Community Mental Health Services in the Republic of Moldova Assessment Report

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List of Acronyms

CMHC – Community Mental Health Center

DAC – Disability Assessment Committee

FDC – Family Doctors' Center

LPA – Local Public Administration

MLSPF – Ministry of Labor, Social Protection and Family

MH – Ministry of Health

MHC – Mental Health Center

NGO – Non-governmental Organization

NHIC – National Health Insurance Company

NMHC – National Mental Health Center

PHF CPH – Public Health Facility Clinical Psychiatric Hospital

PHF DH - Public Health Facility District Hospital

PHF PH - Public Health Facility Psychiatric Hospital

PR – Psychiatrist's Room

SAFPU – Social Assistance and Family Protection Unit

Basic Package – Basic Package of Mandatory Health Insurance Program

I. INTRODUCTION

Mental health (MH) is a priority for the Republic of Moldova, following the state's accession to the Mental Health Declaration, Helsinki, on January 12-15, 2005, together with the European Community member states, and obvious trends towards adoption of European values. On November 26-27, 2010, Moldova adopted the European Declaration on Health of Children and Young People with Intellectual Disabilities and their Families, hence accepting a new conceptual approach for issues related to mental health and intellectual disabilities. Also, the Republic of Moldova ratified in July 2010 the United Nations Convention on the Rights of Persons with Disabilities by Law no. 166 of July 9, 2010 regarding ratification of the United Nations Convention on the Rights of Persons with Disabilities, which amends the approach paradigm, particularly for psycho-social and intellectual (mental and behavioral) disabilities.

The issue of persons with mental disorders is high on the agenda of the World Health Organization (WHO); thus, the report "People with mental disabilities cannot be forgotten" traced on September 16, 2010 in New York the following directions:

- Recognizing the vulnerability of this group and including these persons in development programs;
- Developing mental health services included in primary healthcare;
- Involving persons with mental disabilities in fund- and benefit-generating programs;
- Involving persons with mental disabilities in development projects' and programs' preparation;
- Including human rights' protection in national policies and legislation;
- Including children and adolescents with mental and psycho-social disabilities in educational programs;
- Improving social services for persons with mental and psycho-social disabilities.

In the Republic of Moldova, mental and behavioral disorders are a major medical and social problem, and are an important cause of disability, ranking among the top five out of ten positions in the hierarchy of diseases. About 50 percent of patients followed on by psychiatrists are disabled and represent the most vulnerable group of the society. Unfortunately, the treatment applied in mental health focuses on an outdated care model and does not fully address the needs of beneficiaries. The main mode of assistance is the centralized hospital model, which faces a number of significant shortcomings, the most serious being discontinuity of services and the latter's distant location from the place of residence. These phenomena prevent the organization of an adequate system, oriented toward the needs of patients.

Although mental health was declared a priority for the Republic of Moldova, the policy documents do not reflect fully the WHO recommendations in the area of MH service system reform. The cross-sector approach and collaboration for integrating mental health services into primary healthcare and establishing community services is insufficient. Improving this will lead to a successful correct approach in primary healthcare – working with non-health sectors, such as education, social welfare, justice, or employment, at both policy, planning and enforcement levels. Also, at the local government level, efforts to create community mental health services virtually do not exist. Hence, various local community agencies should establish a common network to ensure provision of quality medical and social services, adequate housing, social benefits, disability pensions, employment, and other social service support to this group of

persons. All efforts must be mobilized for persons with mental disorders, so that prevention and rehabilitation strategies are implemented in a most efficient manner. Close links with informal community services – NGOs, religious leaders and other units are also fundamental, which can lead to better results and to the rationalization of existing resources.

Provision of mental health services at psychiatric hospital level engenders increased stigma and these persons' refusal to solicit such services. Primary healthcare at the community level reduces the number of hospitalizations in psychiatric hospitals, which are often associated with human rights' violations. Minimizing this patient group's stigma and discrimination eliminates the risk of human rights' violations, which occur in psychiatric hospitals. At the same time, minimization of stigma at this level reduces discrimination in the society.

Official international community mental health services include a number of different levels of support provided by professionals. These services include rehabilitation services, programs deviating from the traditional hospital system, outpatient teams, supervised therapy services, home help services, and community services for victims of trauma, children, adolescents and elderly. Community mental health services are not part of the general hospital system but require ties with both regular and psychiatric hospitals.

II. LEGISLATIVE FRAMEWORK FOR COMMUNITY MENTAL HEALTH SERVICES IN THE REPUBLIC OF MOLDOVA

The psychiatric care system in the Republic of Moldova is regulated by normative acts that are currently aligned with international requirements to ensure affordable and quality services to beneficiaries. Thus, at the government level, a number of measures are taken to promote mental health services and make the transition from centralized to community psychiatric care.

Mental Health Policies

- Law on Mental Health no. 1402 - XIII of December 16, 1997 amended by
- Law no. 35 of February 28, 2008 regarding amendments and addenda to Law on Psychiatric Care no.1402-XIII of December 16, 1997, published on April 4, 2008 in the Official Gazette no. 69-71, art. 228
- National Health Policy approved by Government Resolution no. 886 of August 6, 2007 (Chapter XII: Ensuring conditions for improved mental health), published on August 17, 2007 in the 'Official Monitor' newspaper no. 127-130, art. 931
- Health System Development Strategy for 2008-2017 approved by Government Resolution no. 1471 of December 24, 2007 (3.2.4. Implementing the Mental Health Policy), published on January 15, 2008 in the *Official Monitor* newspaper no. 8-10 art. 43
- Order of the Ministry of Health regarding organization and operation of the Mental Health Services in the Republic of Moldova no.591 of August 20, 2010
- Order of the Ministry of Health regarding Community Mental Health Services no. 8 of January 17, 2009
- Government Decision endorsing the framework Regulations for community mental health centers and minimum quality standards no. 55 of January 30, 2012.

Mental health is a priority for the Government of the Republic of Moldova, being included in the National Health Policy approved by Government Resolution no. 886 of August 6, 2007, stated in Chapter XII. Ensuring conditions for better mental health. It is also brought into focus in the Strategy for Social Inclusion of Persons with Disabilities (2010-2013) approved by Law no. 169-XVIII of July 9, 2010. The Law on Mental Health stipulates the existence of several MH services, such as psychiatric hospitals, psycho-neurological boarding facilities and community health centers, but its provisions are mostly related to hospital psychiatric services.

Chapter XII. Ensuring conditions for better mental health sets forth explicitly:

134. Developing mental health services will be accomplished based on community principles, which will include:

a. Creating the infrastructure for community services, referring persons with mental disorders to these services, and ensuring continuity of psychiatric care.

b. Training for professional staff, including family doctors, in the area of community-based psychiatry. Special attention will be paid to training of psychiatric nurses working in community mental health services.

c. Providing new-generation psychotropic drugs to beneficiaries.

d. Streamlining hospital psychiatric care by creating mental health departments in general hospitals.

136. Existing psychiatric care services will be restructured by removing the confinement phenomenon applied during treatment. Community mental health services will focus on the psycho-social rehabilitation and reintegration of beneficiaries.

137. Community mental health services will be complementary to hospitalization. Mental health centers with all ancillary structures will be created. Community mental health services will be provided by multidisciplinary teams.

140. Community mental health services will be represented through:

a. Community mental health centers by day and with temporary placement, which will include counseling and occupational services;

b. Professional and general resources and information services to beneficiaries, including by establishing information centers;

c. Sheltered workshops and supervised work placements;

d. Social apartments.

The Health System Development Strategy for 2008-2017 approved by Government Resolution no. 1471, through section 3.2.4. Implementing the Mental Health Policy, stipulates the following activities: improving the legislative framework for mental health; strengthening the capacity of PHC for treating patients with mental disorders.

The Order of the Ministry of Health regarding organization and operation of the Mental Health Service in the Republic of Moldova no.591 of August 20, 2010 stipulates the structure and the organization and operation Regulation for the Mental Health Service in the Republic of Moldova, according to which in Section 3 “Coordinating the Mental Health Service”... the Clinical Psychiatric Hospital (CPH) is the institution monitoring and coordinating the activity of the Mental Health Service at the national level.

III. MENTAL HEALTH SERVICES IN THE REPUBLIC OF MOLDOVA

A reform of the mental health services' system is currently ongoing in the Republic of Moldova. The main purpose of the reform is to bring into focus the outpatient treatment, where community mental health centers play a key role, which will coordinate the rehabilitation and social reintegration of patients with mental health problems. There are currently six (6) community mental health centers (CMHCs) operating in the Republic of Moldova (Chisinau, Balti, Ungheni, and Rezina), created under projects with international funding: Community Mental Health Center "Somato" (2000), Community Mental Health Center in the Buiucani sector, Chisinau (2005), and Community Mental Health Center, Ungheni (2007), Center for Children and Youth with Severe Mixed Disabilities "Danco" (2009), Community Mental Health Center, Rezina (2010), and National Mental Health Center by the CPH (2011), which offer a range of medical and social services to people with mental health problems at their place of residence, i.e. at the community level. They are focused on: evaluation, treatment and consultation, management and community support services, which ensure the essential evaluation of persons who need help and alternative care, other than hospital services; rehabilitation services and support to improve the quality of life, active participation in daily life and independent living in the society[1].

All activities under CMHCs are promoted by the community multidisciplinary team. Interventions provided in CMHCs are: therapeutic interventions and support; prevention activities; early diagnosis and mental health awareness; rehabilitation activities; activities oriented toward patients' families; social support activities; activities aimed at fighting stigma. In the entire mental health system, it is these centers that have established some form of collaboration with primary healthcare.

Currently, there are five (5) community mental health centers and one National Mental Health Center in the Republic of Moldova:

1. Mental Health Center (MHC) "Somato" – established in 2000
2. Community Mental Health Center (CMHC), Buiucani sector – established in 2005
3. Community Mental Health Center (CMHC), Ungheni – established in 2007
4. Center for Children and Youth with Severe Mixed Disabilities (CCYSMD) "Danco" – established in 2009
5. Community Mental Health Center (CMHC), Rezina – established in 2010
6. National Mental Health Center (NMHC) – established in March 2011

In the following section we will review each CMHC by order of its establishment.

[1] Information Note of the Ministry of Health regarding results of evaluation of activities conducted by community mental health centers in the Republic of Moldova, March 19, 2012, Order of the Ministry of Health no. 98 of February 9, 2012

1. Mental Health Center (MHC) „Somato" in the municipality of Balti

The Community Mental Health Center „Somato" is a public health and social facility, providing medical and psycho-social rehabilitation services for both persons with mental disorders and their families and relatives.

The center was created by the Mayoralty of the municipality of Balti and the Public Association "Somato" on September 1, 2000. Currently, the center is a public facility and is financed from the local budget of the municipality of Balti. MHC "Somato" provides services to the municipality of Balti with a population of 130,000 inhabitants.

Work schedule of MHC "Somato":
- Day care program, Home care program – Monday-Friday, 8.00-18.00;
- Temporary placement program, Protected housing program – 24/7.

Purpose of MHC "Somato": improving the mental health of population and creating beneficial preconditions for social and family integration and rehabilitation of persons affected by mental disorders.

Objectives of MHC "Somato":
- Medical and psycho-social rehabilitation of persons with mental health problems.
- Preventing institutionalization, deinstitutionalization and social inclusion of persons with mental health problems.
- Increasing access of the general population to medical-social care for mental health issues according to the multidisciplinary and services' integrity principle, especially for those that are highly vulnerable and under high risk.
- Creating complex services oriented toward social inclusion of persons with mental health problems, and ensuring continuity of mental health services in the community.
- Providing consultative support – methodological and informational support in mental health by increasing the level of knowledge, forming attitudes and safe practices for the population in the respective territory in relation to their health and development.
- Direct community involvement in psycho-social rehabilitation of persons with mental problems, as well as in preventing and promoting mental health in the society.

Beneficiaries of MHC "Somato" are different based on the type of program:
- „Day center" and "Temporary placement" programs – persons with psychiatric disorders in remission, low to medium degree of mental retardation, 18 to 60 years of age;
- "Home care" program – persons with mental health problems or mixed disabilities with a severe degree of disability, 18+ years of age;
- "Protected housing" program - persons with psychiatric disorders in remission, low degree of mental retardation and high degree of independence, 18+ years of age.

Capacity of CMHC:
- "Day care center" program - 25 persons/day
- "Temporary placement" program – 10 persons/night
- "Protected housing" program – 16 persons

Basic services provided in the MHC:
- *Day center and Temporary placement programs offer the following services:*

1. Counseling and consultative services, psychiatric therapy;
2. Specialized psycho-social rehabilitation services;

3. Mental health awareness;
4. Food provided four times a day;
5. Support treatment, if necessary.
- *Home care offers the following services:*
1. Counseling and consultative services provided at home;
2. Specialized psycho-social rehabilitation services provided at home;
3. Training for persons taking care of the beneficiary.
- *Protected housing offers the following services:*
1. Counseling and consultative services;
2. Facilitating access to vocational guidance and training.

Activities promoted in the CMHC:
1. Counseling and consultative services, psychiatric therapy.
2. Specialized psycho-social rehabilitation services.
3. Mental health awareness.
4. Meals provided four times a day.
5. Support treatment, if necessary.
6. Temporary placement.
7. Protected housing provides housing, as well as social and professional integration.

Funding for MHC "Somato" comes entirely from the local budget of the Mayoralty of the municipality of Balti. The annual service budget for 2011 was MDL 455 thousand, of which 71.4 percent were spent for salaries. In parallel, MHC attracted funds from grants and technical assistance, amounting to MDL 222.6 thousand.

2. Community Mental Health Center (CMHC) Buiucani, Chisinau

The Community Mental Health Center is a medical and psycho-social facility, providing medical and psycho-social rehabilitation services to persons with mental health problems and their families, regardless of age, residents of the Buiucani sector and adjacent villages (University Clinic, commune Durlesti, commune Truseni, commune Ghidighici, commune Vatra), with a population of 152,914 inhabitants. The CMHC was created on April 14, 2005 as a pilot project of the Ministry of Health and the Stability Pact for South-East Europe of the Health Network by order no. 367 of December 7, 2004 and order no. 63 of May 31, 2005 regarding operation of community mental health centers. The CMHC operates as a subdivision of the PHF TMA Buiucani, 10/day, 6 days a week.

Purpose of CMHC: early detection of risk factors that cause and lead to worsening of mental disorders, psycho-hygiene and psycho-prevention, assessment, diagnosis, treatment, and rehabilitation of affected persons and their social integration.

Objectives of CMHC:
- Organizing services provided by the CMHC through the community multidisciplinary team;
- Providing pharmaceutical and therapeutic support treatment corresponding to the disease;
- Providing psychiatric, psychological, social, and legal consultative services to beneficiaries and their families;
- Providing psychotherapeutic services to beneficiaries and their families;
- Providing ergo-therapy services;
- Involving beneficiaries and their relatives in CMHC activities.

Beneficiaries of CMHC: all citizens residing in the Buiucani sector and adjacent villages, who have certain mental disorders.

Capacity of CMHC: 1,175 beneficiaries/month; approximately 45 beneficiaries/day.

Basic services provided in the CMHC:
- Medical services (consultative and treatment);
- Home visits;
- Provision of compensated psychotropic drugs;
- Monthly awarding of disability degree in the CMHC;
- Psychotherapy sessions;
- Emergency medical care;
- Social assistance;
- Legal assistance and work with social justice organizations;
- Psychological assistance;
- Occupational therapy.

Funding for CMHC Buiucani comes entirely from the budget of TMA Buiucani Chisinau. Data on the annual service budget are missing.

3. Community Mental Health Center (CMHC) in the town of Ungheni

The Community Mental Health Center in the town of Ungheni was established by the Ministry of Health of the Republic of Moldova, Public Health Facility District Hospital Ungheni, Swiss Development Cooperation in Moldova, and Public Association „Somato" on May 1, 2007. The community center became an operational structure of the consultative unit in the PHF DH Ungheni, which provides, upon medical indication, outpatient psychiatric care, supervision and medical-psychological care, and social and family reintegration to beneficiaries. CMHC services 120,000 population in the district of Ungheni, and it has been operational for five (5) years. The work schedule of the CMHC is Monday to Friday, 08.00-16.00.

*Purpose of CMHC***:** increasing access of the general population to medical-social care for mental health issues according to the multidisciplinary and services' integrity principle, especially for those that are highly vulnerable and under high risk.

Objectives of CMHC:
a. Providing complex and affordable services oriented toward social and family inclusion of persons with mental health problems, and ensuring continuity of mental health services in the community.
b. Medical and psycho-social rehabilitation of children, youth and adults with mental health problems.
c. Direct community involvement in psycho-social rehabilitation of persons with mental problems, as well as in preventing institutionalization and promoting mental health in the society.
d. Providing consultative support – methodological and informational support in mental health by increasing the level of knowledge of the population and families in the adjacent sector.
e. Preventing institutionalization, deinstitutionalization and social inclusion of children, youth and adults with mental health problems.

Beneficiaries of CMHC: Persons with mental health problems and mentally retarded:
children of 12-18 years of age and adults of 18-65 years of age.

Capacity of CMHC: 25 persons/day
CMCH programs: day center, consultative service

Basic services provided in the CMHC:
- Consultative services
- Occupational therapy services
- Psychological care services
- Psycho-social rehabilitation services
- Social services
- Family support services

Funding for CMHC Ungheni comes entirely from the PHF DH Ungheni, namely from funds allocated by the NHIC. The annual service budget for 2011 was MDL 220 thousand, of which 71.5 percent were spent for salaries.

4. Center for Children and Youth with Severe Mixed Disabilities (CCYSMD) "Danco", municipality of Balti

The Center for Children and Youth with severe Mixed Disabilities „Danco" is a social public institution, providing psycho-social rehabilitation and social inclusion services for both children and youth with disabilities and their families and relatives. The CCYSMD was established based on the decision of the Municipal Council of Balti, with financial support from the Moldova Social Investment Fund, based on the memorandum of cooperation for implementation of MSIF-2 Component „Developing social assistance services", approved by decision of the Municipal Council no. 8/5 of October 27, 2005 (Implementation of sub-project no.1605 Center for Children and Youth with severe Mixed Disabilities „Danco"). It became operational in October 2010. The CCYSMD services the population of the municipality of Balti totaling 130,000 inhabitants.

The working schedule of CCYSMD is five (5) days a week, 8.00-19.00.

Purpose of CCYSMD: Improving quality of life for children and youth with disabilities through psycho-social rehabilitation and social inclusion.

Objectives of CCYSMD:

- Improving development of children and youth with disabilities and their adaptation in the society;
- Physical and psychological rehabilitation of children and youth with disabilities;
- Supporting physiological integrity of children and youth with disabilities;
- Developing socialization, adaptation and re-adaptation skills of children and youth with disabilities;
- Developing primary, educational and servicing skills for children and youth with disabilities;
- Raising awareness of beneficiaries, relatives and community on the importance of deinstitutionalization and community life.

Capacity of CCYSMD: 20 persons/day: children 10+ years of age with disabilities – 10 children and young people of 18 - 30 years of age with disabilities – 10 young people.

Direct beneficiaries of CCYSMD:
- Children of 10+ years of age with severe mixed disabilities (motor and psychiatric)
- Young people of up to 30 years of age with severe mixed disabilities

Programs of CCYSMD:

- Medical and psycho-social rehabilitation program
- Deinstitutionalization and social inclusion program
- Physiological integrity support program
- Home care through the mobile team

Basic services provided in the CCYSMD:

- Physical and psychological rehabilitation services
- Consultative/counseling services
- Social skills' development services
- Medical care services
- Mental health awareness services
- Physiological integrity support services

Funding for CCYSMD "Danco" comes entirely from the local budget of the Mayoralty of the municipality of Balti. The annual service budget for 2011 was MDL 772.5 thousand, of which 58.2 percent were spent for salaries. In parallel, CCYSMD "Danco" attracted funds from grants and technical assistance totaling MDL 102.1 thousand.

5. Community Mental Health Center (CMHC) Rezina

As per the order no. 8 of January 17, 2009 of the Ministry of Health of the Republic of Moldova, the Community Mental Health Center was open in Rezina on January 15, 2010 as an autonomous subdivision of the consultative unit of PHF DH Rezina, hence being operational for three (3) years. Location of CMHC: town of Rezina, 7, 27 August St., tel. 0-254-2-21-86. It has an area of 65 m2, divided into six (6) premises: hall, reception desk, psychiatrist room, occupational therapy room, procedures room and locker room for staff, plus a toilet. The center has a computer connected to Internet, a printer, phone, and mechanical sewing machine. The center provides services to the population of the town of Rezina totaling 15,000 inhabitants (of which approximately 180 are being followed on by psychiatrists), and also accepts the district population (56,000 inhabitants).

Work schedule: Monday-Friday, 8.00-16.00, with break time from 13.00 to 14.00

Purpose of CMHC: The main purpose of the CMHC is improving the mental health of population and creating beneficial preconditions for social and family integration and rehabilitation of persons affected by mental disorders.

Objectives of CMHC:

- Medical and psycho-social rehabilitation of children, youth and adults with mental health problems.

- Preventing institutionalization, deinstitutionalization and social inclusion of children, youth and adults with mental health problems.

- Increasing access of the general population to medical-social care for mental health issues according to the multidisciplinary and services' integrity principle, especially for those that are highly vulnerable and under high risk.

- Creating complex services oriented toward social inclusion of persons with mental health problems, and ensuring continuity of mental health services.

- Providing consultative support – methodological and informational support in mental health by increasing the level of knowledge of the population and families in the respective sector regarding their health and development.

- Direct community involvement in psycho-social rehabilitation of persons with mental problems, as well as in preventing and promoting mental health in the society.

Beneficiaries of CMHC: The target group includes persons of 14-60 years of age with mental health problems – schizophrenia, epilepsy, mental retardation, with exceptions allowed in some cases.
Capacity of CMHC: 4-5 beneficiaries with daily files for three (3) months and up to 10 patients for consultations.

Programs of CMHC:
- Vocational rehabilitation programs

- Leisure programs

- Counseling programs for patients and families

- Referrals to consultations of other specialists in complex cases

- Organizes interventions in critical situations, preventing recurrences

- Ensures collaboration with other sectors necessary for patients with mental disorders, such as forensics, temporary or protected shelters, sheltered workshops, work capacity assessment committees, social assistance sectors, education, other health sectors.

Funding for CMHC Rezina comes entirely from the PHF DH Rezina, namely from funds allocated by the NHIC. The annual service budget for 2011 was MDL 83.9 thousand, of which 69.5 percent were spent for salaries.

6. National Mental Health Center (NMHC), municipality of Chisinau

The National Mental Health Center is an autonomous structural subdivision in the Clinical Psychiatric Hospital, which operates on a self-financing, non-profit basis, with its own bank sub-account, enjoying all rights stemming from this as per the legislation in effect and this regulation. The facility is located in: municipality of Chisinau, town of Codru, 3, Costiujeni St.

The date of establishment of NMHC is July 2010 and it became operational on March 31, 2011. The service founder is the Ministry of Health. The center is operational 11 months a year. The work schedule is five (5) days a week, 8.30 – 16.00.

The *purpose* of the National Mental Health Center is to improve the mental health of the Moldovan population by organizing, developing and monitoring mental health services.

NMHC has the following major *objectives*:

a) Organizing mental health services according to the needs of the population and the national health policy;

b) Developing policies and development strategies for mental health services to ensure access to, continuity and quality of mental health;

c) Improving quality of medical services by enhancing the professional and technological level, oriented toward ensuring patient security and observance of their rights;

d) Ensuring consultative-methodological and informational support in providing integrated medical care;

e) Conducting scientific research in mental health, with practical implementation of beneficial results;

f) Monitoring of organization, operation and quality of mental health services at the national level.

Organization of NMHC

NMHC has the following functional structure according to its organigram:

a) Program and Policy Monitoring and Evaluation Department

b) Mental Health Service Management Department

c) Research and Development Department

d) Training Department

e) Clinical Department

At the time of the evaluation, the Clinical Department is the only operational one in the NMHC. Beneficiaries of the NMHC Clinical Department: persons with mental health problems. Capacity of NMHC: 25 persons per day.

Programs of NMHC (Clinical Department):

- Basic services provided in the NMHC:
  - Consultative services: psychiatric, psychological, social assistance, kinesiology;
  - Day center
- Activities promoted in the NMHC:
  - Kinesiotherapy;
  - Individual and group psychological counseling;
  - Occupational therapy;
  - Ergotherapy;
  - Physiotherapy.

Funding for NMHC comes entirely from the budget of the PHF CPH, namely the funds allocated by the NHIC. The annual service budget for 2011 was MDL 387.6 thousand, of which 64 percent were spent for salaries.

7. RESULTS OF FULL SERVICE CMHC EVALUATION IN THE RM

This sub-chapter illustrates the most important CMHC indicators as a result of the evaluation conducted in February 2012 at the request of the Ministry of Health[2].

Table no.1 shows four basic indicators assessed as part of CMHC evaluation: *average number of beneficiaries per day, average number of days spent in the CMHC by a beneficiary, total number of beneficiaries assisted per day and total number of beneficiaries per day*.

[2] Information Note of the Ministry of Health regarding results of evaluation of activities conducted by community mental health centers in the Republic of Moldova, March 19, 2012, Order of the Ministry of Health no. 98 of February 9, 2012

The first indicator „ *average number of beneficiaries per day*" shows CMHC planned workload as per the activity regulation and *the proof of involving persons with mental health problems in psycho-social rehabilitation*. The table shows a comparison between the number planned in the regulation and the real number:

NMHC – 25 persons planned – 3.57 daily average
CMHC Ungheni – 25 persons planned – 10.25 daily average
CMHC Rezina – 5 persons planned – 4.5 daily average
MHC "Somato" Balti – 25 persons planned – 22.6 daily average
CCYSMD "Danco" Balti – 20 persons planned – 18 daily average

The table reflects that the regulation of CMHC Buiucani does not envisage a number of persons assisted daily, and the target group is the entire population of the Buiucani sector. There is an actual fluctuation of 54 persons per day at the CMHC Buiucani.
We can see that MHC "Somato", CCYSMD "Danco", CMHC Rezina meet the regulated plans. MHC Ungheni has an indicator of 50 percent of the regulated plan, and the NMHC has an indicator of 14 percent of the regulated plan.

The second indicator is „*average number of days spent in the CMHC by a beneficiary*" reflects indirect data regarding the psycho-social rehabilitation process, which takes time and involves multidisciplinary intervention through the „assisted case" methodology, which lasts 90 days. The data show that CMHC Rezina and MHC "Somato" are within the stipulated limits, and in CCYSMD "Danco" Balti and CMHC Ungheni the average number of days spent in service is greater by 80 percent, and in the NMHC the average length of stay of beneficiaries in service is 6.41, which is only 7 percent of 100 percent. There is no such indicator for CMHC Buiucani, which reflects that beneficiaries are not involved in the psycho-social rehabilitation process that takes time, but rather in the consultative and follow-on process.

The third indicator „*total number of beneficiaries assisted daily*" and the fourth indicator „*total number of beneficiaries per day*" reflect basically the addressability for service and is an indirect indicator for the consultative service. We can say in this context that consultative services are very well developed in CMHC Buiucani, CMHC Rezina and NMHC, less developed in CMHC Ungheni, and least promoted are consultative services in MHC "Somato" and CCYSMD "Danco" in Balti.

Table 1. Basic CMHC performance indicators for 2011

1	**INDICATOR**	**NMHC, mun. Chisinau**		**CMHC Buiucani, mun. Chisinau**		**CMHC Ungheni**		**CMHC Rezina**		**MHC Somato, mun. Balti**		**CCYSMD Danco, mun. Balti**	
		1	2	1	2	1	2	1	2	1	2	1	2
1	**Average number of beneficiaries per day** (sum of beneficiaries in each day divided by the number of CMHC working days per year)	3.57	**25**	54		10.25	**25**	4.5	**5**	22.6	**25**	18	**20**
2	**Average number of days spent by a beneficiary in the CMHC** (sum of days spent by each beneficiary in the CMHC divided by the number of expected beneficiaries)	6.41				168		90		108		166	
3	**Total number of beneficiaries assisted daily** (sum of beneficiaries each day according to PII throughout the entire year)	109		16244		2325		1046		8242		4645	

4	**Total number of beneficiaries daily** (sum of beneficiaries coming daily throughout the entire year)	818				2545		1327		762		838	

1 – for 2011
2 – according to the regulation

Another evaluated indicator is the „***Total number of beneficiaries assisted in the CMHC during a year (including repeaters)***". Here are the data for 2011: NMHC – 60, CMHC Buiucani – 4,848, CMHC Ungheni – 16, CMHC Rezina – 13, MHC "Somato" Balti – 120, CCYSMD "Danco" Balti – 101.

The data show that CMHC Ungheni and CMHC Rezina have a very small number of service beneficiaries, this number being much higher in NMHC, MHC "Somato" and CCYSMD "Danco", and CMHC Buiucani has an extremely big number of beneficiaries – 4,848.

IV. INTERNATIONAL PRACTICE FOR COMMUNITY MENTAL HEALTH SERVICES

Official community mental health services include a number of assistance modes at different levels, provided by professionals. These services include *rehabilitation services, programs deviating from the traditional hospital system, outpatient teams, supervised therapy services, home help services, and community services for victims of trauma, children, adolescents and elderly*[3]. Community mental health services are not part of the general hospital system but require ties with both regular and psychiatric hospitals. Below are some examples of formal community mental health services existing worldwide.

Rehabilitation services:

- Community mental health centers / community outpatient clinics
- Clubhouses
- Day care centers
- Support groups
- Employment/rehabilitation workshops
- Sheltered workshops
- Supervised work placements
- Cooperative work schemes
- Supported employment programs

Hospital diversion programs and mobile crisis teams

- Services of mobile teams for crisis evaluation and treatment (including evenings and weekends), which act on behalf of community mental health centers or on behalf of outpatient clinics

Emergency care services

- Home care services delivered 24/7 by mental health professionals in the vicinity of regular housing

[3] Organizing mental health services, Mental Health Policy, Service Guidance Package, World Health Organization 2003

- Support staff with training and knowledge in the field, who can stay at the patient's home for supervision and support during periods of crisis
- Crisis centers

Residential therapeutic and supervision services

- Premises for former patients (non-supervised)
- Dispersed premises inhabited by two or three persons (non-supervised)
- House groups (with or without staff)
- Pensions
- Houses situated in the vicinity
- Rural locations for psychological rehabilitation
- Regular housing

Home treatment services

- Evaluations, treatments and management, coordinated by a clinician responsible for home care on behalf of community mental health centers
- Case management and assertive community treatment
- Home support centers

Workshops

- Clinical services in education and rehabilitation programs
- Services of emergency telephone lines
- Rehabilitation programs for trauma in refugee services and camps

Below is a description of several examples of formal community services:

Innovative formal and informal community services

China. The patient's neighbors, retired staff, family members who help treat patients, are components of psychiatric units. *(Pearson, 1992)*.

China, India, Malaysia. Governments contact NGOs to provide care services for elderly without children (in small houses) *(Levcoff et al., 1995)*.

India. Teaching staff receive training to provide therapeutic interventions to children in schools. *(Nikapota, 1991)*. Volunteers on behalf of cult institutions provide intervention services in the vast majority of cities in India *(Murthy, 2000)*

Mental health needs under a shortage of resources: innovations and NGOs in India

NGOs have acquired considerable experience in healthcare in India, especially in reproductive and child health services and research. In recent years, several NGOs have begun to develop innovative programs in mental health. In 1999, an attempt was made at the government level to coordinate the organizations working in mental health programs, which were more than 50 in the country. Organizations were involved in rehabilitating and encouraging people with severe mental disabilities and mentally retarded children. The number of NGOs has increased considerably with raising concern for issues related to mental disorders, such as mental disorders in children, dementia and violence. Four NGOs working in different areas of mental health,

integrated research, training and service delivery, have made common cause with other social and health sectors. All were based on funding from a variety of sources, including individual and corporate donors, foundations, governmental structures.

Foundation for Research on Schizophrenia, located in the south Chennai, is one of the most prominent providers of integrated multilateral services for persons with severe mental disorders in India. The Foundation was established in 1984 by medical professionals that worked in a local medical profile school. Currently, it provides outpatient and inpatient care to patients with severe mental disorders. Similarly, it provides a range of psycho-social rehabilitation services. The Foundation plays an important role in supporting the rights of people with mental disorders, in particular for the formal recognition of disability caused by mental illness. It is one of the main structures in the country that manages research on all aspects of schizophrenia. The Foundation is a WHO Center for Collaboration on Research and Training in Mental Health.

Sangath Society is located in the state of Goa, on the West coast of India. It was founded in 1996 by a team of health professionals working on child and adolescent development. Within five years it has become one of the leading suppliers of community multidisciplinary services for children and families in the region. The Society has expanded its services from clinics to community services with programs geared toward improving child development outcomes, for example – early intervention for children from risk groups and schools with programs for improving knowledge and teaching methods for children with mental disorders. The Association works actively with government departments, academia and NGOs on maximizing the potential for the development of each child. It is one of the main structures for research on women's mental health and adolescent health.

Ashagram is a non-governmental organization located in the Barwani district of the Madhza Pradesh State of West India. This is one of the poorest regions of the country, with a high level of illiteracy, severe environmental degradation and tribal population. Ashagram was founded in the 80's of the last century by the clergy as a colony restored for people suffering from leprosy. Since then it has become a community benefiting from healthcare facilities and various income-generating units. Mental health services were initiated in 1996 for people with severe mental disorders. Large-scale organization was initiated by mental health workers from local villages who received basic education. The mental health program was initiated along with services for persons with physical disorders. When a person with mental disorders needed to be hospitalized, he-she was admitted in a ward with other patients. The mental health program was expanded to cover common mental disorders.[4]

[4] Source: Patel V, Thara R, eds. Confronting mental health needs in developing countries: innovations and NGOs in India.

V. CONCLUSIONS

1. All CMHCs in the Republic of Moldova are different and operate spontaneously and sporadically. The documents regulating their operation are different and have different staff composition. Funding for these centers comes from different sources and their calculation differs by case.

2. CMHC Buiucani is a subdivision of the TMA Buiucani and operates as a dispensary, keeping records of the Buiucani sector. CMHC is an option focused on the consultative aspect as it offers to beneficiaries complex medical services (consultations, prescribe treatment, provide free and compensated drugs, supervise the beneficiaries), the share of psycho-social rehabilitation services being very low. CMHC location is very favorable and helps social integration and de-stigmatization of persons with mental disorders, but there is insufficient space that does not allow for proper occupational activities.

3. NMHC (Clinical Department) is a component of the CPH Costiujeni, does not have a defined sector and provides services to patients in the CPH. NMHC location is not favorable as it is located on the territory of the psychiatric hospital, which automatically leads to stigma. NMHC is not ascribed to a specific area and has not established ties with primary healthcare.

4. CMHC Ungheni is a component of the PHF DH Ungheni and operates as a psycho-social rehabilitation service by day. CMHC Ungheni is a subdivision of the consultative unit of the PHF District Hospital Ungheni and has only one multidisciplinary team. In the CMHC there are no instruments to measure indicators and referral system.

5. MHC "Somato" Balti is a public institution for adults, and has the maximum components required for a community mental health service[5] – day center, temporary placement, mobile team, and protected housing. The MHC is subordinated to the SAFPU under the Mayoralty of the municipality of Balti, and funding comes from the local budget. Beneficiary placement criteria are well-determined in the regulation. The capacity does not allow for the servicing of a larger number of beneficiaries. There are no well-defined instruments to measure indicators and referral system.

6. CCYSMD is an autonomous public facility for children, financed from the local budget, with day care and home care. The center is a social institution and provides medical and psycho-social rehabilitation services for children and youth with severe mixed disabilities – inhabitants of the municipality of Balti of 10-30 years of age. There are three (3) operational programs in the CCYSMD: Day center, consultative program, home care through the mobile team.

7. CMHC Rezina is a component of the PHF DH Rezina and operates as a psycho-social rehabilitation service by day, and is a subdivision of the consultative unit of the PHF District Hospital Ungheni. The CMHC area is only 65 m2 and it definitely does not match the community center requirements. There is only one multidisciplinary team in the CMHC, but it operates at 25 percent of the full workload and cannot service the

[5] Government Resolution regarding the framework regulation and quality standards for community mental health centers no. 55 of January 31, 2012.

entire population of the town of Rezina, as it does not have the staffing and space capacity.

8. Methods of community mental health care vary from one country to another. There are experiences of developed countries, which show that community treatments are by far more effective or at least as effective as specialized hospital treatment.

9. Mental dysfunctions tend to become chronic or recurrent, are better treated by services adopting methods of prolonged treatment, emphasizing the nature of these disorders and the need to undertake therapeutic treatments.

10. Complex needs of persons with mental disorders are intertwined with various sectors and cannot be effectively met only by the mental health system. It is also necessary to cooperate within sectors, as well as beyond them.

VI. RECOMMENDATIONS

1. It is necessary to establish community services for social integration and deinstitutionalization purposes. Deinstitutionalization does not involve patient discharges from hospitals for mental disorders with a long-term program. It is a process of reorienting service delivery from the institutional level to community services.

2. Deinstitutionalization must follow and not precede establishment of alternative community services. A small number of patients need long-term facilities, but they can be admitted in small units or sections (with extended program) in hospitals.

3. Adjusting the operating regulations for CMHCs in line with Government Resolution regarding approval of the framework Regulation for community mental health centers and minimum quality standards no. 55 of January 30, 2012.

4. Developing normative operational indicators by type of activity and specific needs in the serviced territory, as well as their monitoring. Developing statistical forms for performance indicators in community mental health services and instruments to measure quantitative and qualitative indicators.

5. Harmonizing all CMHCs with psycho-social and consultative rehabilitation services.

6. *Minimum package of CMHC services* must include psycho-professional consultative services: psychiatric, medical, psychological, social, and psycho-social rehabilitation services as counseling/psycho-therapy, occupational therapy and developing independent living skills in the community.

7. The minimum package of CMHC services may be expanded based on local needs and possibilities through the following *optional services*: mobile home care, temporary placement and crisis intervention services, as well as sheltered workshops/work placements and protected housing.

8. The working methodology in the CMHC must be Case Management and Assertive Community Treatment.

9. Improving beneficiary files and quantifying information with monitoring the applied program efficiency with regard to the beneficiary's functional capacity.

10. Creating a complete and formally approved referral system. Coordinating the flow of patients between CMHCs and psychiatric hospitals to ensure continuity of treatment and stabilization of remissions.

11. It is necessary to develop the mechanisms of adequate funding: mixed financing for CMHC activities: social activities – from the local budget, SAFPU; medical activities/services – through NHIC contracting.