

ON THE ROLE OF MEDICAL INSPECTION ORGANISATIONS IN THE EVOLUTION OF PEOPLE WITH MENTAL HEALTH PROBLEMS

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Dear Editor,

Since the beginning of the economic crisis in Spain, we psychologists who attend to patients in mental health centres belonging to the National Health System are witnessing the pernicious role that medical inspection organisations may be having on the evolution of the psychopathological problems of some people who seek treatment for their psychopathological problems.

In Catalonia, we often witness a spiral whereby the patient, even one with severe mental illness, is not granted a disability benefit or extended sick leave despite medical reports that we issue regarding his¹ state of mental health and his limitations in carrying out normal work or actively seeking to do so. As well as indirectly discrediting our professional judgement, this aggravates even further the psychopathology of the patient, who perceives the medical inspection system as unfair and even threatening when she has to be reassessed after a certain amount of time. To make matters worse, these patients are given one month to file an appeal, a legal process that involves a cost of several hundreds or thousands of euros and one that many of these people are unable to afford.

The end result of this cycle is that the psychopathology of the patient becomes increasingly worse, he does not trust the healthcare system and we are not able to provide him with a biopsychosocial response that is adapted to his needs (Zuñiga et al., 2013). Furthermore, patients that have received a mental disability benefit sometimes admit to fears of being denied the subsidy in subsequent evaluations. There are many patients who even claim to be afraid to get better, in case it is interpreted as a sign that they no longer need this financial support. Similarly, some patients even admit to having minimised their improvements, in case these positive developments should lead to the suspension of the benefit. As a result of all of this, we observe how this pernicious process can even influence the professional-patient relationship, since the latter quite often questions the suitability of being completely sincere in the consultation and/or she may adopt hostile behaviours, as result of her frustration over the medical court decisions (Gascón et al.,

2009). Eventually some of these patients develop illness behaviour, so as not to jeopardise their only source of income. All of this occurs despite the fact that they did not originally come to the mental healthcare outpatient centres motivated by a secondary economic gain.

The organisations upon which the medical inspection institutes depend should be aware that a patient, with or without a severe mental disorder, who is not granted a necessary disability benefit or sick leave extension may incur greater healthcare resource costs in the long run, since the chronicity of his psychopathological problems increases (Gili, García-Campayo, & Roca, 2014) and emergency and psychiatric admissions even increase as well (Barbaglia et al., 2012). If the political leaders seek economic efficiency above all else, this healthcare policy is clearly short-sighted. The problem is no longer about how the economic crisis has managed to worsen the mental health of the citizens of Spain (Bartoll, Palència, Malmusi, Suhrcke, & Borrell, 2014), but how the inaction of the organisations that are responsible for the medical inspection institutes can be exacerbating this situation even further, if that is possible.

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¹ Translator's note: From here onwards in the text, male and female pronouns will be used alternatively to avoid the use of 'he/she' and 'his/her'.