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Research project: The medicalisation of everyday life in primary public care settings in Chile. Policy analysis.

Settings and dynamics of medicalisation in psychiatry until the development of primary public mental health care in Chile

Houses of the Insane

Explicit Social control

Confinement model

Psychiatric Hospitals

Treat of severe/chronic MDs[1]

Biomedical model

Community Mental Health Centres

Prevent and treat common MDs

Community Psychiatry Model

Primary Care Facilities

Promote MH[2] and prevent and treat common MDs

Family and Community Health Care Model

1852 — **1952** — **1968** — **2001** — **2023**

Transitioning from overt social control to professional interest in understanding and treating diseases.

- ✓ Epidemiological studies informed psychiatric services and policies.
- ✓ The influence of ICE and DSM in diagnosis, treatment, research and health policies will grow until today.
- ✓ Increase focus on treatment gaps for common mild and moderate MDs.
- ✓ The health system offers universal health coverage for the most prevalent MDs.
- ✓ The health system starts implementing programs, organising services and guiding clinical practice through specific top-down technical guidelines.

Ambiguous recognition of alienation as disease until its legitimization as medical and public health concern

- ✓ Charity boards administered the Houses of the Insane for a long time.
- ✓ The government gradually takes control of the asylums, positioning psychiatrists in leading roles.
- ✓ The scientific, academic, and institutional advancement of medicine and psychiatry develops.
- ✓ Psychiatrists and psychiatry grow in recognition and participation in policymaking and health institutions.

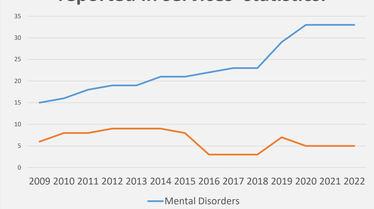
Taking psychiatric care beyond madness, bodies, and closed institutions

- ✓ From biomedical interventions towards incorporating –ambiguously- psychosocial approaches and community interventions.
- ✓ Settling a comprehensive –biopsychosocial- model in the health system.
- ✓ Funding, staffing and implementing MH programs in PC[3] facilities.

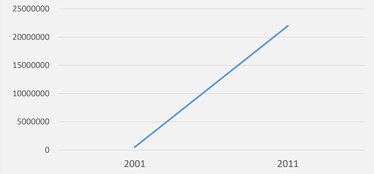
Social (control) implications become opaque

- ✓ Access to psychotropic drugs vs overprescription of psychotropic drugs.
- ✓ Institutionalising psychiatric classifications vs. pathologisation of everyday life and encouraging reductionist and individualistic symptoms-based clinical practices.
- ✓ The technocratic development of MH care discourse and practice and reinforcement of the expert role vs undervaluing users' experiences, effective participation in health care and social and cultural discourses and practices of healing.

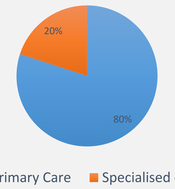
MDs and risk factors to be reported in services' statistics.



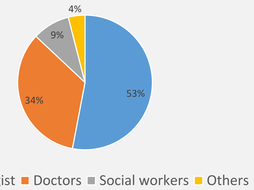
Funds increase between 2001 and 2011



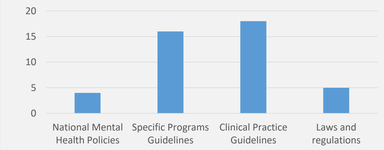
Diagnosed and treated for MDs in the Health System (2018)



Primary MH Care consultations in 2016



Official Docs between 1990 and 2023



1 Mental Disorders
2 Mental Health
3 Primary Care

Refs: Camus, 2019; Marconi, 1973, 1977; Marconi and Horwitz, 1967; Marconi et al., 2001; Menéndez, 1988; MINSAL, 2016; 2017; Minoletti et al., 2018; Torres, 2015