psycho-social approach of health in world. In Romania, there is an important public health problem, which requires appropriate health education of the population, and integrated mental health services, in the health system, for a better prevention. Research methodology: Several scientific articles have been reviewed, in order to make a qualitative and quantitative analysis of the mental health approach, in the light of bio-psycho-social issues of human health, and the educational needs of population in this field. Research results: show the need for mental health education of the Romanian population, in the current trends of mental morbidity evolution. The governmental politics for health follow prevention aspects, from the mental health perspective of population. The main prevention method remains health education of population.

**Keywords**: mental health, bio-psycho-social approach, health education, educational needs, review.

## **Issue importance**

Healthcare and fight against disease are some of the oldest human concerns. Health is not only an individual problem, it also concerns the society as a whole, as German philosopher Schopenhauer said, 'health is not everything, but without health there is nothing' (Schopenhauer, 1788-1860). Extrapolating the concept, we can say that: mental health is not everything, but without mental health, there is a life problem and a public health problem (Gavrilă-Ardelean et al., 2008). Population health depends, in a significant percentage, on genes, medical culture, and lifestyle of people (Gavrilă-Ardelean & Gavrilă-Ardelean, 2016). Without education, we can develop health problems, and we can lose our mental health.

Bio-psycho-social concepts of mental health show that there is a great bond between health, disease, and socio-cultural conditions (Gavrilă-Ardelean, 2010).

Looking at some philosophical currents, it can be seen that they combat the scientifical concepts that were considered pathological and psychopathological in the mental field. Dualities of the concepts health-disease, normality-abnormality have a cultural variability (Chirot, 1996). The cultural relativism increases obviousy. In cultural relativism, culture and society can cause deviant behaviors. Maladaptive behavior is manifested by easy renunciation of reponsabilities, and refusal to face difficult life situations (Catina, 1980). Instead of fighting with life problems, the individual withdraws in his disease, and runs away from social responsibility. This is an simptom of mental disease (WHO, 2001).

Transcultural psychopathology studies have shown that the customs, beliefs and knowledge of a social group, not only influence health and disease, but also change attitudes towards the healthy or ill individual (Sandu, 1999). Thus, many particular manifestations that are considered pathological in a country are accepted in another. These observations have led to the exaggerated statement, according to which the society decides whether a person is healthy or not. There should not be omitted, however, the fact that, in assessing a person with pathological or psychopathological manifestations, it is necessary to analyze the particularities of the group to which it belongs (Neamţu, 2004).

The criteria of health and disease depend not only on individual characteristics; a high percentage is held by social and cultural conditions (Gavrilă-Ardelean, 2010). According to this criterion, health in general (the mental one especially) can be considered, depending on the environment and history of the individual, as a result of the contradictory forces which must be appreciated, for their positive and negative character, in relation to social

customs and goals (Micluția, 2002). The healthy or ill individual must adapt to the environment, and to shape it, along with the style in which he lives.

Many health problems depend on the lifestyle and medical culture of the population, on how we protect our health, how we eat, the physical and mental work hygiene, the way we rest and organize our free time, the way we live and respect the environment (Gavrilă-Ardelean & Gavrilă-Ardelean, 2016). There are also harmful factors related to some aspects of modern life: cigarette smoking, sedentary lifestyle, obesity, the abuse of medicines like: purgatives, analgesics, antipyretics, anti-rheumatics; traffic accidents, suffering created by urban noise, air pollution in cities, insufficient adaptation to the conditions of urban life, abuse of alcohol are examples of conditions harmful to health, of risk factors, characteristics of the current era (Kaprio, 1991).

Healthcare and fighting the disease are some of the oldest human concerns, as discussed by M. Gavrilă-Ardelean elsewhere (Gavrilă-Ardelean, 2010).

A great endocrinologist, Pende, revealed the following four harmonies in the healthy body: health is the harmony of functions, beauty is the harmony of body shapes, goodness is the harmony of ethical feelings and wisdom is the harmony of intellect. This 'state of complete well', defined as health by World Health Organization, is decisively conditioned by the socioeconomical conditions of the individual's country (OMS, 2002).

### Research objective

This study consists of a systematic review of the bio-psycho-social approach of mental health.

## Research hypotheses

The research hypotheses are:

- Mental health status has an important role, as a part of human health in the bio-psycho-social approach of health worldwide.
- In Romania, there is an important public health problem, which needs integrated mental health services in the health system, and also health education of population.

## Research methodology

In this article, there have been reviewed many scientific articles, in order to make a qualitative and quantitative analysis of the mental health approach, in the light of bio-psycho-social issues of human health. The quantitative study was conducted during a 13-year period, by collecting statistical information from existing Romanian literature.

#### Research results

World Health Organization defined the human health as 'a state of complete well in terms of physical, mental and social and not merely the

absence of disease or infirmity' (WHO, 2008). According to this concept, the human is assimilated to a bio-psycho-social whole. The individual health is a balance between mind, body, soul and environment, allowing the body to maintain homeostasis. There is a great bond between socio-cultural conditions, health and disease (Jordi, et al. ed.). The criteria of health and disease depend not only on individual characteristics; a high percentage is held by social and cultural conditions and health education level of population (figure 1).

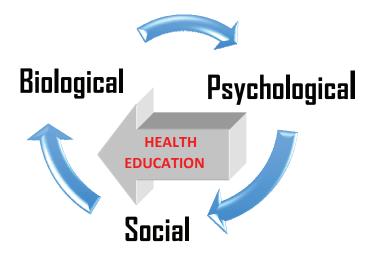


Figure 1. Diagram of Mental Health Determinants in holistic approach of human health

Demographic statistics of Romanian National Institute of Statistic show decreased trends of births and an increasing number of the elderly population (Breaz, 2011; Gavrilă-Ardelean, 2015).

National Romanian Institute of Statistic (INSSE) has shown a decreasement of population, and a negative natality index over the last decades (figure 2).

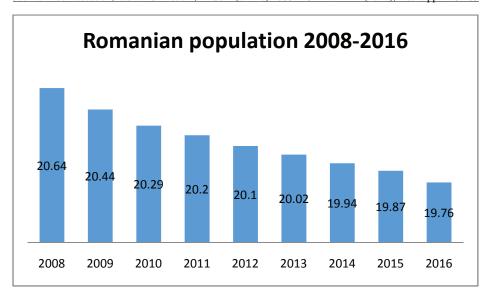


Figure 2. Demographic trend of Romanian population in 2008-2016 (INSR)

'The population of Romania dropped by more than 2.6 million people in the last decade, reaching 19043767 people and thus reaching the lowest level in the last 35 years, according to the 2012 census [...]' as shown by the National Institute of Statistic (Gavrilă-Ardelean, 2015, p.151).

From 'the analysis of statistical data [...], it appears that the birth rate, death rate and natural population growth in the time from 1946 to 2012 show a population decline and birth in Romania. [...] as of 1990 births in Romania to present a downward trend until 2012, when there were 12-13 births/1.000 inhabitants'(Gavrilă-Ardelean, 2015, p.151).

The changes that occurred in Romanian society after December 1989 and in Europe led to changes in population's behavior and way of thinking (Pop, 2010). The concepts of health and illness, of normal and pathological, of morality and immorality, that also involve changes in hygiene habits of the population, are changing (Tătaru, 2011).

The correlation of mental morbidity with demographic statistics, which will be presented in the following part of the review, shows us the increasement of mental health problems in elderly.

Morbidity, in the European Union population, holds a percentage of 81.3% deaths caused by mental illness (www.eurostat).

World Health Organization statistics show that Romania was ranked second in Europe, in terms of the incidence of mental illness, in 2011 (WHO,

2012). This aspect of mental health in the Romanian population is explained in the demographic trends: 'Studies on demographic prognosis estimate that in the next 20 years, the percentage of elderly persons will double' and 3% of the old people will suffer from this mental disorder that represents 'up to 60% of all dementia' (\*\*\*RJNP, 1990; <a href="www.cnsm.org">www.cnsm.org</a>). In *Romania*, in 1965, there were 460,000 *psychiatric patients*. Of them, 82% (381.000 patients) had organic brain syndromes of *elderly*, neuroses, alcoholism, *personality* and behavioral *disorders*; and 18% (79,000 patients) suffered from severe depressive syndrome, psychoses, dementia, and other types of mental diseases (ASS, 2008). 'The epidemiologic studies made were insufficient, lacking in many respects the standards of a reliable *statistical* outlook' (Donna, 1993). Between 1993 and 2006, the most frequent mental pathologies of elderly were: Tumors, Mental and behavioral disorders, Nervous System diseases, and Cerebrum-vascular diseases (figure 3).

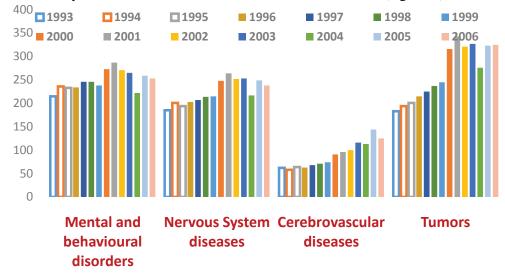


Figure 3. Situation of Mental Disorders of Elderly in Romania

In this context, the Romanian Ministry of Public Health considered that the mental health of Romanian population costitutes a public health problem. In our country, in accordance with Law 487/2012, that protects mental health, and in accordance to the patient rights, people with mental health problems have the right to access mental health services in confidentiality, except as provided in this law: if there is a legal provision to that effect, if it is established that the guilt for an offense prescribed by law or if necessary knowledge of diagnosis psychiatric and personal background of the individual to exercise a profession, provided that the anonymity of the person concerned. In these cases, there may be sent copies of files and

medical records between different hospitals, on demand or on transfer, if the patient accepts the transfer (Art. 33, Law 487/2012).

For the next period (2014-2020), a priority for mental health policies in our country, as discussed elsewhere by M. Gavrilă-Ardelean, is to promote integrated health mental services on public-private sector partnership. 'A goal in the treatment of mental disorders [...] is' to integrate 'mental health services throughout the health system: public, private and non-governmental', to combat 'resistance related stigma' and to promote a 'holistic approach to individual and therapeutic act with social reintegration of people with mental health problems in Romania' (Gavrilă-Ardelean, 2015, p.159).

'According to the Universal Declaration of Human Rights, any person suffering from a mental disorder has the right to exercise all civil, political, economic, social and cultural rights recognized unless required by law. It is not allowed any discrimination based on mental disorder. Any person suffering from mental disorder has the right, in its capacity function far overdue, to live and work in the community' (Art. 35), (Gavrilă-Ardelean & Moldovan, 2014; Gavrilă-Ardelean, 2016; HG 355/2007; HG 1169/2011; Law 487/2012; OUG 96/2003/3004).

## **Conclusions and Perspectives in Mental Health**

In the current trends of evolution of the mental morbidity of Romanian population, the governmental politics for health use prevention, as a mental health perspective for population. The main economic method of prevention remains health education of population (WHO, 2002).

For the next period (2014-2020), a priority for mental health policies in our country, as discussed elsewhere by M. Gavrilă-Ardelean, is to promote integrated health mental services on public-private sector partnership. 'A goal in the treatment of mental disorders [...] is the integration of mental health services throughout the health system: public, private and non-governmental, combating resistance related stigma and promoting holistic approach to individual and therapeutic act with social reintegration of people with mental health problems in Romania' (Gavrilă-Ardelean, 2015), (figure 4).

The increasing chronic inefficiency of the health funds' use, the contradictory measures and the lack of population's health education are concrete facts, which lead to a continuous degradation of population's health state. The synergy of all social actors is required because the entire society (in political, economical, cultural and ethical spheres) is interested in health (Gavrilă-Ardelean & Moldovan, 2014).

#### I. Prevention

 mental health prevention through health education of population -

# II. Secondary Prophylaxy - Therapy -

III. Tertiary
Prevention
- Rehabilitation and
social integration -

Figure 4. Mental Health Prevention Diagram

Research results: show the need for mental health education of the Romanian population, in the current trends of mental morbidity evolution. The governmental politics for health follow prevention aspects, from the mental health perspective of population. The main prevention method remains health education of population (Gavrilă-Ardelean, 2008; Kelemen et al., 2016).

Health is a proof of a nation's civilization. These are the reasons to develop new projects in the field of mental health (Fond-Harmant & Gavrilă-Ardelean, 2016; Fond-Harmant et al., 2016).

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