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| ID | 3022 |
| Curricular Unit | Assessment and Intervention in Mental Health |
| Regent | Ana Paula Lebre dos Santos Branco Melo |

Learning Outcomes

The concept of health considered nowadays as a state and, simultaneously, the mental representation of the individual condition, of the physical and emotional well-being is a reflection of a dynamic and continuous process, where mental health is inseparable from general health and well-being. The vision of mental health has undergone transformations over the last decades, surpassing a panorama characterized by stigma and discrimination, and it is assumed as a determinant aspect for the well-being of the individual and the society, since this concerns the characteristics and conditions for intrapersonal relationships as well as the relationship between the individual and the environment (family, friends, work and the community in general). The World Health Organization (WHO) states that "(...) it is almost impossible to define mental health in a complete way" (2002, 32), since cultural differences, subjective judgments and competing theories affect how health is defined. However, it is agreed that mental health is much more than the mere absence of mental disorders, and its positive dimension is evident in WHO's definition of health (1986) as "(...) a state of complete physical, mental and social well-being and not only the absence of disease" (p. 1), or when it refers to mental health as the state of well-being in which the individuals realize their capacities, being able to cope with the normal stress of life, and contributing to the community in which they operate (WHO, 2002). At the level of epidemiological studies in Europe, mental health problems account for about 1/4 of the total burden of health problems. On the other hand, a large number of mental disorders may start in childhood, such as disruptive disorders, childhood schizophrenia, depression, mania and manic-depressive illness, suicidal behavior and its disorders, separation anxiety and somatic disorders. The magnitude of the impact results not only from the prevalence of mental disorders, but also from the access to health care appropriate to their needs. It is within this scope that we locate the potential role of psychomotor practice.

The purpose of this curricular unit is to develop in the students competences under the assessment and intervention in the field of psychomotor intervention practices carried out in mental health contexts, both with preventive and therapeutic dimensions.

The discipline addresses the most prevalent disorders with impact in the functionality of individuals within the scope of mental health, being organized through the presentation of case studies that illustrate best practices of psychomotor intervention.

In this way, it is intended to foster the development of the scientific spirit and reflective thinking in order to facilitate the construction of quality indicators according to the gains associated with the work of psychomotor therapists as well as the recognition and appreciation of psychomotor practices in the scope of mental health promotion.

Thus, the objective of this unit is to present psychomotor evaluation and intervention models and discuss their applicability, promoting the following student competences:

- To master the design of psychomotor interventions including the evaluation, definition of objectives, strategies, methods, techniques, activities and resource management;
- To develop methodologies for the diagnosis and psychomotor intervention implicated in the intervention directed to individuals of different age groups, presenting: disorders of consciousness; thought; memory; guidance; humour; body image; self-esteem; self-control; stress; anxiety; sadness; loneliness; obsession; hallucination; insomnia; agitation; pain; alcohol abuse; use of drugs; social interaction.

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| Syllabus | <p>The course will be organized according to the following contents:</p> <p>a) Global policies, theoretical models and methods of assessment and intervention in the field of mental health</p> <ul style="list-style-type: none"> - From Psychiatry to Mental Health - Psychomotor intervention in mental health contexts - Conceptions of Mental Illness and bio-psycho-social mechanisms - Frontiers between normal and pathological in childhood, adolescence, adults and elderly in a mental health perspective - Notions of vulnerability, risk factors and protection in mental health - The role of psychomotricity in mental health prevention and promotion - Mental health in the area of application and psychomotor practice <p>b) Evaluation in mental health in the context of the professional practice of the psychomotricist</p> <ul style="list-style-type: none"> - Models and instruments of evaluation in mental health with incidence in the psychomotor evaluation - Psychomotor intervention evaluation instruments aimed at children, adolescents, adults and the elderly <p>c) Intervention in mental health in the context of the professional practice of the psychomotrist, with incidence in the following groups:</p> <ul style="list-style-type: none"> - Mental disorders in childhood; Depression and anxiety - Mental disorders in childhood; Behavior - Disorders in childhood/adolescence/sexual abuse/mourning/post-traumatic stress - Evaluation and intervention with adults; Stress and anxiety - Somatoform disorders, psychosomatic, eating disorders; Adults and adolescents - Intervention with adults, models of group intervention - Intervention in mental health of adults with experiences of prolonged institutionalization (psychosis) - Psychomotor intervention in the elderly population with dementia |
| Evaluation | <p>1. Continuous assessment</p> <p>The continuous evaluation of the curricular unit in the 2017-2018 academic year consists in the accomplishment of two works and a test with the following weights:</p> <p>Test 30%</p> <p>Thematic development work 20%</p> <p>Group work related with a model of psychomotor intervention in mental health (50%: written component 40%, oral discussion 10%)</p> <p>The final grade includes self-weighting and hetero-evaluation in the oral discussion parameter.</p> <p>Attendance will be a condition for this assessment, implying the presence in 2/3 of the theoretical-practical classes.</p> <p>2. Final exam</p> <p>Written test (compulsory) when:</p> <ul style="list-style-type: none"> a) The student did not do the frequency; b) The student obtained an evaluation lower than 7.5 in the frequency, or in one of the parameters of the theoretical-practical evaluation; c) The student did not have an attendance equal to or greater than 2/3 at the theoretical-practical classes; d) The student did not obtain an evaluation equal or superior to 10 values: Written and oral test. |

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