



Editorial

Persons first: staying close to the roots of psychiatry

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The World Health Organization (WHO) Constitution (WHO, 2020) establishes nine basic principles to achieve “the happiness, harmonious relations and security of all people”¹⁴. The eighth says: “Informed opinion and active cooperation on the part of the public are of the utmost importance for improving the health of the people.” Most participatory processes are characterized by a “one-way relationship” with citizens and stakeholders (e.g., provision of information) and consultative approaches using surveys or focus groups (OECD, 2024)¹¹. However, there are more advanced participation processes, such as those in which citizens and stakeholders (e.g., clients, affected public, and advocates) collaborate with public officials and government policymakers during all phases of the public policy cycle and in the service design and delivery (i.e., in setting the agenda, proposing project or policy options, and shaping the dialogue). Public authorities are responsible for the final decision or policy formulation (Tabarés-Seisdedos and Lloret-Gual, 2024)¹³. This “gold standard” participation method contributes to citizenship and can be regarded as more democratic and legitimized (Degeling et al., 2015)⁷.

In this issue of the Spanish Journal of Psychiatry and Mental Health (SJPMH), the work by Cocho-Santalla and colleagues on the importance of evaluating patient satisfaction regarding psychiatric services is particularly noteworthy⁶. Their study suggests different sensitivities regarding who and how a culture of participation in mental health should be developed. Although fewer and fewer, there are still professionals who maintain ‘Who is going to tell me what to do,’ or family members and people diagnosed with mental disorders positioned in ‘Who am I to recommend those who know the most.’ Overcoming these resistances is essential to achieve a genuine culture of participation in mental health. The study by Cocho-Santalla and colleagues, emphasizing inpatient satisfaction and collaboration of a group of patients in validating the questionnaire, is a significant step in the right direction.

Another critical problem addressed in this issue of SJPMH is the use of antipsychotics. Often, they are used in pathologies for

which they are not approved without adequate knowledge of the potential adverse effects and the risk/benefit ratio of use in unapproved populations and indications. This is especially prevalent in the case of the child and adolescent population since these are usually excluded from randomized clinical trials evaluating the efficacy and safety of these drugs. Campos-Jara and colleagues perform a systematic review and meta-analysis to determine the clinical efficacy of antipsychotic medication in people with intellectual disabilities and challenging behaviors⁵. Their work shows favorable evidence for its use. However, only six studies with 274 subjects met the inclusion criteria. Although the authors rightly recommend new randomized controlled trials, using real-world data would also be desirable. For example, population-based electronic clinical-administrative databases are handy for carrying out observational studies, generating new, original, and relevant information on the patterns of use of psychotropics, and analyzing the efficacy and safety in different populations. (Anmella et al., 2022)¹.

Food addiction is inseparable from overconsumption of processed foods, overweight, and obesity. This has become a priority public health problem worldwide. The study by Benítez-Brito and colleagues addresses the lack of instruments to measure food addiction in Spanish-speaking children³.

This issue also addresses affective temperaments, which have been associated with a higher risk to develop certain mental disorders. Zapata-Tellez and colleagues validated a brief version of the TEMPS-A, a standard assessment instrument for Spanish-speaking individuals¹⁵. Due to its adequate properties and relatively brief administration time, the tool can be used in general and clinical populations. These feasible instruments are especially relevant for busy clinicians.

This SJPMH issue gathers three important studies that shed light on different facets of bipolar disorders. All three are innovative and consider the needs and specificities of individuals living with this disease. This is relevant because mental healthcare services and interventions should be designed to address the specific needs of subgroups of people with bipolar disorder, such as older adults and those with dual diagnosis.

Substance use disorders represent a prevalent comorbidity of bipolar disorder and have an additional impact on clinical, neu-

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rocognitive, and functional outcomes (Balanzá-Martínez et al., 2015)². This emphasizes the specific needs of people with this comorbidity. However, we all know that this is an “orphan area” where medications are mostly used off-label. Radua and colleagues conducted the first meta-analysis on the efficacy of adjuvant medications to improve several key clinical outcomes in that population¹². We learned that certain agents might reduce substance consumption and illness severity, which in turn may improve the prognosis of persons with that dual diagnosis. However, the quality of the available evidence is low to very low. As the authors rightly emphasize, the findings should be considered cautiously. Ultimately, this should not discourage us from conducting further research but reflects the complexity of the topic under scrutiny.

The clinical staging of mental disorders is a hot topic of scientific debate, and several staging models have been posited for bipolar disorder (Kupka et al., 2021)⁹. The study by De la Fuente and colleagues further validates the EmDe-5 model in a larger sample of 11 sites across Spain⁸. Beyond adequate construct validity and generalizability of findings, this is the first proposal to consider patients' physical health and, notably, a person-centered measurement. The inclusion of health-related quality of life as a dimension of this staging model gives voice to personal experiences about the impact of the disease on their lives. Moreover, as the profilers included in the model are easy to obtain, its implementation in routine clinical practice seems warranted. This indeed represents excellent news to fill an urgent need in the field and may also help personalize the management of each individual with bipolar disorder. The addition of biomarkers represents a challenging but promising next step.

Finally, older adults with bipolar disorder represent a growing population. In a similar line of innovation, Montejo and colleagues present the first attempt to adapt an effective psychological intervention tailored to the specific needs of these individuals. In their comprehensive research protocol, efficacy outcomes go beyond social functioning to encompass subjective cognitive complaints and quality of life, which, again, are person-centered measures¹⁰. The original functional remediation program has widely demonstrated its efficacy for those living with bipolar disorder and is a reference for clinical practice and research worldwide (Bonnin et al., 2016)⁴. Let us hope the present clinical trial will also achieve a key impact in the field and benefit countless older individuals with BD while increasing the visibility of high-quality research conducted in Spain.

The articles in this issue revolve around two main topics relevant to users of mental healthcare services: the specific needs and approaches and the culture of participation. Mental health and psychiatry are encouraged to remain close to their humanistic and scientific roots. Remembering this in the new era of personalized medicine and artificial intelligence is essential.

Conflicts of interest

The authors declare that they have no competing interests.

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