

"Medicine treated "in silos" is no longer effective

There is a need for integrating mental health in family medicine"

Professor Eliot Sorel, American physician of Romanian origin, born in Falticeni, emigrated in the late 1950s, continuing his studies in Paris, London and New York. He is currently a professor at the University of Georgetown and George Washington University School of Medicine in Washington. He is a Life Member of American Medical Association, a Fellow of the American College of Psychiatrists, and a Distinguished Life Fellow of the American Psychiatric Association.

"Romania has many advantages: scientific, social and cultural"

Q: This is the second time when Romania has been chosen by World Association of Psychiatry to host a congress in the industry. In June, next year, at the Palace of Parliament, WPA 2015 Bucharest International Congress will be carried out. Which do you think are the advantages which have promoted our country in this position?

Prof. Eliot Sorel (E.S.): Romania's position is all the more important if we consider that it is the first international Congress of the new president in the mandate of the World Psychiatric Association, professor Dinesh Bhugra, of London. There are many advantages. In the first place, there is that of human resources. We have very gifted physicians and teachers in Romania. In addition, the team in the congress last year has been praised for the science program and ultimately there is the hospitality of romanians, the beauty of the country and of its culture. So, there are scientific, social and cultural strengths. I think it's a good context for Romania to re-enter the itinerary of this type of events. I, being of origin from Romania myself, wanted very much to bring you here this congress.

"Medicine treated "in silos" is outdated"

Q: One of the topics addressed at The National Psychiatry Congress in Sinaia, in which you have participated, was "21st Century Paradigm Shift: Integrating Brain, Mind and Body in Contemporary Medicine & Health Systems".

Prof. Eliot Sorel (E.S.): It is a topic that I have been passionate about for a long time. The models medicine was based on in the early XIX and XX centuries have their merits, but the results of these models based on "in silos" specialties are no longer effective and there is a need for a new paradigm which reflects what is natural. Our body is not isolated in "silos", but it is an integrated organism. Therefore, fragmented health systems must become integrated health systems. This is a challenge not only for scientists, but also for the politicians and the savings of a country, because ineffective, wobbly health systems can't keep up. The most dramatic example is the one in Africa, where the public health systems are fully to the ground, and can't handle problems caused by Ebola virus.

"There is need for an integration of mental health in primary care"

Q: But which is the correct approach to the mental health problems from an economical point of view?

Prof. Eliot Sorel (E.S.): In the first place, we must no longer use these models. In addition, there is need for an integration of mental health in primary care. We must no longer send people to the psychiatric hospital. Going to a hospital is a very expensive and stigmatizing experience, unfortunately. By calling to primary care physicians, people will get help without having to be stigmatized and it will also be the most efficient solution from an economical point of view. Why is that so? Because these diseases do not "happen" in isolation. There is what we call in medicine a large psychiatric comorbidity, i.e. these diseases coexist with other diseases. For example, depression can co-exist with a cardiovascular disease or diabetes. I had a research project, in this respect, in the People's Republic of China, India, Iran and Romania. These are four countries very different from a cultural, economical and ethnical point of view, and I was pleasantly surprised to see that the data are the same, i.e. a large comorbidity between depression, cardio-vascular diseases and diabetes. If we tackled all three of these diseases separately, in "the silos" about which I was talking about, it would not lead to the same result.

Q: This approach makes it a better management of psychiatric diseases.

Prof. Eliot Sorel (E.S.): "That is what it is, but, unfortunately, in Romania there is another challenge because the collaboration between primary care physicians and psychiatrists is not encouraged one hundred percent. The theme of the congress next year, in June, will be integrating mental health not as a special expert, but as an integral part of primary care. This is the model we propose and want to launch, in collaboration with the organization of the The World Organization of Family Doctors. The President of the association, Michael Kidd, from Australia, will be present at the event, along with Mrs. Francesca Colombo, principal of the health department under The Organisation for Economic Co-operation and Development (OECD), an organization with economic profile and certainly not in the health sector. Mrs. Colombo will present data regarding the health - economy relationship . You will have the opportunity to see in vivo which the challenges are and what can be done. We will discuss all these aspects at the Congress in June and maybe on parliamentary committees in the health care system.

"At the present time, we are dealing with an "illiteracy" of healthcare"

Q: There are discussions about a new model of collaboration with the patients and their families, but also on a collaboration between medicine, engineering, real and modern sciences. How to harmonize all these?

Prof. Eliot Sorel (E.S.): Collaboration of the integrated team of physicians with the family and the patient is essential. At the present time, we sort of have an "illiteracy" of healthcare. We must educate the patients so that they can be real partners to the medical team. In addition, I have proposed the development of a new transdisciplinary university medical campus in Bucharest: a collaboration between the Faculty of Medicine at "Carol Davila" and Bucharest Polytechnics University and I had a meeting with the rectors of the two universities. A seamless integration between medicine and engineering towards innovation. Medicine moves forward very fast. For example, there is some brain research being conducted in the field of which I have spoken to The National Psychiatry Congress in Sinaia. When we will reveal the secrets of the brain, there will be so much new data that IT will take

on a very important part. This collaboration will mean a lot in the field of innovation and improvement of health, with a more efficient healthcare system .

"In the healthcare system we need to talk of investments and not costs"

Q: Is there is an example of financing which could be followed by the authorities of the country?

Prof. Eliot Sorel (E.S.): Comparatively speaking and with an overview, health is underfinanced everywhere in the world, not only in Romania. Here maybe more than in the Western states, but less than those in Africa. Let me give you an example. When we speak of allocation of funds for the services and military initiatives, they say "let's make an investment", but in the health care system we speak of "costs". This prejudice to healthcare exists almost anywhere in the world. It is a global challenge and we hope that such research and approaches, such as the project that we have done at OECD and that we will launch next year, at the Congress at the Palace of Parliament, will demonstrate which the merits of an integrated approach are, not only clinical and scientific, but also financial.

"50% of psychiatric diseases are already in an individual at the age of 14 "

Q: Which is the biggest challenge at a global level, in regards to mental health?

Prof. Eliot Sorel (E.S.): I think that there are several, not just one. In addition to proper assignment of funds and resources, in the first place a policy of early prevention and detection must be developed. Lots of people do not see such things as being possible. I think they are. We must not only develop teams and integrated health care services, but also programs for prevention. Why am I saying this? Because we have epidemiological data which says that 50% of psychiatric diseases are already in an individual at the age of 14 years. Development of such clinical manifestations is not observed and recorded as the percentage of children who get to a shrink up to this age is very small. Some of them have already had symptoms, but these are not correctly interpreted. Nervousness, aggressiveness, difficulty in learning ... The same epidemiological data shows that 75% of these diseases are there at the age of 24 years. And what do we do? Miss the train because we come too late, and the later we intervene, the more difficult it is to cure.

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