



The Strategy for Mental Health in the National Health System (*Estrategia en Salud Mental del Sistema Nacional de Salud*), published by the Spanish Ministry of Health and Consumer Affairs in 2007, represents a clear step forward for the planning and implementation of healthcare in the area of mental health. The Ministry recognizes the epidemiological importance of mental disorders in this country, given that around 9% of the population are currently suffering from some type of mental health disorder, while more than 15% will do so at some time in their life; moreover, this

document highlights the enormous costs incurred by such disorders, both direct (hospitalizations, medicines, healthcare personnel, etc.) and indirect (invalidity, sick leave, suicide, legal problems, etc.). Thus, the Strategy sets out a series of goals and indicators for health authorities to deal with this serious public health problem.

This document, however, devotes little space to the psychosocial aspects of mental disorders, despite the fact that, on the one hand, psychiatric reform and the deinstitutionalization process accentuated the need to situate patients and their problems in the natural context in which those problems occur, and on the other, the community model requires identifying and dealing with the social agents that can play a relevant role in the origin, development and maintenance of such disorders.

Moreover, although the Strategy recognizes that “*there has been substantial medicalization of everyday life problems and a tendency for the exclusive use of pharmacological instruments –which take up less time and require less expertise and less professional involvement– in attention to disorders that merit specific psychotherapeutic intervention*” (p. 94), and indeed devotes a large proportion of its analysis to the health service provision of specialized care, it is nevertheless only acknowledged in passing that the common (non-serious) mental disorders account for a considerable percentage of visits to GPs, and that patients “*receive only pharmacological treatment, when in many cases they would benefit from multidisciplinary approaches with support strategies and techniques and brief psychological advice*” (p. 88).

With a view to analyzing this important matter we have invited a range of experts to reflect upon the current state of mental health care in Spain and to discuss some interesting initiatives. The result is the Special Section included in this issue of the journal, which opens with a contribution from Marino Pérez Alvarez and José Ramón Fernández Hermida. They point to the inadequacy of the solutions proposed in the Strategy for dealing with the common mental disorders (anxiety and depression), arguing for a psychological approach to them in the Primary Care context. This is indeed the goal of the IAPT programme, already under way in the UK, and whose principal research, Graham Turpin, has kindly agreed to describe it in another interesting article. We should like to express our thanks to Prof. Jaime Vila, from the University of Granada, for helping us to obtain this contribution and introducing this interesting project, launched by the British Psychological Society, to a wider public. Joaquín Pastor, Secretary of the Spanish Society for the Advancement of Clinical and Health Psychology (SEPCyS), also discusses the importance of extending the professional scope of the psychologist to Primary Care, within a bio-psycho-social model, as an alternative to the biomedical model that currently predominates in the health system. Finally, two neuropsychologists, Igor Bombín and Alfonso Caracuel, defend the need to create a specialization in Clinical Neuropsychology, as a distinct healthcare discipline, arguing from an epistemological perspective. A somewhat divergent approach to this same question, presented by José Ignacio Quemada and Enrique Echeburúa, is also included in the present issue, in the regular articles section.

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