THE BIOPSYCHOSOCIAL MODEL OF CARE

The Medical Model of Care has an expectation that symptoms have a direct biological cause, and we should always search for a definitive diagnosis and cure.

Problems with the Medical Model include:

- Assumption that: “We can’t find anything” = “It’s all in their head”
- Narrow framework
- Misses important psychological and social factors that have a role in the onset, maintenance and lived experience of all illnesses

In the Medical Model, psychological factors are seen as;
- Secondary to physical symptoms
- Separate to physical symptoms

This “dualist” perspective is seen in Psychiatry as well as in Physical Health Medicine.

The biopsychosocial model is an attempt to move forwards from this medical model.

What is the Biopsychosocial Model?
- Proposed by Engel in 1977
- Views a patient as a complete person with a complex life
- Behaviours, thoughts and feelings can influence the physical state
- Includes the medical model factors alongside additional information

Biopsychosocial Approach to Predisposing Factors and Triggers
Biopsychosocial Approach to Symptoms

Another way of showing the factors...

An advantage of the Venn diagram is that it shows the overlap between the different areas and helps remind us that we are looking at a whole person and not a collection of different areas.

<table>
<thead>
<tr>
<th></th>
<th>Predisposing</th>
<th>Precipitating</th>
<th>Symptoms</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bio</strong></td>
<td>Genetic Early life illness</td>
<td>Infection Injury</td>
<td>Fatigue Pain Sore throat ‘Payback’</td>
<td>Over-resting Boom and bust Infection Injury</td>
</tr>
<tr>
<td><strong>Psycho</strong></td>
<td>Early life trauma Stress Personality ACEs</td>
<td>Traumatic event Stress</td>
<td>Pain Cognitive Low mood</td>
<td>Confusing messages Worries about symptoms Low mood</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>ACEs</td>
<td>Lifestyle Environment</td>
<td>Sleep disturbance Activities Socialising</td>
<td>Disturbed sleep pattern Life events Social demands</td>
</tr>
</tbody>
</table>
The biopsychosocial model of disease

My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can’t be treated just through the biological medical model alone.

“\textit{The medical support keeps me alive, but it is the psychological and social support that enables me to live.}”

©The Patient Patient, 2013