

## **Letter to the Editor.**

### **Civic policy in mental health care, or the “culture of trust”**

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#### **We are a civic movement, and whether we like it or not, we have become involved in civic policy**

**Social and civic policy** indicates the state’s secondary role in implementing its essential functions. The state cannot meet all citizens’ needs, and our task is to identify the barriers that hinder grassroots civic initiatives, such as our Extraordinary Congress on December 5 in Warsaw and the Protest March.

Civic and social policy in mental health care indicates we are on duty. Our goal is to remove mental health from the immediate political war and convince all political forces that it needs to be taken care of **because it is a common value** that unites us above all divisions and polarizations. We can best fulfill this service by implementing community psychiatry’s basic ideas and values. We all identify with them, so let me summarize

#### **Our message, or the basic ideas and values of community psychiatry**

When we think about community psychiatry, psychiatry developed in many places in Europe and for 50 years also in Poland, to understand its essence, we have to reach back to the foundations, to the message of humanists and psychiatrists who spent their entire professional lives closely with their patients and their families, delved deeply into the causes of their suffering and accompanied them in their struggles not only with illness but also with the effort to recover. It is thanks to them that we understand

that a person, the causes of mental disorders, their course, and the effort to strengthen the recovery process are more than research on the brain and biological intervention. Treatment in psychiatry cannot be reduced only to reducing the intensity of symptoms and well-selected medications or only psychotherapy.

We must consider the broader context of life and the immediate and distant surroundings. Consider the economic situation: poverty, lack of work, lack of prospects, various types of exclusion from participating in family and community life. Treatment success and overcoming the mental health crisis becomes possible if comprehensive and continuous treatment is based on stable and positive relationships. Thanks to a network of close and friendly people, the possibility of a safe place to live, and meaningful occupation, work, and education, the possibility of a decent existence and life in the local community opens up.

The famous psychiatrist and humanist – Professor Antoni Kępiński – formulated two critical recommendations: first, the person should always come before their illness [1]. This recommendation is not only for doctors and therapists. This recommendation reminds everyone that a person is more than just symptoms, which we sometimes see in the foreground and only deal with them. The second recommendation is a consequence of the first one. It says that the goal of treatment cannot be only to reduce symptoms, but it must be a return to various social roles and inclusion in the local community and the social world.

This process requires us to build a community based on a **culture of trust**. **The trust** in each other that we show at our Congress is a “good practice” in shaping a culture of trust. We are filled with positive energy that we transfer to our teams, centers and local communities. This positive energy triggers cooperation and the healing process of our patients.

**Therefore, building trust** is one of the fundamental goals of community psychiatry. Trust is the belief that a given person, organization, or institution is honest with us, never intends to act to our detriment, and that we can always count on their help. Trust develops from the first moments of our life in the family environment and later, in adulthood, reduces unnecessary social control and the scope of coercion. This phenomenon is an essential goal of community psychiatry. The broader social context, i.e., the trust we show to public institutions: the church, the army, the courts, the government, and today, the parliament and politicians, is also essential.

In 2011, summarizing the 22<sup>nd</sup> Polish-German Symposium in Oswiecim entitled “Psychiatry Needs Trust,” the director of the Centre for Dialogue and Prayer, Father Manfred Deselaers, said:

Health here means finding trust, finding the way back to community with others, to trust others and yourself, being independent and finding your place in the surrounding network of social contacts... I am very impressed that former patients became teachers, that support groups took part in the symposium, and that, for example, Anna Liberadzka was a speaker. Who else could speak so well about the importance

of trust, like someone who has deeply experienced its loss? We can build this world with the knowledge and experience of the wounded. We can learn to understand our world only from the perspective of their wounds [2].

In community psychiatry, trust in the therapeutic relationship, as well as in the therapeutic team and psychiatric institutions, is essential for initiating the healing process. It plays a fundamental role in achieving our healing-oriented goals, as it is the basis for cooperation and collaboration between patients, families, professionals, and the local community. Trust improves the coordination of activities and problem-solving and accelerates the achievement of goals.

Based on trust, we create social networks (family, friendship, community) that positively bind people together. Trust is an important, even the most critical element of social capital. It helps initiate healing processes and is also the bond of civil society.

Our Congress movement and our civic and social policy aim to build social capital for suitable action.

There is a positive feedback loop between trust – credibility, and cooperation. Both professionals and psychiatric institutions focused on recovery must gain trust and prove credible to deepen cooperation. They must build social networks that positively bind people together, deepen the “**culture of trust**,” oppose hostile social networks that push people away from each other, and foster a culture that rationalizes suspicion and distrust.

In a society of information chaos, we must mobilize ourselves not to go with the flow, but when the situation demands it, “swim against the flow” [3] and critically observe reality. **Turn Information into knowledge.** I quote:

Information in itself does not explain the world. From a certain critical point, it obscures it. We usually accept Information with suspicion, but it could have been different. It is accompanied by fundamental distrust. The more often we are confronted with various Information, the stronger the distrust becomes. In the information society, we are losing our fundamental trust. We live in a society of distrust [4].

Psychiatrists, patients, families, and their close circle should create a circle of trust and credibility to limit supervision, control and sanctions in mental health care and develop this experience as good practice in and with the local community. Such a circle of trust and credibility is built initially in the therapeutic relationship, the surrounding group and the “therapeutic community,” a common form of therapy in all psychiatric and social institutions, from the 24-hour ward to community self-help homes.

### **Our CONGRESS is such a circle of trust today.**

Community psychiatry, true to its values, is becoming less oppressive. After all, the most common reasons for admission to the hospital without consent are the

breakdown of the therapeutic relationship and mutual trust, the experience of violence, the violation of personal dignity, and the experience of an attack on freedom and human rights. In the search for solutions in self-limiting coercion psychiatry, there are experiences of the first meeting, an individual therapeutic relationship based on trust. The atmosphere prevailing in the ward, close cooperation with the patient and his family, bonds in the interdisciplinary team. Psychoeducation of the patient and family. This is how the process of creating a shared understanding and language develops. Only strengthened by such experience, will patients and families trust wider social circles and organizations in the local community and can cooperate in a more active and demanding social field.

**Unfortunately**, in the 21<sup>st</sup> century, a visit to a psychiatrist is increasingly similar to a visit to another medical specialist. A short interview about the nature of symptoms and medication prescription and the needs and expectations of patients and families are increasing. It includes helping with life-threatening ailments and solving problems in education, work and relationships. Meanwhile, psychiatry is no longer medicine based on a stable relationship. It is no longer medicine based on conversations with the patient and their loved ones. It is becoming similar to dentistry. Also, its services must be paid more often on commercial terms.

Community psychiatry organizes assistance with mental health problems, which is public, accessible, close to the place of residence, free of charge within the National Health Fund, implemented in local communities and with their participation. Assistance that is offered not only by medical specialists, psychiatrists, but also by teamed people of many professions – **community and occupational therapists**, choreo and art therapists, by people who have experienced a crisis themselves – recovery assistants, psychologists, job trainers, nurses and many others. Their task is to help, support in everyday existence, in understanding own experiences and dealing with them, in achieving the greatest possible autonomy, i.e., independence, in giving meaning to life and in managing their life. They have the skills to adapt their assistance to the needs of people after very deep mental crises, who often need help in regaining lost trust and building better relationships, in acquiring competences in returning to education or professional work. They provide attentive support in everyday life crises, so that they do not turn into a chronic problem.

Community psychiatry is not an isolated island. It is part of a larger whole with primary health care, social assistance and, in the case of children and adolescents, schools, and the entire network of non-governmental organizations. It knows well how helpful the closest family, friends and acquaintances can be, how important an understanding attitude of all of us and its shaping is. How important the alliance of psychiatry with the place where patients live, with the activities of local governments, cultural institutions, and the media is. The sensibility of this approach is confirmed by research from the last 50 years in various places in Europe and in multiple cultures, confirmed by clinical practice, and confirmed by the accounts of people who use help and their families.

Today, community psychiatry has ceased to be a branch of psychiatry and has become psychiatry, with all the proven achievements of its thought and practice, no longer practiced in conditions of institutional isolation but in the living environment, in the place of residence of people seeking or needing help [5, 6].

**Mental health problems should be of paramount value.** Based on the National Mental Health Protection Program, in 2018, a pilot program of Mental Health Centers was introduced in Poland, in which quickly accessible care based on territorial responsibility and a change in the financing system gives a chance to overcome the collapse of the public psychiatric care system. It provides an opportunity to stop the outflow of staff to the private system. It allows for the achievement of the necessary minimum of financing for psychiatry, and, above all, it provides a chance to move away from the archaic system in which the patient is not at the center. A fragmented system, focused on its institution, does not guarantee the continuity of assistance and cooperation between institutions, does not ensure the coordination of various forms of aid in institutions and non-institutional assistance in the intersectoral network for collaboration of the System that perpetuates discrimination and exclusion of people affected by mental crisis.

The Extraordinary Congress of December 5 is a **civic movement. It is a nationwide community** of patients, families, and professionals of all professions involved in health and mental health.

**Our strength is credibility. We are a movement based on trust.** So, we are the glue of our country’s social life and local communities. This means that we (and not bureaucrats from behind the desk) build social capital, which gives us the strength to implement change.

We are carrying out the most significant social reform in our country. We are a model for Europe and doing it very economically, at the lowest costs in Europe. Below this is just plain pauperization and stigmatization of all of us patients, psychiatrists and psychiatry.

Our protest is against those who say **no** to the goals of the NPOZP, who say **no** to organizational transformations and the current formula for financing CZP, who say **no** to the autonomy of CZP, who want to separate psychiatry from responsibility. We are a movement that says **no** to market solutions based on profit. Health and mental health are **not** commodities for us.

We are a movement above all political divisions. This is “**civic politics**,” not associated with any political party but with the belief that mental health is a common good. Our political party is community psychiatry oriented towards the local community. We are a social movement that works for integration.

It is a movement that expects mental health to be removed from the current political war, from divisions and polarizations that ultimately turn against mental health.

It is a movement built on fundamental values such as caring for the Other. It is a movement built on trust, integrating all professions, environments, families, friends and the local community.

We are a movement based on local government and working for all residents, excluding no one and integrating everyone in a common goal: “YES” to the mental health of our children, young people and adults, “YES” to the mental health of our seniors, and “YES” to the mental health of the nation.

**This is the beginning of the protest.** On December 5, our long march begins when, after four Congress Declarations, declarations of our best intentions, it brings PROCLAMATIONS [7]. In times of chaos, uncertainty, war abroad, and unpredictability, we need the authority of experts, a clear structure protecting against chaos and a sense of security in our own country. We need responsibility. Responsibility in planning care for the 25% of society that needs it. **And our movement demands it!**

**I appeal to politicians: Let mental health and the community psychiatry we implement resonate strongly in your programs.**

As in Europe, the chance to reform Polish psychiatry and transform it into community psychiatry depends on political decision-makers. We expect them to reach an agreement beyond political divisions on the standard value of mental health for all of us. Polish psychiatry can lead changes in building an effective mental health care system, **and we know how to do it.**

Failure to reform would impose enormous responsibility on the authors of such a decision due to failure to meet justified social expectations, disregard the needs of our citizens, and not only regress the development of publicly available psychiatric care in Poland but condemn it to a process of further disintegration in the coming years – **how long do we have to remind about this!?**

That is why we are fighting to introduce a model of psychiatric care based on its local presence, equal public access, usability, comprehensiveness, and coordination. Such a mental health care system in Poland can bring tangible health benefits for people in need of help and the entire population of our country.

**Introducing any change is complex** and requires bold decisions. The state’s consistent health and financial policy regarding the implemented change is the condition for success. We, the participants of this Congress, believe it is not too late. Our patients and their families need it. We all need it as citizens of the Republic of Poland. We believe that our children deserve it. We demand it from our government.

**We are marching, and we will march persistently together with the thought of humanistic psychiatry.**

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