From hospital to community: The stony way of Romania

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Part 1: Three decades of reform before entering the European Union

Part 2: Entering the European Union

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Part 1
Three decades of reform before entering the European Union (1974 - 2006)

a) The communist era
b) The first the decade after 1989
c) New efforts in the new millenium

1974: Community care in the "Mental Health Laboratories" (LSE - Laboratoare de Sanatate Mintala)

A revolutionary Ministerial Order foresees around 50 so-called "mental health laboratories" for community mental health care

- (Semi)independent structures
- Catchmenting of the target population
- Multidisciplinary approach
- Prevention, community intervention, monitoring of persons with complex need of care

Problems with the "Mental Health Laboratories"

- Less than 25 laboratories truly functional before 1989
- Staffing problems (psychology and social work banned in Romania from universities since 1977 until 1990)
- Service development halted due to isolation form the international trends (and limited access to international literature)

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1996 - back to the hospitals

- Low funding for health care (mental health included) in the first decade after 1989 and
- The focus on institutional maintenance (i.e. hospital maintenance) and not on service development led to
- *A decline of the activity of the laboratories,* which became integrated parts of the hospitals (ministerial order 276/1996)

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2002 - The Mental Health Law

- A legal draft pending in the Romanian parliament since 1996 is adopted
- in 2002, as the “Mental Health Law”
- With specific mention of the necessity of implementing community structures

2002 - The Mental Health Law
….. but …….

- The lack of implementing norms and of appropriate political support makes the law un-functional till
- 2004 - when the Amnesty International report
- 2006 – the European Commission pre-accession report on human rights

  force the Romanian government to acknowledge the poor state of Romanian mental health care and to draft a strategy for reform

2006 - the EU pressure

- In the advent of EU accession, mental health becomes a “red flag” issue
- The Romanian Government passes several legislative measures to create a support for the reform
  - Implementation “Norms for the law”
  - The order for the establishment of “Mental Health Centers” – CSM (Centre de Sanatate Mintala)
  - An action plan for reform and a policy center (National Center for Mental Health)

The aftermath of the 2006 legal initiatives 1

- Sectorization plans for Romanian mental health care
- Financial support for staffing Mental Health Centers (CSM)
- Allocation of funds for buildings and programs

The aftermath of the 2006 legal initiatives 2

- 2008 - a setback in financial and political support ceates a crisis that leads to the resignation of the coordinating team of the reform (the staff from the National Center for Mental Health)
- 2008-2009 - the Ministry of Health of the new government re-establishes a new structure (with the same name) in order to assure coordination of the mental health reform

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Part 2
Entering the European Union
(2007 -)

The European Commission

Twinning Projects on Mental Health

European Commission Twinning Projects on Mental Health

1. Development of a mental health strategy 2005-2006 (The Netherlands)
2. Deinstitutionalization 2007-2009 (Austria, The Netherlands as Junior Partner)
   - Bottom up: training of staff
   - Top down: proposal for legal and financing changes
3. Management of CMHC 2009-2010 (Finnland)

European Commission Twinning Projects on Mental Health

1. Development of a mental health strategy 2005-2006
2. Deinstitutionalization 2007-2009
   - Bottom up: training of staff
   - Top down: proposal for legal and financing changes
3. Management of CMHC 2009-2010

Bottom up Strategy: Empowering staff

- Training of specialized mental health staff
  - in community mental health centers
  - in psychiatric inpatient services
- Training of general practitioners
  - as gatekeepers to the specialized mental health services

Training of staff

- Hospital: 10 inpatient units across Romania (7 Psychiatric Hospitals, 3 Psychiatric Units in General Hospitals)
- Community Mental Health Centers (CMHC): 27 CMHCs across Romania
- General Practitioners: training of 60 trainers of trainers, who train 300 GPs

Principles of training of staff of specialized mental health services 1

- Multi-professional staff (psychiatrists, psychologists, nurses, social workers)
- Limitation to essentials increases feasibility
- Topics which are not / not sufficiently taught in professional training – „cross-cutting topics“

Topics selected together with Romanian experts of the NCMH (2007)

- Occupational therapy
- Behaviour therapy
- Discharge management
- Case management
- User involvement
- Family involvement
- Team work and supervision
- Management of CMHC
- Recognition and basic management of ICD-10 Depression, Anxiety and Alcohol disorders in General practice

Principles of training of staff of specialized mental health services 2

- Sustainability by creation of training curricula in cooperation with representatives of Romanian staff
- Testing of training curricula in practice > refresher sessions
- Training manuals bi-lingual (Romanian and English)
- Aiming at accreditation and creditation by professional bodies
- Aiming at establishing centres of excellence for training staff in Romania

Top down

- Analysis of the current health financing and legal regulation and its pros and cons for mental health
  - Hospital - Health Insurance (DRG/DRG like system)
  - Private psychiatric practice – Health insurance
  - General practitioners – Health insurance, „gate keeper“, but not allowed to prescribe psychotropic drugs
  - CMHC – staff tax funded from ministerial fund
- Proposals for changes

The example of the psychiatric hospital/units in general hospitals

- 22 million inhabitants – 16.400 beds (0,75/1000)
  (39 psychiatric hospitals, 75 units in general hospitals)
- Funded by Health Insurance
- Need of hospitals to create income in DRG system
- High readmission rates
- Fixed short average duration of stay
- Division into “acute” and “chronic” patients
- Admission as a justification for disability pension
- „Social cases“
- Low compulsory admission rate
  (law not implemented)

The example of the Community Mental Health Centres

- Attached to and administered by hospital
- No clear status
- Staff salaries are financed from taxes/ministerial funds, no other funding
- Financed from taxes/ministerial funds
- Salaries are lower for CMHC staff than for hospital staff („hospital work is more dangerous than community work“)

Experiences 1

- Extremely unquiet period of Romanian politics
- Administrative problems with the central Romanian authorities (delayed or no co-financing, especially for Romanian experts and participants)
- 2008: No realisation of the promised financial support for hospitals and CMHC > resignation of staff of NCMH
- Parliamentary elections in the middle of the project period, main Romanian players exchanged
- Economic crisis

Experiences 2

- Unclear whether intended training centres can be established countrywide
- New hope with the new government's „Memorandum for mental health"
- Managers of specialized psychiatric hospitals show good understanding of CMHC (in contrast to managers of general hospitals)
- Great enthusiasm and cooperation of staff at the grassroots (they travel long distances to be trained, despite problems with reimbursement of travel)

Conclusion

- Too many factors are working for the retention of mental hospitals
- Too few factors work for raising the status of community mental health centres
- EC Twinning project works by
  - Empowering the staff
  - Legal suggestion for improving the status of the CMHC