SURVEY ON THE NEED FOR DEVELOPING AND IMPLEMENTING AN OPTIMAL CARE MODEL BASED ON AN INTEGRATED MENTAL HEALTH SERVICES IN A ROMANIAN PSYCHIATRIC MEDICAL WARD

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BACKGROUND

The development of the competitiveness and capacity to obtain customer satisfaction can be achieved through the standardization and certification of services and through the design and implementation of Quality Management Systems at the level of the medical psychiatric unit. The implementation of programs in the field of management practice of the Quality Management Systems is different from one country to another, from one organization to another and depend on the characteristics of market, organizational culture, and quality culture.

The certification of the Quality Management Systems in accordance with the ISO 9000 series standards is an inevitable must for the hospital units.

The evolution of mental health services in Romania was centered on the care of patients admitted in psychiatric hospitals (psychiatric wards in general hospitals). These structures and cultures were solidified during the previous political regime which had the political power until early '90. Subsequently, the health services have been the subject of reforms that have seen the allocation of service to the compulsory national insurance funds . Mental health services have not been at the center of these reforms which can be traditionally associated with the poor status of mental health problems. In the 1990s and in the first decade of the 2000s, the international attention has been directed towards the conditions and the quality of medical care in psychiatric institutions, as well as on certain violations of human rights. Previously, the services have been oriented to meet the needs of seriously ill patients only. Even for them, the services in the outpatient and rehabilitation units remained underdeveloped. In 15 hospitals of mental illness, the separate “laboratories” were reorganized so that to provide outpatient care services, which may be considered as a step towards healthcare in the community.

Following a series of critical international comments and evaluations, Romania has developed concepts of community care and has developed regulatory documents that define the structures and the functions of the community mental health centers (C.M.H.C.). It was planned CMHC to become the basis of the community care after their number reached 150, and in every county to be one or two of such centers with a minimum number of staff of 11 professionals. In total, the number of staff members of the C.M.H.C. across the country has reached 1650 employees. In the early 2000s, the Romanian Government issued regulations and policy documents that have governed the modernization of the community mental health services. In this context, Romania has approved and accepted the international resolutions, documents drawn up by the World Health Organization (The Mental Health Declaration and the Action Plan prepared within the European Conference for Mental Health in Helsinki in 2005), the European Union (the European Pact for Mental Health and Well-being (2008) and the European Council (Recommendations on the human rights and the dignity of people with mental disorders, 2004 and 2009).

In general, the development of mental health services in Romania aligns with sustainable patterns of other European countries. However, the pace of the process of transition and its specific requirements depend on the local circumstances and the development of the resources. Two main directions require modifications and adjustments of the mental health services in the process of transition:

- the establishment of the C.M.H.C. network requires substantial transfer of resources from the hospital to the community services;
- depression, anxiety and substance abuse will have a predominant role in the perspective of a period
of 10-20 years. They will become a major challenge in the field of public health that could lead to a reduction of stigmatization, also being expected to stimulate the increase of the demand for community mental health services and the improvement of the importance of primary health care.

According to the 2007 WHO Report revised version - “The optimal mix for mental health services” – [6], the optimal operation of mental health services will be carried out when they will be integrated with the health care system, this fact being reflected by the slogan “there is no health without mental health”.

For each level, the management in the field of mental health will have a better understanding of the community services building, and their main objective will be to understand the ways by which the institutionalization and the continuation of care in the services of mental health are assured by new approaches and using in particular the coordination of cases based on each client.

The most important level of integration is the service user level.

- **Structural integration.** This form of integration can be considered the most complete and radical form of integration, because it involves the integration of staff and resources from different services in a single system of organization with a unique structure. One of the advantages of successful structural integration is that it can provide a stable and sustainable solution to the problems related to coordination of services, which would effectively allow for the use of staff in the benefit of service users.

- **Integrated service centers or single service centers.** This way of insurance of the integration at the local level or of several individual services is becoming increasingly popular for example in France, Armenia, Malta and The United Kingdom. In principle, the integrated service center allows for the users to access several services in one location, services that were previously insured by centers located in different locations, the benefit for the users being obvious, with the possibility of a closer collaboration for the provision of information and cooperation of the staff working within the services.

In figure 1, the structure recommended for the future of an integrated system of services in Romania by the year 2020 is represented schematically, where “the pyramid” is originally adapted to the local conditions for this period (2010 – 2020) and based on the general European experience.

The main messages of the pyramidal model above are (in an ascending order):

- the informal care and support in the community, pleading and self-care have high frequencies of needs and can be provided at relatively low costs. The idea is based on all the resources available in local communities. People with mental illness need support in order to connect friendship, to create social networks and to participate in various significant activities in the community;

- the primary care should be seen as a major element of medical care for the most common mental disorders such as: depression, anxiety and substance abuse problems. In Romania, primary medical care is based mainly on the work and on the services of the family physicians, nowadays.

- in the integrated structure of mental health services, there is a need for a special set of activities intended to support individuals with mental illness, for example, and services provided in day hospitals, day care centers and housing services of the **clubhouse** type. The protected houses, the protected work and the protected hiring and the transition work to the open labor market are important.

According to the pyramidal framework, the outpatient psychiatric care must be focused either on the Community Mental Health Centers (C.M.H.C.) or psychiatric units of general hospitals. These units and the C.M.H.C. should work closely with other mental health professionals at different levels, as well as to organize cooperation with other sectors and informal groups and volunteer organizations.

The psychiatric hospital care should be organized in general and psychiatric hospitals. Both hospitals should offer consultation and advice services for other medical specialties and for family physicians.

According to the pyramidal framework of the WHO, it should not be forgotten that the psychiatric hospitals have the largest mental health costs, but they are necessary, at least in comparison to the full panorama of the system of mental health services.
The close cooperation and relations must be created at different “steps” of the pyramid, as well as beyond the organizational boundaries between different areas of services at community, local, regional and county level.

The quality of the integrated mental health services must meet their expressed or implied needs for the improvement of health and the capacity for responding to the general expectations of the population or institutions, in this case, for psychiatric medical units, to ensure for each patient the harmonization of the diagnosis and therapeutic acts, which will ensure the best result, at the best cost, with the lowest risk to his full satisfaction.

Based on the recommendations of the 2007 WHO Report revised version – “The optimal mix for mental health services” – [6], whereby the optimal combination of the mental health services will be achieved only when the mental health services will be integrated with the health system in general, a fact reflected also by the slogan “there is no health without mental health”, we carried out a study in order to determine the need and the effectiveness of such services at the level of the psychiatric medical unit.

The principles for drafting the model will ensure, in our view, the general routing framework for the organization of mental health services in accordance with the collaboration between agencies and in partnership with formal and informal actors involving the patients and their families.

Thus, the content of the model of integrated mental health services, through the existence of the factors: “freedom” from the methodological point of view, the volume of theoretical knowledge and according to the Recommendations of the 2007 WHO Report, and of the study carried out in this respect, the need to establish it has been imposed, in order to answer the strategic objectives fixed in accordance with the mission and the vision of the reference hospital unit.

SCOPE

To carry out a need assessment on opportunity to develop an integrated mental health model in a Romanian psychiatric medical unit.

MATERIAL AND METHOD

Those mentioned above were preceded by elaboration of a questionnaire aiming to obtain information concerning the need for developing and implementing the integrated model of health services in order to improve the activity of the analyzed psychiatric hospital. The questionnaires were distributed to doctors in different hospitals in the field, to managers from other hospital units, as well as various categories of volunteers (professionals and the families of patients). The questionnaires were filled in a number of 293, of which 142 people were polled: 142 doctors, 57 managers and 75 volunteers.

RESULTS AND DISCUSSIONS

Analyzing the answers obtained for the questions of the questionnaire addressed to the categories of respondents, we have obtained important information related to the need for the introduction of the optimal model of integrated mental health services within the hospital psychiatric unit.

In the following, we schematically represent the most relevant answers of the categories of respondents with respect to the preparation and implementation of the integrated mental health services.

As regards the answers to the question “Are you familiar with the integrated mental health services?” (figure 2), most of them were negative, registering the following percentage values: volunteers (27%), doctors (13%), while managers 40%. The need to study the international models by the specialists in the field can be observed, adjusting the national ones to the European models and the application of innovation and creativity elements in developing them within the hospital psychiatric units.

Regarding the question “Is it necessary to create social networks for the purpose of participation of patients in various significant activities in the community?” (figure 3), the categories of respondents gave affirmative answers, i.e. 26% volunteers, 13% managers, 49% doctors. These affirmative answers highlight the fact that people with mental illness need support in order to connect friendships, to create social networks and to participate in various activities in the community. The truth is that family members, friends and relatives, most of the time, take care daily and offer support to psychiatric patients.

With regard to the question of “Would the introduction within the managerial program of the integrated services would streamline the development of the psychiatric hospital unit?” (figure 4), we can see from the responses gained that most of those polled replied affirmatively, respectively, the volunteers at a rate of 12%, managers – 41%, and doctors at a rate of 29%. These responses reveal that the development and implementation of integrated services can contribute to the development of the activities specific to the psychiatric hospital unit in order to provide an improved assistance to the beneficiaries of these services.

CONCLUSIONS AND RECOMMENDATIONS

The development of the optimal model of organization of mental health services provided in the psychiatric hospital monitored will be carried out, starting with the analyses of legal and administrative nature. The work done in this respect was based on the Finnish and the European experience. So, we paid particular attention to the following:

- the routes of the customers within the psychiatric hospital;
- the collaboration of the hospital with other public institutions, in order to integrate mental health services;
- the hospital management and the administrative framework for the mental health service system;
• the rules for the consolidation of the management capabilities of the mental health service system.

The model of integrated services at the level of the psychiatric hospital is concretized in the concentration of services carried out in a unique center. This means of integration assurance at the level of the hospital of multiple individual services allows the users to access several services in one location, services that were previously provided by centers in different locations. The benefit for users is obvious, with the possibility to ensure a closer collaboration, to provide information and cooperation of the staff working within the services. The graphical representation on the model is reflected in figure 5.

Actually, at the level of the hospital through the structures created, we ensured the integrated type services:

- medical services of the ambulatory type;
- day hospitalization – day standing (adults and children);
- continuous hospitalization;
- intervention activities in the community – mobile teams (within the Center for intervention and instruction in the community mental health);
- mental health centers (community: two for adults and one for children) in which psychosocial rehabilitation activities through occupational therapies are mainly carried out (art therapy; ludic therapy; occupational therapy, hydrotherapy, etc.).

As part of the provision of mental health services, this model of medical practice can become important in the process of transition from the hospital health care to the community services.

An important role that the rehabilitation has within the model is a vast domain. Most of the health care services refer to long-term illnesses. In the psychosocial rehabilitation, many methods, such as psychotherapy, are divided between care and rehabilitation. On the other hand, rehabilitation refers to a complete recovery, or at least to an improvement of the ability and skills needed to function in life, in the nearest community and society. These challenges have been largely abandoned in the field of mental health services when long term hospitalization was too often the prospect for the rest of their life for those who have been ill.
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In conclusion, we can say that, where applicable, the psychiatric hospital unit treated the non-compliant services through one or more of the following methods:

- by performing actions in order to remove the non-conformity detected;
- by the authorization of the continuation of provision, by way of derogation, by a relevant authority;
- by the performance of actions in order to prevent the use or the application originally intended;
- by the performance of actions appropriate to the effects or the potential effects, when the non-compliance is detected after the provision of the service;
- by monitoring.

After the noncompliance was corrected, the service has been the subject of re-verification, in order to demonstrate the compliance with the requirements. The records on the nature of nonconformities and therefore any actions performed, including the derogations obtained, had to be maintained. The method of reporting to the regulatory authorities, in accordance with the law, has been implemented in the quality management system specific to the psychiatric hospital unit.

The psychiatric hospital units that provide integrated health services must have proficient leaders, professionals who are interested in the needs of the patients and employees, by their level of professionalism and satisfaction, by the effectiveness and efficiency of processes, by the performance of the objectives, as well as by the financial results.

References:
1. Amfiteatru Foundation. Project «Quality and performance in the public health system in Romania» Bucharest, 2011,
4. RONCEA, C.-Quality system audit. Practical guide. – Class Publishing House, Bucharest, 1998,
5. Standard SR EN ISO 9001: Quality management systems, 2008,
7. www.sanatate-romania.ro,
8. www.conas.ro,
9. www.scritube.ro,