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Feasibility study regarding the development of the mental health services in the Republic of Moldova

This study was conducted under the project
„Development of community Mental Health Services in Moldova, Phase II"

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List of acronyms

LPA – Local Public Administration
CMHC – Community Mental Health Centre
FDC – Family Doctors Centre
NCMI – National Company for Medical Insurances
PCR – Psychiatric Consulting Room
PMSI CPH – Public Medico-Sanitary Institution Clinical Psychiatric Hospital
PMSI –Public Medico-Sanitary Institution
MLSPF – Ministry of Labour, Social Protection and Family
MH – Ministry of Health
NGO – Nongovernmental Organization
The Unique Program – the Unique Program on compulsory medical care insurances

Contents

EXECUTIVE SUMMARY

The aim of this study is to analyze the existing services in the sphere of mental health in order to highlight the strategies and mechanisms of replication and dissemination of the good practices existing in this sphere.

The specific objectives of the research focus on:

- assessing the laws and policies existing in the sphere of mental health;
- analyzing the needs for alternative services in the sphere of mental health;
- assessing mental health services by the specialists working in the sphere and by the beneficiaries;
- studying the training needs of the specialists in the mental health sphere;
- submitting recommendations for developing a complex and holistic national system in the sphere of mental health.

MAIN FINDINGS OF THE FEASIBILITY STUDY

1. The analysis of the mental health indicators reveal the increase of the incidence rate in case of mental and behavioral disorders for all age categories from 369,4 per 100 thousand of people in 2008 to 380,4 in 2009. The prevalence of mental and behavior disorders among the population is also growing from 2599,0 in 2008 per 100 thousand of people to 2649,0 in 2009.

2. The worsening of mental health indicators is determined by more factors: the insufficient number of specialist in the psychiatric sphere, including children psychiatry, the decrease of the number of beds meant for inpatient treatment, the small number of alternative mental health services as compared to traditional services provided in hospitals, etc.

3. Within the period of 2005-2009, in the Republic of Moldova, certain actions were undertaken for the development of mental health system by adopting the Mental Health Declaration for Europe (05.01.2005), National Program on Mental Health for years 2007-2011 (30.03.2009), adopting the amendments of the Law regarding Mental Health (28.02.2008).

4. The system of mental health is organized in several stages: (i) family doctors conduct a patient selection process, recommending them the consultation of the psychiatrists at the district psychiatrist's offices, (ii) the psychiatrists offer consultancy, prescribe the treatment and in case of ingravescence they send patients to hospitals, (iii) the doctors from hospitals prescribe inpatient medical treatment and when signing out the patients are directed to psychiatric consulting rooms. The community mental health services were created in 2000. At present, there are 3 CMHC-s in the country: CMHC „Somato" form Balti, CMHC from Chisinau, CMHC from Ungheni.

5. The existing system in the sphere of mental health is based on the psychiatric hospital service that provides short-term help (on average of 30 days) receiving 80-85% of the financial resources allocated to this field. In these conditions, arouses the need for initiating some reforms regarding the sphere of mental health by creating CMHC that would provide out-hospital services for the community.

6. About 5000 of people experiencing mental health problems benefit annually from the support and rehabilitation services provided in CMHC.

7. The majority of the districts lack specialists in the sphere of children psychiatry and in some districts there are no psychiatrists for adults. The main difficulties the psychiatrists from the district psychiatric consulting rooms confront with are: (i) the large work volume; (ii) existing regulations regarding patients' examination (20 minutes are not enough for examining primary patients), (iii) the

lack of telephones in the psychiatric consulting rooms, (iv) poor collaboration with the primary medicine; (v) poor collaboration with community centers from the district, that offer social services and are attended by some people experiencing mental health problems; (vi) in case of requesting the psychiatric emergency assistance you have to wait for 3-4 hours; (vii) poor collaboration with the community social workers; (viii) lack of a means of transport for paying visits in the rural localities.

8. The strong points of psychiatric hospitals consist in helping the patient in a critical condition to overcome this state. At the same time, the weak points of psychiatric hospitals are the following: (i) patients are taken from their families, they are not visited by relatives, which worsens even more their health and frequently they lose their social ties; (ii) psychiatric hospitals are not adapted to the long-term necessities of the patients, these institutions only help the person to overcome the critical condition; (iii) the medical part of the treatment is paid a greater attention while rehabilitation, psychotherapy and other recovery processes represent a small part of services provided to patients in hospitals; (iv) the staying/living conditions form psychiatric hospitals are poor; (v) hospitals are seen not only as a place where you can undergo a treatment, but also as institutions where the family can place the patient when they want, etc.

9. The activity of psychiatric hospitals depends on the quality of services provided within the psychiatric consulting rooms. The fact that patients do not get a supporting outpatient treatment determines ¼ of patients to return in hospitals.

10. Among the difficulties specific to the existing hospital system we can mention the signing out of patients who lost their social ties, who don't have relatives or a living place.

11. The existing CMHC-s represent models of socio-medical services that can be adopted with certain changes, modifications in the development of mental health system: (i) CMHC from Chisinau represent an example of a classic dispensary that focuses mainly on providing medical services being funded by the NCMI. (ii) CMHC „Somato" – is an independent model of socio-medical services financially supported by the LPA. (iii) CMHC Ungheni – is a model of socio-medical services located in a medical institution being funded by the NCMI.

12. Difficulties encountered by the specialists working in the CMHC are: (i) difficult relations with doctors of the outpatient system and as a result the lack of a reference system; (ii) the small number of beneficiaries; (iii) lack of medicine for providing a supporting treatment for beneficiaries; (iv) lack of nourishment services; (v) lack of national standards in this sphere; (vi) lack of funding from NCMI, in the case of CMHC„Somato"; (vii) remuneration of social workers and of psychologists.

13. At present, there is no reference system between psychiatric hospitals and CMHC-s, including between psychiatric consulting rooms and CMHC-s, fact that negatively influences the development of the mental health service system.

14. Beneficiaries of the mental health services highly appreciate these services. Thus, they assessed the quality of services provided within the psychiatric consulting rooms with 8,65, that of the psychiatric hospitals with 8,55 and the quality of services provided by the CMHC with 8,67, on a scale from 1 to 10, where 1 means a very low quality and 10 – a high quality.

15. The critical moments of the mental health system, according to the patients, are the following:
a) **organizing the activity of psychiatric consulting rooms**: (i) the fact that doctors prescribe only refunded medicine and do not offer a complex treatment; (ii) the confidentiality is not always respected (when the door is open, we can hear the doctor discussing with the patient); (iii) big queues; (iv) the patient is not given the medical record; (v) sometimes the patients are consulted by the medical assistant; (vi) there are cases when the doctor puts the person in hospital without his/her consent.

b) **the organization of the hospital system**: (i) lack of occupational activities; (ii) poor staying conditions; (iii)) lack of possibilities to walk outside the ward; (iv) staff's (nurses') discriminating attitude, etc.
c) **the organization of the CMHC**: (i) lack of temporary placement; (ii) lack of the information of people from the locality about the existence of community centers and their role in the rehabilitation and social integration of people experiencing mental health issues; (iii) the team of specialists includes mainly women.

16. Specialists working in the system of mental health services require training courses in the sphere of community psychiatry that will inform them about what a psychiatrist should do for the community. The psychiatrists also need to obtain knowledge about the way the community services are organized and how do they function, the way of coordinating the multidisciplinary team, elaborating and coordinating individual rehabilitation programs.

STRATEGICAL DIRECTIONS FOR THE DEVELOPMENT OF SYSTEM OF SERVICES IN THE SPHERE OF MENTAL HEALTH IN THE REPUBLIC OF MOLDOVA

1. **Setting up the National Mental Health Center** that would organize and coordinate the system of mental health services (hospital services, outpatient services, services provided by community centers). The management activities in the mental health service system could be improved by a more rational spending of financial resources, periodical monitoring and assessing the quality of provided services. Thus, the National Mental Health Center could coordinate the elaboration process of standards regulating the activity of the community centers, psychiatric consulting rooms and hospitals; could organize the reference system between mental hospitals, outpatient consulting rooms and community centers to assure their efficient functioning.

2. **The initiative of LPA in setting up CMHC should be encouraged**. CMHC must have a rational coverage regarding the number of beneficiaries.

3. **CMHC should offer medico-social services**. The patient should be examined taking into consideration many aspects in order to guaranty continuity of treatment, rehabilitation but also his integration into the society. Consequently, the policies in this sphere should be interdisciplinary, interdepartmental. In this way, the Ministry of Health should collaborate with the Ministry of Labor, Social Protection and Family in elaborating the quality standards for CMHC functioning. It is necessary to develop standards for medical services and also standards for social services, but also should be elaborated the methodology for evaluation and accreditation of the CMHC that would stipulate only one accreditation.

4. **Medical services provided by community centers should be paid by NCMI, but social services will be the LPA's responsibility**. NCMI will pay for **assisted cases** in CMHC that is stipulated in the Regulations approved through the Order nr.8 of 17.01.2008. NCMI should pay also for services of temporary placement in CMHC. CMHC could also offer „respiro" services to families who take care of people experiencing mental health problems. These services could be paid by the families of people with mental disorders according to some mechanisms clearly stipulated.

5**. CMHC' specialists' team should be adjusted to beneficiaries needs.** Thus, the already existing multidisciplinary team could also include a speech therapist, pediatrist, kinetotherapist, etc.

6. **Community centers should include mobile specialists' teams able to provide home services to people with mental health problems.** Mobile teams could fulfill next tasks: (i) home visits and assisting beneficiaries in certain situations; (ii) providing socio-medical care at home; (iii)

offering consultancy; (iv) working with family; (v) identifying new patients and providing them the existing services, etc.

7. **CMHC's activities should be directed towards the development of more social activities including the work with families of people experiencing mental disorders.** Family should be regarded as an important resource in the process of social rehabilitation.

8. **For the purpose of making more efficient the services provided by social workers in hospitals but also in community centers we recommend:** (i) to be employed specialists that have education in the sphere of social assistance, (ii) when being employed the social workers should benefit from a training course in the mental health sphere, (iii) social workers should be subordinated to the Departments of Social Assistance and Family Protection in order to benefit from training in this sphere, to know better the reference system in the social sphere and to be able to assess the work quality.

9. **In the process of reorganization of the system of mental health services should be elaborated an automated information system,** comprising information about people experiencing mental health problems and about services they benefited from. This system should be secured in order to keep secret the information about patients. Also, should be improved the relationship between medical institutions from the district and the Ministry of Health, the Health Management Centre that could accept the reports on-line.

10. **Development of the system of mental health services should also include activities of informing population** by different methods: articles published in specialized reviews, TV programs with the participation of different social actors (specialists working in this sphere, beneficiaries and their families, local public administration, etc.)

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We hope that this study will help the Ministry of Health and other important social actors in the development of a complex and holistic National System in the sphere of mental health.

I. THE AIM AND THE OBJECTIVES OF THE FEASABILITY STUDY

The Feasibility Study aims at analyzing existing services in the sphere of mental health in order to highlight replication and dissemination mechanisms of the good practices existing in this sphere.

The objectives of the feasibility study are focused on:

- assessing the laws and policies existing in the sphere of mental health;
- analyzing the needs for alternative services in the sphere of mental health;
- assessing mental health services by the specialists working in the sphere and by the beneficiaries;
- studying the training needs of the specialists in the mental health sphere;
- submitting recommendations for developing a complex and holistic national system in the sphere of mental health.

II. THE METHODOLOGY OF THE STUDY

In order to conduct the study the following localities were selected: 2 municipalities (Chisinau, Balti) and 6 districts (Drochia, Cimislia, Orhei, Ungheni, Cantemir, Cahul).

During the process of the feasibility study realization the following investigation methods and techniques were used:

1. The PEST(E) model. This type of analysis involves radiography of the aspects referring to the:

- political context – social, educational, health policies promoted in the society at the national and regional levels;
- economic context – existing resources at the national and regional levels;
- social context – the existence and the way are tackled the social problems;
- technological context – the possibilities to use technologies, including certain transport facilities.

2. The analysis of documents relating to the functioning of mental health services, including the analysis of the legal framework of the sphere.

3. Observation

4. Interview. The following people were interviewed:

- psychiatrists of specialized offices within family doctors centers and regional hospitals;
- managers of Psychiatric Hospitals and specialists providing mental health services within these institutions (psychiatrists, psychologists, social workers);
- managers of Mental Health Community Centers from Chisinau, Balti, Ungheni and specialists working within these centers (psychiatrists, psychologists, social workers);
- representatives of the Ministry of Health; Department of Psychiatry, Narcological and Clinical Psychology; Department of Public Health Management, etc.
- representatives of the Departments for Social Assistance and Family Protection;
- representatives of the Ministry of Labor, Social Protection and Family (see Annex 2. The List of Interviewed People).

5. Sociological Survey based on questionnaires which helps to know beneficiaries' opinion regarding mental health services. In every locality where the study was conducted were interviewed respondents that benefited from mental health services. On the whole, there were interviewed 101 randomly selected beneficiaries.

Data collection

The feasibility study regarding the development of mental health services was conducted between January 15 – March 15, 2010. The data from the localities selected for conducting the study were collected between January 22 – February 22, 2010.

III. POLICIES AND LAWS IN THE SPHERE OF MENTAL HEALTH

Mental health represents a significant part of disabled population's structure. The indicators analysis of mental health attests that the incidence rate of mental and behavioral disorders is ever growing for all age categories – from 369,4 per 100 thousand of the population in 2008 to 380,4 in 2009, including among children – from 581,9 per 100 thousand in 2008 to 586,6 in 2009.[1]

The prevalence is also continuing to increase among total population from 2599,0 in 2008 to 2649,0 in 2009 per 100 thousand of the population, while among children a slight decrease from 2408,7 in 2008 to 2358,1 in 2009 can be observed.[2]

The stated indicators reveal some deficiencies in organizing adequate assistance for people experiencing mental health issues. Firstly, during the last years the number of inpatient treatment beds has decreased, although parallel to these few actions for alternative community based services for patients experiencing mental health issues were created. Secondly, the problem of the staff in the sphere of psychiatry remains actual as in many districts there are not enough specialists for providing mental health services according to the existing laws.

Table 1

Ensuring the population with doctors in the sphere of mental health, 2004-2009[3]

	2004	**2005**	**2006**	**2007**	**2008**	**2009**
Neuropathology's						
absolutely	225	282	319	303	302	300
relatively (per 100 thousand)	0,6	0,8	0,9	0,8	0,8	0,8
Psychiatrists						
absolutely	274	286	282	260	254	254
relatively (in 100 thousand)	0,8	0,8	0,8	0,7	0,7	0,7

Source: Abridged preliminary indicators on population's health and the activity of health institutions for 2008-2009, p. 29

The representatives of the Ministry of Health admit the existence of some problems in psychiatric care and psychosocial recovery of people with mental health issues, and they take efforts to improve this situation. Thus, on January the 5th, 2005 the Republic of Moldova together with other European countries adopted the Mental Health Declaration for Europe, by which it assumes the responsibility to encourage the reforms in this field. The declaration identifies mental health as being a priority, requiring the Republic of Moldova to undertake changes in this sphere.

After adopting the Mental Health Declaration for Europe, there were concrete actions made in the Republic of Moldova – programs, laws and concepts in this sphere were developed and approved. Today, the following official state documents exist:

- *National Program on Mental Health for 2007-2011,* approved by the Government Decision No.353 of 30.03.2007;
- *The Law on Mental Health*, No.1402 of 16.12.1997 adopted by the Parliament and amended on 28.02.2008.

Certain reference regarding state policies in the field of mental health can be found in the content of other acts, such as *National Long-Term Health Policy,* approved by the Government Decision No.886 of 06.08.07, *National Development Strategy for 2008 – 2011,* etc.

The legislative support in this area is larger, including some acts of the Ministry of Health *Operational Plan for CMHC in the Republic of Moldova, Minimum requirements to the staff, Scheme of the CMHC; Minimum/optional requirements for Center's rooms and equipment,* etc., as well as local public authorities documents.

1 Abridged preliminary indicators on population's health and the activity of health institutions for 2008-2009, Chisinau, 2010, p. 80

2 Ibidem, p. 81

3 Doesn't include resident physicians.

Thus, in 2005-2009 in the Republic of Moldova more actions were undertook to develop a coherent system oriented towards the needs of people with mental health issues. The National Programme on Mental Health aims at decreasing morbidity, mortality and disability rates caused by mental illness as well as improving mental health parameters among population by increasing the accessibility and efficiency of the population to psychiatric care, by integrating people with mental disorders into families and into the community, by raising awareness on mental health issues and by recognizing the mental health issue as being one of the basic interdisciplinary scientific problems. Main objectives of the program also provide for the reform of the mental health care system, emphasizing deinstitutionalization, non-stigmatization, priority development of outpatient treatment community services, providing differentiated psychiatric care to people with mental health issues, depending on the disease progression stage, offering various treatment opportunities – occupational therapy, psychotherapy, sociotherapy, etc. The National Programme stipulates the existence of financial difficulties in the development of psychiatric care system according to the outlined objectives. Thus, the success of the action plan mainly depends on the adequate funding from the National Company for Medical Insurances (NCMI).

One of the basic priorities consists in identifying stable long-term financial resources that would ensure an effective development of the psychiatric care system, starting with a minimum level. Even though, most of the funding is state-provided and it is obvious that it cannot cover all existing needs costs, this is the reason that a part of the psychiatric care is provided by internal and external sponsors.

The large majority of the interviewed people said that mental health legislation has been reviewed and it corresponds to actual needs. It is important however that they are respected and fulfilled. Nevertheless, some specialists indicated the necessity to connect some legal acts to actual conditions. Thus, the following were mentioned:

(i) The selection of patients should be diagnosis-based. National Company for Medical Insurances has to pay for the cases of short-term stays. At present, the situation is such that some patients do not require 3-weeks treatment but they are forced to be hospitalized during this period so that the institution would receive the necessary money from NCMI;

(ii) The Ministry of Health, the Ministry of Justice and NCMI have to solve the problem of the payment for the treatment of patients that committed actions dangerous for the society.

A significant number of the staff working in the mental health system reported that the legal framework protects them as specialists. Still, some of them highlighted that they are frequently facing problems when being suspected of errors and cannot always prove the relatives they are acting in the patient's interest. In such situations psychiatrists call for help to institution's administration. This is the reason the necessity of several changes in the legal framework that would protect the specialists was signaled: (i) the stipulation of the medical worker's rights in the sphere of mental health; (ii) earlier retirement; (iii) increasing leave period.

IV. THE CHARACTERISTICS OF MENTAL HEALTH SERVICES IN THE REPUBLIC OF MOLDOVA

The system of mental health services is organized in several stages. Initially, the person experiencing mental health problems contacts his/her family doctor. The doctor conducts a patient selection process, recommending them a consultation at the psychiatrist in the regional **Psychiatric Consulting Room**. The psychiatrist of the district center consults them and prescribes a medical treatment, when finding more serious problems the patients are sent to the Republican Psychiatric Committee. In case the problem has worsened, regional psychiatrists recommend them inpatient treatment, in a hospital system which is an inheritance of the classical psychiatry, made up of 3 **psychiatric hospitals**: Public Health Institution – Psychiatric Clinical Hospital in Chisinau, Public Health Institution – Psychiatric Hospital from Balti, Public Health Institution – Psychiatric Hospital from Orhei.

In Chisinau psychiatrists provide consultancies in Family Doctors Centers to people with mental health disorders, besides working in Psychiatric Clinical Hospital.

It is important that other 3 **Community Mental Health Centers** had adhered to the system of mental health services: „Somato" Community Mental Health Center, Community Mental Health Center from Chisinau and Community Mental Health Center from Ungheni which provide a wide range of medical and social services to people experiencing mental health issues is in their community.

The system of services in the sphere of mental health is well-functioning, although some of its traits should be changed, made more efficient, adjusted to the new conditions of the social reality. The actual system is based on the psychiatric service hospital that provides short-term help (an average of 30 days) receiving 80-85% of the financial resources allocated to this field. Still, not all the patients are following an inpatient treatment. These features determined the initiation of reforming measures of the Mental Health System. The main reason of the reform consists in stressing the outpatient treatment, where CMHC has an essential role in coordinating the rehabilitation and social integration of people with mental disorders. CMHC will have the possibility to provide individualized outpatient services, adapted to the needs of every beneficiary in his/her natural environment. An important moment of this reform is that in this way the family and the whole society will be involved in helping people with mental health problems.

Among problematic aspects of the existing system of mental health services the interviewed specialists mentioned: (i) the lack of psychiatrists in some district centers; (ii) the lack of psychiatrists for children. These factors, at a certain extent, explain the over diagnosis situations in some regions when performing the examination for recruiting teenagers. There are many cases of confirming the first signs of mental health issues at this age. Consequently, the issue of training medical staff is on the agenda, especially family doctors for early identification of people with mental health problems and sending them to the psychiatric specialists' consultation. Detecting the problems in an early period and providing them a quality treatment will contribute to the improvement of medical services quality.

CMHC were developed within a pilot system. They were created, are being maintained and tend to improve their performance. According to the *Operational Plan for CMHC in the Republic of Moldova*, the functions of these centers are focused on:

- evaluation, treatment and consultation services, managerial services and community services that ensures essential evaluation of the people in need of help and medical assistance with the support of services alternative to hospitalization;
- rehabilitation and support services for the improvement of life quality, active participation in day-to-day life and independent life in the society.

The interventions stipulated in the CMHC are: (i) therapeutic and support interventions; (ii) prevention activities, early diagnosis and promotion of mental health; (iii) rehabilitation activity; (iv) activities for patient's families; (v) social support activities; (vi) activities oriented towards stigma combating.

Every created CMHC has its own specific feature, represents a model where certain services have been developed, feature which differentiate them at a more or less extent from each other.

The large majority of interviewed specialists reported that the adopted direction regarding the creation of CMHC is a correct one as the majority of people with mental health problems do not need a medical treatment but are in need of care and rehabilitation, help from their family. Besides this, the setting up of a CMHC offers the possibility to combine medical services with the social ones, offering complex services.

The actual impediments in the development of CMHC refer to (i) the financial aspect, the necessity of providing and repairing spaces, ensuring it with the necessary equipment; (ii) the lack of knowledge and understanding from some specialists of the specific character of mental health community services; (iii) the fact that the creation of these centers decrease the number of people coming to psychiatric hospitals has a negative impact on these institutions leading to the decrease of their budget, consequently – in job cuts; (iv) population's mentality that think the place of people with mental disorders is in closed-type medical institutions.

Regarding this it should be mentioned that there are complains related to certain problems in the sphere of providing mental health services. These can be divided into two large categories:

I . The ones that come from people with mental health issues or their relatives referring to:

a) the reflection of the illness, their taking off the book, incorrect medical assistance,

b) the requests that people with mental health problems would be placed in asylums, psycho neurologic boarding schools;

II. The ones that come from people without mental disorders:

a) complains regarding the inadequate behavior of some people with mental health issues,

b) the requests that people with mental health problems should to be placed in specialized institutions and to be isolated from the society.

This proves that the mental health system needs measures to raise awareness regarding people with mental health problems in order to change their mentality.

4.1. Psychiatric Consulting Rooms

Outpatient psychiatric care includes the examination of patients and necessary consultation, psychotherapy activities, medical prescriptions, including prescriptions for medicines refunded according to the Unique Program on compulsory medical care insurances. The person receives the treatment depending on his/her illness; the sum of money for refunded medications is on average of 300-400 lei.

The majority of psychiatrists from psychiatric consulting rooms are members of the Medico-Military Committee for prosecution expertise, etc. and the psychiatrists for children or psychiatrists who also hold the position of psychiatrists for children are also members of the Medico-Psycho-Pedagogical Committee and that for Child Rights Protection. Regional psychiatrists perform consultative visits at regional hospital ward when invited by doctors. Thus, we can conclude that psychiatrists have multiple responsibilities, and when they work at more than one medical unit, they do not manage to pay the visits on the district they serve as planned, and only in emergency cases.

Psychiatrists offer consultation services to an average of 25 patients per day. Patients request the psychiatrist' consultation after being directed to them by their family doctor, at their own initiative, as indicated by legal bodies, at the request of other doctors from medical institutions (hospitals), when indicated by military committees, to receive certain documents, etc.

Regional psychiatrists keep the record of people with mental health issues within their area of responsibility. The conditions of patients being out of that record are their recovery/healing, change of address or death.

After the patients leave psychiatric hospitals psychiatrists of the psychiatric consulting rooms are trying to co-work with their relatives. This is determined by the condition of the patients. Sometimes, in order to find out about the condition of their outpatients psychiatrists are contacting family doctors. All interviewed specialists mentioned that some of patients do not go to their psychiatrists after leaving hospital. If patients are not strictly supervised nothing is done. In case

patients with severe behavior disorder do not show up psychiatrists call for police support in order to solve that problem.

The number of people with mental health issues, as stated by the interviewed specialists, is ever growing. The condition of big number of children left without parental care as a result of parents' migration abroad, youth coming back from working abroad etc. is worsening and they end up in becoming psychiatrist's patients.

The difficulties confronted by psychiatrists from the outpatient system are: (i) big volume of work; (ii) existing norms for the examination of patients (20 minutes are not enough for examining primary patients); (iii) the lack of telephones in psychiatric consulting rooms, (iv) poor collaboration with primary medicine; (v) poor collaboration with community centers from the district that offer social services and the ones that are attended by people with mental health disorders; (vi) when calling for psychiatric emergency request you have to wait for 3-4 hours; (vii) poor collaboration with community social workers. *„Social workers are sending people with mental health issues to obtain a certificate from the psychiatrist in order to give them a sickness benefit. I can provide everybody with such a certificate…, but some of them benefit from refunded prescription while the others do not need any financial support…"*, (viii) the lack of transportation means for paying visits in rural localities.

Besides this, there are other problems referring to psychiatric appliances in the office. When it is the case of medical assistance it would be adequate for these offices to have 2 rooms, so that the patients would talk freely to the doctor and not be interrupted during their discussion.

The majority of the districts do not have specialists in child psychiatry. In some regions there are no psychiatrists for adults. For instance: *„in Donduseni there are no psychiatrists at all. There is a half-paid narcologist that has no education in the field*". Besides, the interviewed people mentioned that some specialists work for 20-30 years but have no category.

There are no specialists in psychiatric mobile teams (ambulances). Thus, out of 3 such teams that should serve the northern region of the republic, there is only one team, and this one is incomplete. If the ambulance would have the necessary specialists they would be able to provide outpatient help and a number of the patients would have outpatient treatment in the community they live. Still today *„the ambulance is the transport used for all patients that are taken to hospitals. Some patients are brought groundlessly because the ambulance team does not include a psychiatrist, and the nurse cannot give a correct diagnosis of the problem".*

The lack of psychiatrists in the territory also determines the decrease of time programmed for patients' examination and, partially, justifies the cases of late detection of mental health problems at some patients.

Other problems the specialists confront with are related to: (i) the lack of community services; (ii) frequently, patients are not taking efforts in recovering in order not to lose their disability degree.

When developing the system of mental health services it is important to work out some activity regulations for social workers from the district, collaboration regulations with different social centers working in the region. At present, the collaboration in this sphere is quite poor. As an example we bring the following case: *„There is center for old people in the village. In order to accept old people in the center they send them to us to get a certificate proving that they do not have a psychiatric record or do not have any psychic illnesses…But insanity is generally characteristic for old people and it is absurd, as people who need help cannot get it"* (Psychiatrist).

Table 2

Staff's needs for improving services offered by psychiatric rooms (in the districts where the study was conducted)

Drochia	1. Psychiatrist for adults 2. Psychiatrist for children 3. Narcologist 4. Psychologist (in the health institution for being member of the examination committee for recruits and for preventing cases of suicide within the army). This doctor would conduct psychological tests in order to find out recruits' behavior in stressful situations

Orhei	1. Psychiatrist 2. Psychiatrist for children
Cantemir	1. Psychiatrist for children 2. Psychoneurologist
Cimislia	1. Nurse
Balti	1. Psychiatrist for children 2. Psychologist

At the same time, there are good practices that could be used by others. For instance, in Cimislia a psychiatrist is also working in the Youth Friendly Center of Family Doctor Center, providing services of psychotherapy, art therapy, psychological advising/consultancy, informative meetings.

4.2. Psychiatric Hospitals

Today, in the Republic of Moldova there are 3 health institutions providing in-hospital psychiatric services: Public Medical Institution – Clinical Psychiatric Hospital in Chisinau, Public Medical Institution – Psychiatric Hospital in Balti and Public Medical Institution – Psychiatric Hospital in Orhei (to see the types of the services provided by these institutions, their target groups, the inpatient period, the annual number of beneficiaries, the average costs of treated case and existing necessities in the mental health sphere, see Annex 3).

Clinical Psychiatric Hospital in Chisinau provides services to 22 districts form the South and Center of the republic (about 2 350 thousand of people). There are 110 doctors, 300 medical assistants, 400 technical staff and nurses, 3 psychologists, 1 social worker working in the institution.

Psychiatric Hospital in Balti renders services to 11 northern districts from the country (about 1 000 thousand of people). Within 2008-2009, the Mental Hospital from Balti and the one in Orhei merged to form one institution. At the end of 2009, these institutions were separated and beginning with 2010 they are functioning independently.

Psychiatric Hospital in Orhei provides services for 4 districts in the center of the republic (Orhei, Telenesti, Rezina, Soldnesti). The number of specialists is: 6 psychiatrists, 1 narcologist, 1 internist, 1 laboratory assistant and nurses.

The admission of patients to this institution is done by bringing a referral from the psychiatric room doctor, narcologist or family doctor, or when the relatives of the person with mental disorders addresses the institution in case of the psychiatric or narcological ingravescence of the problem, or when the patients are brought by the Ambulance (emergency medical assistance), with referrals from the Republican Consultative Section and when addressing the institution independently.

In mental hospitals, besides the medical staff, there are psychologists and social workers (in Psychiatric Hospital from Orhei there are no social workers). Psychiatrists, together with the psychologists form the multidisciplinary team engaged in establishing the diagnosis of the patient and the treatment that he/she should follow. The services provided by psychologists consist in the psycho-diagnosis based on the following criteria: mental abilities, cognitive functions, behavior. The beneficiaries of psychological services are mostly women than men (*„men are less willing to contact with the psychologist"*). Women are more frequently addressing to psychologists, benefiting also from narrative psychotherapy, psycho-correction, art therapy, mutual support meetings (for trafficked women and those suffering from home-violence), psychological advising (in case besides health problems they also have difficulties in communicating with their families). In some institutions psycho-diagnosis services are offered to all inpatients, in other institutions only to those in a critical situation, while only 2-3 out of 10 benefit from therapy services. In PMSI Clinical Psychiatric Hospital in Chisinau was mentioned the necessity to have a psychologist employed in every section.

Psychologists indicated that, according to the existing standards, they should provide services to 3 people per day, consulting every person about 2-3 hours. The actual situation is that due to the small number of specialists, the patients with serious problems are offered 2 hours and those with minor problems – even less.

When it comes to children, psychological services are more complex, they also benefiting from individual psychotherapy.

During the study it was concluded that the role of the social worker is not fully understood by the managers of the psychiatric hospitals *„I don't understand the role of a social worker in an inpatient situation. I can understand it in the outpatient system; they have something to do there, but here..."*

Social workers from mental hospitals offer the following services: (i) filling in the social form for patients, (ii) identifying places for people that followed a treatment in the hospital but cannot leave the hospital because they have no relatives, a stable place for living and consequently they need to be transferred to social institutions, (iii) concluding the documents for patients without IDs, (iv) keeping internal records for patients in need of social assistance, (v) report every 6 months to the head-physician regarding these patients.

The majority of psychiatric hospitals specialists benefited from professional training abroad (Russian Federation, Ukraine, Romania, France) and / or in the country.

Psychiatric hospitals activity depends on the outpatient activity. As a result, outpatients not receiving an outpatient treatment seldom return to the inpatient condition. For instance in 2009, in Psychiatric Hospital from Balti, the number of ill people that repeatedly underwent their treatment represented 26,4%.

The specialists from psychiatric hospitals highly appreciated the clinical proceedings existing in the field of schizophrenia, mental disorders and behavior disorders related to alcohol consumption, stressing the fact that these are closer to the reality than the existing standards referring to the activity of psychiatric hospitals.

Generally, the specialists mentioned being satisfied by their work conditions. Still, some of them, say there are more changes to be made within the institution. For instance, rehabilitation sections should be created in order to offer more services to the patients. "*We have the necessary education, we have ideas of what to do, but we need conditions for that".* At the same time, doctors said that their remuneration is poor and it does not offer the possibility to go for training abroad, to international conferences, etc.

There are no cases of professional burnout, the specialists developing self-defense mechanisms. They frequently help each other. Nevertheless they expect more training and seminars to be organized in this field.

The difficulties confronted by the specialists working in psychiatric hospitals are:

(i) the signing-out of patients. A lot of patients lost their social ties, have no relatives, no permanent address and cannot be signed out.

„People are brought and forgot here... And what can we do? We get them into buses and we tell the driver where to put them down, thus we send them home. But this cost, and the driver doesn't want to do this... We cannot do it in winter..."

(ii) conflicts between patients caused by their aggression;

(iii) discontented relatives (for instance during the H1N1 quarantine period meetings with relatives were forbidden, which caused multiple tensions).

Some of the signed out mental hospitals patients that returned to their families have no money to go to the psychiatrist's office. Consequently they come back repeatedly to the hospital as they did not follow a supporting treatment.

The strong points of psychiatric hospitals consist in helping the patient in a critical condition to overcome this state.

The weak points of mental hospitals are**:**

(i) patients are taken from their families, are not visited by their relatives, which worsens even more their health, they frequently lose their social ties;

(ii) these institutions are not adapted to long-term necessities of the patients. The aim of the hospital is to recover the patient from his/her critical state, but after he/she is being signed-out the hospital does not observe anymore patient' state;

(iii) the overall attention is paid to the medical part: people receive a medical treatment which lasts for an average of 20-30 minutes per day, after which the patient is left on his/her own.

Rehabilitation, psychotherapy and other recovery processes represent a small part of the services received by the inpatient people;

(iv) patients are not free;

(v) there are no activities organized for the inpatient people;

(vi) the conditions of psychiatric hospitals are poor;

(vii) a psychiatrist monitors a very large number of cases, seldom doctors supervise 40-50 patients;

(viii) the treatment period is not adapted to all specific features of the illness. For instance some mental disorders have to be treated for 8-10 days and not 30, as stipulated at present;

(ix) patients are afraid of going to psychiatric hospitals;

(x) lately, hospitals are seen not as places where you can get an adequate treatment but rather as institutions where the family can leave a patient when it wants to. In mental hospitals there are patients for whom the social problem prevails over the medical one, and they do not need to be hospitalized in a psychiatric hospital.

„I have some patients, a lot of them, that return after a period of time to take their inpatient referral and they don't get signed out. When their sign-out time comes they come for another inpatient referral..."

„In our country a lot of people go abroad and the patients keep them from doing this ... There are families who leave their parents in the hospital for the whole winter, it means for 3 months..."

This situation is determined by the lack of social services at the community level.

In this context, we mention that things that changed within the health system require also modifications at the psychiatric hospitals level.

4.3. Community Mental Health Centers

There are 3 CMHC in the Republic of Moldova that are working for several years. The aim of this study is to reveal the particularities of every community center.

„Somato" CMHC is a public institution with a social profile, that was created in September 2000 and aims at psycho-social rehabilitation of people with (slight and medium) mental health problems. The CMHC was created by the „Somato" nongovernmental organization ("Somato" NGO), from 2004 being subordinated to the local public administration from Balti.

Today, center's services are funded by the local public administration, and additionally some activities are periodically supported by the NGO"Somato".

The beneficiaries of the Center are people with mental disorders of 18 years old and over. Community Center proposes 3 basic programs: **Day-Care Center, Temporary Placement and Advising Services (Consultancy)** (psychiatrist, psychotherapist, psychologist and social worker). Day-Care Center's capacity is of 25 people, of the Temporary Placement Center – 12 people and all people from Balti can benefit from Consultancy. The annual costs for a beneficiary represent on average 23 500 lei.

The ***Day-Care Center*** provides services for up to 3 years: (i) medical support treatment prescribed by the psychiatrist from the district (medicine is mainly bought by the center); (ii) 3 times nourishment; (iii) occupational therapy activities (cleaning, cooking, gardening, sewing, drawing, etc.); (iv) socializing activities (organizing Christmas and New Year parties, trips, etc.).

Temporary Placement Services provided by the Center are offered for a period of maximum 3 months per year, in order to determine them to live with their families. These services are provided to people that have no possibility to move from one place to another.

In order to benefit from center's services people with mental health problems can address the center independently or can come with a referral from their psychiatrist, psycho neurological boarding-school, mayoralty, Department of Social Assistance and Family Protection etc.

Center's specialists have several selection criteria for services beneficiaries of the Day-Care Center and of Temporary Placement Center: (i) the presence of a disability degree; (ii) providing the last sign-out certificate from a psychiatric hospital if that is the case; (iii) providing a medical certificate from the family doctor with the results of general tests, including a certificate of not coming into contact with people with infectious diseases. When admitted to the service, the beneficiary signs a contract with the association.

Within the center there is an internal schedule which ensures the rotation of beneficiaries and provides more chances to other people to benefit from these services.

The Community Center has a multidisciplinary team made of 1 psychiatrist, 1 psychotherapist, 2 psychologists, 2 nurses, 2 social workers. All specialists (except the social workers) have the adequate education in the field.

When providing services, the specialists refer to international standards for community centers, as at present there are no approved national standards in this sphere.

Psychologists offer psycho-diagnosis, consultancy and correction services that are adjusted to the categories of center's beneficiaries. Consultancy services are the most frequent provided psychological services. Correction services are especially offered to the beneficiaries of the day-care center, depending on the development of their mental and cognitive processes. *„I've heard about the "Somato" Center. It is good that it has an interdisciplinary team – the doctor, the nurse, the psychologist, the social worker. They are observing the patient not only inside the center but as well outside its walls. Beneficiaries can address them at any time. Plus to this, when providing psychotherapy services their conditions are not as severe as in other psychiatric hospitals thus beneficiaries feel much more comfortable… They are doing group psychotherapy for which we just don't have the appropriate conditions…"*

The team of center's specialists is taking efforts to:

(i) Integrate the beneficiaries into families. Parents, children or relatives of people with mental disorders are not open for collaboration. They just bring the beneficiaries and "forget" to take them back.

(ii) Help the beneficiaries to get employed. It is extremely difficult to help these people get employed, even if they are able to work. Consequently, it is extremely difficult to ensure them with an independent life.

In Balti, besides mental health services provided by hospitals or by psychiatrists from Family Doctors Centers and CMHC „Somato", there are other centers providing services to people with mental health issues: **Center for Children and Teenagers with Severe Disabilities "Danco"** (for children and teenagers between 10-30 years old), "**Socium" Center** – deals with their professional training.

„Somato" CMHC also maintains a collaboration relation with **Advocacy Center** to which it addresses for legal protection of people with mental health problems. Nevertheless, the existing centers are not covering all the necessities these people.

„Somato" CMHC is a well-organized and structured center adapted to the needs of its patients. Among center's disadvantages we can state the limited number of people that can benefit from their services.

When providing their services, the specialists of the center work with other institutions from the republic: psycho neurological institutions, psychiatric hospitals, community centers from Ungheni and Chisinau, other centers that provide services to disabled people.

Among the difficulties the specialists of this center are facing when providing services we can mention:

(i) resistance from beneficiaries' relatives or caretakers. They fear that the beneficiaries would be discriminated, humiliated, they don't want anybody to find out that the person benefits from a psychologist' services;

(ii) the impossibility to provide complex services to people with mental health problems in the district. As the mayoralty is the one funding all services, people outside Balti can benefit only from advising services;

(iii) resistance from specialists of psychiatrist's offices towards center's beneficiaries. The Center is perceived as a competitor.

CMHC from Buiucani, Chisinau was created on April 14, 2005 and represents a model of a classical dispensary. The functions of the center comprise curative health services: patients' consultation and treatment, prescribing free medication provided by the state to people with severe mental disorder, rehabilitation and their social integration, issuing certificates for their employment or other necessities (done for free).[4] Once a month, in the Center, the Committee for Medical

4 The issue of these certificates should be paid as people addressing for them are not socially vulnerable.

Expertise of Vitality examines people with mental health problems and gives disability/infirmity degrees.

The number of beneficiaries that are registered within the center: 2007 – 3603 patients, 2008 – 4001 patients, 2009 – 3934 patients. The number is decreasing in 2009 which can be explained by the sign-out from the records of 602 people of various reasons: (i) not addressing the doctor during the last 5 years, (ii) death or (iii) change of permanent address.

The number of visits to the center increased from 12 870 in 2007, to 13 449 in 2008 and 14 991 in 2009. A lot of patients come with a referral for consultation from their family doctor. These patients are prescribed the necessary treatment and they come to a psychotherapist, being supervised by him/her for 3 months and when there are no severe problems the patient is not registered.

CMHC Chisinau provides services to all patients (cases of depression, anxiety, organic disorder, headaches, severe psychic disorder) that have a permanent residence address in Buiucani district, including its suburbs – Durlesti, Vatra, Truseni (a population of about 138 000).

The team of the center is made of the following specialists: head of the center – psychotherapist, psychiatrist for adults, psychiatrist for children, psychologist, occupational therapist, social worker and 4 psychiatric nurses, one of them being a receptionist. The team should also include a lawyer, but at the moment when the study was conducted there was no such a specialist.

The center is funded by NCMI, although the head of the Center is not informed about the annual budget of NCMI, this being under the competence of the Buiucani Family Doctors Association.

The services provided by a psychologist include intellectual testing (in case of children), psycho correction, advising. About 4-12 of people are daily addressing for psychological services.

Occupational therapy services are offered to beneficiaries in groups or individually. About 5 people benefit from this service daily. Occupational therapy services are especially frequented by beneficiaries with severe retardation, schizophrenics following a treatment, people suffering from epilepsy and hyperactive children. People benefit from occupational therapy on average for 6 months. After a period of 2-3 months, the beneficiaries are given a 1 month break, their dynamics being supervised. Occupational therapy activities are adjusted to beneficiaries' needs.

CMHC Buiucani collaborates with various medical institutions (Clinical Psychiatric Hospital, Family Doctors Centers from Buiucani district), as well as social institutions – NGOs (Motivation Center, Hipocrates Center, etc.), charity association etc., when needed – with Police stations, etc. Psychiatrists are effectively collaborating with family doctors that are better informed about the situation of their patients.

The specialists of the community centers work relying on the existing legislation and their job description. Work conditions were appreciated as being very good. The atmosphere is more relaxed than in the psychiatric hospitals.

The social worker works with various institutions (Department of Social Assistance of Buiucani, day-care centers for children, National Employment Agency, NCMI, prosecutors) that provide various services:

(i) finding employment represents a great problem for people with mental health problems. About 2 people of 20 are more frequently employed as street-sweepers, guards, but do not manage to integrate themselves at their workplace because they lack the capacity of being responsible;

(ii) help with documents;

(iii) social canteen. Once in 3 months some people with mental health issues benefit from free nourishment for a month at the social canteen (the social worker recommends beneficiaries for this service to the Department for Social Assistance);

(iv) assisting patients in their legal issues (there are people interested in cheating people with mental health disorders by taking their homes);

(v) organizing parties (Christmas, Easter, International Day of Disabled People, etc.).

The social worker also conducts funds collecting activities with economic agents, NGOs, in order to be able to organize some socializing activities within the center and to offer them gifts.

At the same time it should be mentioned that the specialists of the center pay little home-visits to their patients. There is no tracking system in this meaning or a working plan, more attention is paid to telephone conversations with patients or their relatives.

Among difficulties faced by the specialists of the center, the following can be mentioned: small number of beneficiaries participating in occupational therapy activities. This sphere is less developed, and financial resources provided by the Territorial Medical Association for these activities are few.

CMHC Ungheni was opened in 2007 by the Ministry of Health as a component of the Consultative Section of the Regional Hospital with the financial support of the Swiss Agency for Development and Cooperation and Ungheni District Council.

The Center offers psychiatric advising services, providing prescriptions, including refunded prescriptions, occupational therapy services, psychological services and social assistance services etc. Periodically, every 3 months, the beneficiaries are nourished for free for a month in social canteens from Ungheni. The beneficiaries of the center can also take a shower; do their laundry using their own detergents.

The number of beneficiaries is small, varying between 3-12 people. The average number of beneficiaries per day for 2009 was of 4.5 beneficiaries. The majority of beneficiaries have a disability degree.

The center works according to the "open-doors" concept, every person addressing the center can get the necessary help. Unlike the „Somato" CMHC, attending this center does not imply following a supporting treatment. The specialists of the center just remind the beneficiaries that they have to undergo their medical treatment.

The small number of beneficiaries of the Ungheni CMHC can be explained by the fact that the majority of people registered at the psychiatrist live in the villages from the district (2000 people of 3000 that are registered) and they are not able to address daily to center's services, requesting more often advising services.

The center comprises a team of specialists formed by 1 psychiatrist, 1 medical worker, 1 psychologist and 1 social worker also working as an occupational therapist. Thus, treatment services are offered by 1 specialist, the other 3 being involved in rehabilitation services.

Ungheni CMHC is funded by NCMI, having a global budget of 200 thousand lei annually (in 2008 – 200 thousand, in 2009 – 200 thousand). There is no information about treatment costs in this community center.

Among existing admission conditions to CMHC services, but which are not observed as a result of the small number of beneficiaries of the center we can name the following: (i) providing services for a period of 3 months; (ii) offering services only to insured persons. At the same time, we should mention that consultancy is offered to every person who addresses the center.

Occupational therapy services are attended by beneficiaries with mental retardation mainly aged between 17 and 25 years old.

Ungheni CMHC cooperates at the national level with CMHC "Somato", Chisinau CMHC in providing services, republican psychiatric hospitals and at local level with family doctors, Departments for Social Assistance and Family Protection (social aid, training community social workers regarding the communication and work with people with mental health problems), local NGOs ("The Home for Everybody" etc.). Still, this cooperation is based on personal relationships and not on a reference system approved by the Ministry of Health or the Ministry of Labor, Social Protection, Child and Family.

Among other challenges, center's specialists have to cope with the following: (i) difficult relationships with doctors from the outpatient system, consequently the lack of a reference system; (ii) a small number of beneficiaries; (iii) the lack of medicine for supporting treatment of the beneficiaries; (iv) the lack of nourishing services; (v) a common entrance for CMHC with the polyclinic and the fear of the beneficiaries of not being seen by others coming to the CMHC. We should also mention that in the cold season it is also cold in the center.

Describing the services offered by the CMHC gives us the possibility to conclude the following: (i) each model of CMHC is unique in its own way: Buiucani CMHC is a classic dispensary, mainly focused on medical services; "Somato" CMHC represents an independent model of medico–social services, supported by LPA; Ungheni CMHC represents a model of medico–social services, located in a medical institution and supported by NCMI; (ii) the strong points of CMHC consist in its ability to provide rehabilitation services that do not exist in hospitals; (iii) the CMHC team corresponds at a great extent to the operational plan for CMHC in the Republic of Moldova.

Thus, if for "Somato" CMHC, the basic problem consists in accessing funding from NCMI, for Chisinau and Ungheni Community Centers the problem consists in paying the social worker and the psychologist. Considering that they work in a medical institution their salaries were established according to the minimum coefficient in the health sector (doctors without any qualification and without salary rising possibilities, including the possibility to get a higher salary depending on their working experience). Other common difficulties for CMHC are caused by the lack of standards in the sphere.

It is important the way CMHC adjusted and continues to adjust itself to the beneficiaries needs.

When it comes to CMHC a better collaboration was established between its specialists and beneficiaries, their families - if compared to psychiatric hospitals and psychiatrist's offices. Thus, center's specialists sometimes pay visits to the beneficiaries at home, call them. There are some gaps though: this activity deserves more attention, a better organization in order to ensure a better integration of people with mental health problems into the society.

It should be highlighted that the team of specialists of community centers has to be adjusted to patients' needs. For instance, in the urban area more problems regarding the adaptation can occur, lack of support/aid, though there are other kind of problems in the village. During the interviews the following specialists were mentioned as to be included into this team: a speech therapist (there are many children with speech disorders), a kinetotherapist, a pediatrist. For the future, in order to offer complex services to people with mental health problems, within CMHC, with a certain periodicity, should be organized a medical team: ophthalmologist, otorinolaryngologist etc. because patients with mental disorders address accusing one health problem, but in fact they have more. In this way, people who benefit from the center's services can get, in the same time, recovery in several directions.

It will be better to elaborate an individual plan for every beneficiary.

The study reveals that most specialists that work in mental health service system understand the needs of the Moldovan CMHC, but at the same time, their knowledge about available republican community centers is limited.

Specialists working in psychiatric hospitals are well acquainted with the CMHC's activity, and they mentioned the following strong points of the community centers: (i) complex services, focused on beneficiaries' rehabilitation; (ii) team work; (iii) providing services to beneficiary not only within the center, but also in the community; (iv) the beneficiaries are not taken out of their families; (v) more freedom in actions, the reason why beneficiaries enjoy coming there; (vi) beneficiaries are not isolated from society's members. Some interviewed people told that psychiatric hospitals expenses are much bigger than that of CMHC. The creation of community centers will contribute to the decrease of inpatient people "*if during the previous years we were sending 500-600, last year we sent 120-150 patients"*. CMHC would offer help to families that take care of someone with mental health problems and those who place people with mental health problems in hospitals.

The community centers will make easier the integration into the society of children with light mental retardation. They could attend the general school and at the same time they could benefit from rehabilitation services in the mental health community centers. Occupational therapy should be the strong point of community centers "*It is important for a patient experiencing mental health problems to have a stable occupation, just like other people that live at their homes. It is important for him to be always busy with something… to have a regime thus forgetting of his/her illness…"*

The setting up of CMHC will also offer services to geriatric patients in need of care. The community centers could offer home care services for such patients.

CMHC **weak points**: (i) lack of specialists (psychiatrists, occupational therapists, doctors focused on community problems); (ii) lack of beds for temporary settlement; (iii) lack of national standards.

An important problem is the community that should be interested in what mental health services are provided in hospitals and CMHC. Currently, there is no reference system in this sphere; everything is based on personal relationships.

Box 1

„I worked in a Youth Friendly Center. I could continue working there with people I worked with in the medical institution. The patients were very content because I knew the services they benefited from in the hospital, I knew were I stopped and what has to be done next to help them... But I just didn't have enough time to work there and I had to give up... There are psychologists that graduated from the university but have no experience. They make no difference between a depression and an endogenous disease, they are taking the patient that needs a medical treatment to psychotherapy and work with him until his state worsens. There is no specialist that would correctly diagnose a patient… sometimes it's just the case to refer to another institution so that the patient would be helped."

Psychologist

Thus, the need for collaboration between psychiatric hospitals and CMHC can be observed (people that are treated in hospitals need a further outpatient treatment), common activity plans should be developed by specifying each part's responsibilities. It is obvious that the staff employed within the psychiatric hospitals has a great experience in the sphere, which should be valorized by CMHC.

Some specialists that are working in community centers are facing the problem of professional burnout. In order to overpass these problems the specialists use different psychical and physical relaxing methods. In case this problem is observed at their colleagues it is being discussed with them, being recommended to relax and to not to get emotionally involved in all their problems.

Some psychiatrists told that professional burnout in the field of psychiatry is 8% higher than in other medical fields. The big number o patients favor this problem.

V. ASSESSMENT OF MENTAL HEALTH SERVICES BY PATIENTS

A questionnaire was applied to study patients or their relatives' opinion about mental health services. In this way, 101 patients who benefited from different mental health services were interviewed. The age of the respondents varies between 18-71 years old, the average age constituting 42 years old. According to the sex variable, the population sample that participated to the research is made of 58.5% of woman and 41.5% of men.

The interviewed people benefited from mental health services provided in different institutions: 67% in medical institutions, 11.7% in CMHC and 21.3% both, in hospitals and CMHC. 75.3% of the interviewed people also required outpatient treatment.

Psychiatric Consulting Rooms

Psychiatric consulting rooms provide different services to people experiencing mental health issues: consultancy, medical treatment, referrals for the inpatient treatment, refunded prescriptions, mediation and many other services. People addressing to psychiatrists usually require more services. The collected data reveal that people experiencing mental disorders mostly require consultancy– 91.3% of people, medical treatment – 69.6%, referrals for the inpatient treatment – 68.1%, services of psychotherapy – 65.2%, refunded prescriptions – 63.8%, medication – 50.7%, psychological services – 1.4%.

We wanted to find out how much time the patients have to wait from the moment of registering for an examination and till they get consulted. Thus, 81.5% of people who required outpatient medical services received care immediately without registering, 7.7% waited for 2 days, 4.6% - 3 days, 3.1% - 4 days and 3.1% - 7 days. We state that outpatient services are accessible and only a small number of people receive referrals to psychiatrists in some days after requiring these services.

To get immediate consultancy patients stay in queues in front of psychiatrist's office door. The waiting time for receiving psychiatrist's consultation varies from 0 to 120 minutes. On average a person has to wait 20 minutes.

The consultation lasts from 5 to 120 minutes. The average consultation time is of 25 minutes.

Being asked to assess psychiatrics' attitude from the outpatient system, 89.7% of beneficiaries indicated it is a good one, 5.9% - bad and 4.4% of people had difficulties in assessing the attitude.

The quality of services received by people experiencing mental health issues in psychiatric consulting rooms was appreciated quite high – 8.65, on a scale of 1 to 10,where 1 means a very low quality and 10 –very high.

The large majority of patients highly appreciated the fact that within psychiatric consulting rooms is quieter comparing the other specialists. Plus this, the large majority of respondents indicated the fact that psychiatrists' providing consultancy show respect to patients trying to cheer them up by making them smiling. Patients said about some psychiatrists that they *„pure gold, not men".*

Patients mostly appreciate the following about the outpatient system: the possibility to receive medication, the possibility of a calm discussion with the psychiatrist to unburden one's soul, the possibility to get good advices, to have a good mood and even to find out interesting information displayed on the information board near psychiatrist's office.

Patients are not satisfied of the following: (i) the fact that doctors prescribe only refunded medicine and do not offer a complex treatment, (ii) patient's confidentiality is not always observed (when the door is open we can hear the doctor discussing with the patient), (iii) big queues, (iv) the patient is not given the medical record, (v) the patients are sometimes examined by the medical assistant, (vi) there are cases when the doctor puts the patient in hospital without his/her consent.

Psychiatric hospitals

Within psychiatric hospitals patients could benefit from a large variety of services: necessary medical examination (not only in the sphere of psychiatry), medication and treatment, psychological advising etc. A big number of patients of the Psychiatric Hospital from Balti pointed they benefit from psychological services, gymnastics and kinetotherapy while the interviewed people of the Psychiatric Hospital from Orhei mentioned more about relaxing activities – playing chess, drawing, embroidering, watching TV, etc.

Some of the respondents indicated the need for the development of occupational therapy services within hospitals mentioning they like spending their free time in the room for occupational therapy activities.

Among the interviewed beneficiaries of medical services, 38.6% were last time hospitalized in the Clinical Psychiatric Hospital from Chisinau, 31.3% in the Psychiatric Hospital in Balti, 28.9% - in the Psychiatric Hospital from Orhei and 1.1% in the psychiatric ward of the district Ungheni. The number of hospitalizations of the interviewed people varies from 1 to 37 times, the average constituting of 10 times. Respondents' hospitalization period varies from at least 1 week to maximum – 20 weeks, the average staying period is of 4 weeks.

A number of beneficiaries stressed the fact that psychiatrists love their job and as a result they prescribe not only a medical treatment but one for soul.

Beneficiaries stated the following about psychiatric hospitals:

Psychiatric Hospital form Chisinau: *„you are inside", „doctors almost do not have time to discuss with their patients", „they do not ask about how do you feel, about your mood, don't explain why, for what…", „they do not suggest you psychological consultancy". „I don't want to stay in Chisinau anymore"* (F, 61 years old, organic personality disorder). *„First time I was hospitalized in a room with seriously ill patients and I was afraid…I was told to hide my tresses as they would pull it…"* (F, 54 years old, epilepsy). *„Seriously ill people are exploited to wash toilets, halls…"* (F, 61 years old, organic personality disorder).

Psychiatric Hospital from Balti: *„I like hospital's yard, staff …you feel at home there". „I was hospitalized in many hospitals but this one I liked the most"* (M, 40 years old, paranoid schizophrenia).

Psychiatric hospital in Orhei: *„I come here as I can find very good specialists here…", „we are not let outside for walking as there are no guardians", „I don't like it because they do not teach me playing draughts".*

Study's results reveal the fact that 90.4% of the interviewed patients think psychiatrists show a good attitude towards patients while only 84.4% of respondents consider that medical assistants have a good attitude and 78.0% - think nurses show a good attitude.

The large majority of patients also stated that psychiatrists prove a responsible attitude. They, together with close relatives are acquainted with the necessary information about medical progresses. Patients are informed day by day during the morning visit/consultation. Some of patients mentioned the devotion to conducted activities and the respectful attitude of some doctors for their patients

- *„in the morning the doctor cheers us up…",*

„The doctors tells me to require the confirmation of the infirmity degree but I don't need it…when addressing to the Commission they asked me money in order to get the II infirmity degree but I had money only to pay for transportation and so it ended" (F, 54 years old, epilepsy, PMSI Chisinau)

Some respondents, mentioned they help medical assistants in filing the records while they are hospitalized, etc. in this way they make themselves useful although it can lead to some deontological and confidentiality related problems.

Study's results reveal some problems regarding nurses' attitude towards patients. An important number of respondents mentioned the fact they are beaten by the staff (*„they punch us"*, *„they hit us"*), and are forced to fulfill staff's tasks. It was also pointed that these people are vulgar of speech and sleep on the night shift and do not perform their duties.

As within the period of conducting the study, the hospital were quarantine because of the A(H1N1) flue, 9.6% of patients mentioned they were forbidden meetings with relatives. In some cases, patients were refused in meeting their relatives because they came rather late or because they do not observe certain rules within the institution. Still such cases are very few.

The cases of refusing home phone calls are also very rare – 7.2% of the patients. The majority of beneficiaries said they have mobile phones and they can freely communicate with relatives.

The respondents stated that their family provides them all the necessary. Still there are cases when the relatives visit patients only when hospitalizing or signing out *„my mother comes only when to bring me to the hospital or to sign out…and then she talks to the doctor"* (F, 27 years old, mental retardation).

Patients pointed out the following negative aspects of the inpatient treatment: (i) their condition could worsen because of staying together with ill people with different diagnosis (ii) close-type institutions – barred windows, closed doors, fact leading to comparing the psychiatric hospital to the „prison", „grave".

Still the quality of services provided to people experiencing mental issues within psychiatric hospitals is considered to be quite high – 8.55, on a scale from 1 to 10, where 1 stands for a very low quality and 10 points – very high quality. This is explained by the efficiency of the medical treatment provided in hospitals stated by patients.

During their staying in hospitals, beneficiaries are taken off the social real world. Their daily activities resume mostly to sleeping, eating, walking on halls, communicating with other patients, *„waiting at the door",* thus the time passes very slowly *„a day is like a year"*. During the day, usually women help nurses perform their tasks. In the evening they have the possibility to watch TV, listen to music, and dance.

Consequently, patients want to:

(i) have the possibility to walk outside the ward;

(ii) to be paid more attention from the medical staff:

- the attitude of all doctors should be based on respect (*„we don't wish to be offended"*);
- the doctors should not come into conflict with other doctors;
- the doctors should informed patients about the prescribed treatment, including medication patients are given;

(iii) the attitude should be individually for every patient . Thus, seriously ill people should stay with other seriously ill (*„we should not be placed together with seriously ill people as they beat us"*);

(iv) have occupational therapy activities;

(v) have more meetings, discussions with church's representatives;

(vi) to improve staying conditions:

- renovating the wards that will include less than 20 people,
- tasty and rich in calories nourishment –*„the food should be salted"*,
- changing the furniture etc.,
- improving bathroom facilities;

(vii) nurses who beat patients should be fired,

(viii) to provide outpatient treatment in less serious cases.

Referring to **Community Mental Health Centers**, beneficiaries highlighted the diversity of provided services: medical treatment, psychological services, occupational therapy, rehabilitation, sports services, possibilities to work on the computer etc. People experiencing mental disorders benefited from the following services within the CMHC: medical treatment (22 people), psychological advising (22 people), recovery activities (17 people), activities intended to the family (17 people), psychotherapy (15 people), diagnostication (6 people), social support (6 people). The large majority of beneficiaries co-work with the psychiatrist, psychologist, social workers, psychotherapist, occupational therapist, etc. Within the CMHC more patients benefit from psychological services. It was revealed that psychologists of these centers are more communicative, cooperative and offer a larger range of services.

Centers' beneficiaries mentioned that doctors have much tact, by giving detailed explanation about the prescribed treatment and activities to be performed, listening them. Some of the interviewed people said they like their doctors from the community centers „not wearing white robes", that is very important when talking to children as they are not afraid of seeing the doctor. Another highly appreciated aspect is the fact these institutions manage to ensure a friendly, warm

and home-like atmosphere giving all their attention to beneficiaries. Communication and the possibility of making new friends represent the strong points of community centers.

Doctors of the centers show empathy towards patients, respect every patient and are willing to listen to and communicate with beneficiaries.

In the same time some of the center's beneficiaries mentioned they are not satisfied with the activity of social worker, psychologist as most of these specialists were not able to provide the support expected by people experiencing mental health issues.

One of the gaps of the existing system of mental health services lies in the poor communication with beneficiaries' families. This situation is characteristic for hospitals, psychiatric consulting rooms and also for community mental health centers. The role of family in the rehabilitation process should not be disregarded but seen as a resource to take an active part in supporting people experiencing mental health problems. The family, in its turn, needs training for participating to the rehabilitation process of people with mental disorders.

The quality of services received by people experiencing mental health issues within the community centers was assessed quite high – 8.67, on a scale from 1 to 10, where 1 stands for a very low quality and 10 points – very high quality.

Among the possibilities of improving services provided by community centers patients mentioned the following:

(i) the need for temporary placement in order to provide services to a bigger number of people experiencing mental health issues, especially for those living in the rural area that have no possibility to access center's services everyday (at the moment of conducting the research services for temporary placement were provided only in CMHC „Somato");

(ii) informing population from the locality about the existence of community centers and their role in the rehabilitation and social integration of people experiencing mental health issues;

(iii) the team of specialists should also comprise men. At present, the majority of specialists working in the community are women and consequently for some beneficiaries this is an impediment.

VI. TRAINING NEEDS OF SPECIALISTS IN THE SPHERE OF MENTAL HEALTH

The mental health sphere is less attractive for graduates from the University of Medicine, fact that determines the ageing of specialists' contingent. Among factors encouraging this situation we should mention: stigmatization and discrimination of people experiencing mental health problems by the population, psychiatrists' difficult job. Thus here arises the need of improving the prestige/reputation of this profession.

Specialists working in the system of mental health services require training courses on community psychiatry. This is dictated by the specific of working in the community centers that conduct much more rehabilitation and socialization activities as compared to mental hospitals or psychiatric consulting rooms where the main function is to treat ill people. Psychiatrists also require knowledge on the organization and actual functioning of community services, functioning methods of existing community centers. Psychiatrists and the other specialists of the community centers need such training in order to be able to coordinate the team, to monitor working activity, to work out individual rehabilitation programs, to collaborate with local LPA-s. They should also be acquainted with the way social sphere functions for directing patients to services existing at the community level.

The lack of child psychiatrists is a serious problem of the moment. This aspect should be paid more attention as the early illness detection could determine the decrease in number of people experiencing such health problems.

Psychologists employed within the mental health system require training including sharing experience with other colleagues that offer such kind of services. The specialists stated the necessity of specialized training in: art-therapy, behavioral psychology, cognitive psychology, etc. The interviewed psychologists mentioned that the Republic of Moldova lacks specialists able to offer this kind of training courses.

Social workers involved within the system of mental health also need training. First of all, we point that people holding the position of social worker in mental hospitals do not have the necessary knowledge in the sphere of social assistance and are not acquainted with the specific characteristics of this job. Consequently, activities they perform within the medical institutions are mainly more intuitive. On the other hand, if people employed as social workers had education in this sphere, they would need training in the sphere of psychiatry. These circumstances require new methods of collaboration between departments teaching specialists in psychiatry and the departments training people in the sphere of social work. We also stress the need of popularizing essential features of social work. Population but also some doctors do not understand social worker's role in providing mental health services. The curriculum for training resident physicians should comprise a course referring to social work and social service net existing in the Republic of Moldova.

Some of the interviewed specialists signaled the fact that training courses should be attended by all teams from CMHC-s in the same time in order conduct more activities in group thus ensuring a better training result.

Within the process of conducting the feasibility study, we noticed that young specialists, regardless the institutions they work in (psychiatric hospitals and community centers), are more enthusiastic and willing to advance on the professional scale. In this way, it is necessary to develop their professional skills for the purpose of improving the quality of services provided to people experiencing mental health problems.

Not at last, the interviewed specialists highlighted the necessity for training family doctors in the sphere of psychiatry, including community psychiatry. During individual discussions psychiatrists said that family doctors knowledge in the sphere of psychiatry is poor, „*vague and out of date*". Thus some family doctors do not know what to do when the addressing person requires psychiatric consultancy.

VII. PERSPECTIVES FOR DEVELOPING OF MENTAL HEALTH SERVICES

Mental health should be the prime concern of medicine because the incidence rate and prevalence of people experiencing mental health problems is growing. These factors provide for the reorganization of system of mental health services caring on the development of community mental health centers.

The most important problem at the moment is the lack of intervention after patients signing out. People who sign out from hospitals experience a nervous breakdown and prefer to remain passive and to seclude themselves from society. Frequently people who benefited from treatment in psychiatric hospitals require psychological care and treatment to overcome this condition.

Setting up community medical health centers should not however determine closing up hospitals. These are necessary and should be maintained for providing medical care in cases of ingravescence, in other cases patients will receive outpatient treatment in psychiatric consulting rooms and will participate to rehabilitation activities conducted by community mental health centers.

This study offers information on the activity of CMHC existing in the Republic of Moldova. Each center is a model that can be adopted and adjusted to the needs of patients experiencing mental health issues in other communities. Still, we think that community centers should be organized in 2 ways:

(i) centralized model, providing multiple services;

(ii) decentralized model focused on one of following specific services: curative, vocational rehabilitation or recovery

There is a pressing need for the creation of National Mental Health Center that will operate in organizing and coordinating the system of mental health services (hospital services, outpatient treatment services and services provided in community centers). In the existing circumstances it is difficult to set up a CMHC in every district although a center that will provide services to 3-5 districts could be set up. CMHC must have a rational coverage in terms of number of beneficiaries. Centers should be funded by NCMI for the temporary placement of people experiencing mental health issues. CMHC could also provide „respiro" services for families who take care of people experiencing mental disorders. These services could be paid by the families of people with mental health problems on the basis of clearly stipulated mechanisms.

Management activities regarding the system of mental health services could be improved by a more efficient spending of financial resources, monitoring and periodically assessing the quality of provided services. Thus, the National Mental Health Center could coordinate the elaboration process of standards for community centers, psychiatric consulting rooms and hospitals; could organize the reference system between mental hospitals, outpatient treatment rooms and community centers ensuring their efficient functioning. Patients will undergo the medical treatment in hospitals and after signing out he will be provided a supporting treatment in psychiatric consulting rooms and the community centers will provide care and medico-social rehabilitation services.

Medical services provided by community centers should be paid by NCMI and the social services will be the LPA's responsibility. NCMI will pay the **assisted cases** in CMHC, fact stipulated by the Regulations approved through the MH Order nr.8 of 17.01.2008.

CMHC should offer medico-social services. The patient should be examined taking into consideration many aspects in order to guaranty continuity of treatment, rehabilitation but also his integration into the society. Consequently, the policies in this sphere should be interdisciplinary, interdepartmental. In this way, the Ministry of Health should collaborate with the Ministry of Labor, Social Protection and Family in elaborating the quality standards for CMHC functioning. It is necessary to develop standards for medical services and also standards for social services, but also the methodology for evaluation and accreditation of the CMHC that would stipulate only one accreditation.

The CMHC should comprise the following spheres: medicine, psychotherapy, rehabilitation and social integration, home care services, cases of emergency.

CMHC could be set up within some medical institutions (Family Doctors Centers), or other locations provided by LPA. In the first case, it is easier to address other specialists and in the case the center is set up elsewhere outside the medical institution, will be mainly developed social services.

CMHC should not offer many medical services. It should be a center focusing on medical supervision with certain modification regarding rehabilitation. The psychiatrist should monitor and supervise patient's condition collaborating with other members of the multidisciplinary team. CMHC's activity should be directed towards the development of more social activities, including working families of people experiencing mental health issues. At the moment of conducting this research, this component was ignored, resuming to phone discussions with beneficiaries' families without paying the necessary attention to the family's role in social rehabilitation process.

The following actions should be undertaken for the improvement of services provided by social workers in hospitals but also in community centers: (i) to employ specialists with education in social work sphere, (ii) when being employed social workers should benefit from training in the mental health sphere (iii) social workers should be subordinated to the Departments of Social Assistance and Family Protection to benefit from training, to be better acquainted with the reference system in the social sphere and to be able to assess the quality of work.

Community centers should include mobile specialists' teams able to provide home services for people experiencing mental issues. The mobile teams could fulfill next tasks: (i) home visits and assisting beneficiaries in certain situations; (ii) providing social-medical care at home; (iii) offering consultancy; (iv) working with the family (v) identifying new patients and providing them the existing services etc.

On the other hand, the reorganization of the system of mental health services requires the necessity of an automatic informational system comprising information about people experiencing mental health problems and about the services they benefit from. This system should be secured and observe patient's confidentiality. A better collaboration should be established between medical institutions of the district and the Ministry of Health or the Center For Health Management that could accept the reports on-line.

The development of the system of community mental health services implies also informing population, especially those experiencing mental health issues, educating the health spirit. Beneficiaries and their families' opinion should be presented to specialists employed in the sphere of mental health and to the population through different methods: more articles published in specialized reviews, more TV programmes with the participation of different social actors (specialists working in this sphere, beneficiaries and their families, local public administration, etc.)

International experience recommends doubling the funding, both, for mental hospitals and for CMHC during the period of diversification of outpatient mental health treatment services. If the number of inpatient treatment beds within the psychiatric hospital is decreased without providing conditions for the community the situation won't change.

Actual impediments in the development of mental health services refer to:

(i) lack of financial resources,

(ii) absence of human resources,

(iii) psychiatric hospitals managers fear of losing institution funding. Some of the respondents see CMHC as institutions competing with psychiatric hospitals that will determine financial resources cutting.

In order to choose the model of community mental health center we should identify the category of people that would benefit from these services, their needs and also specialists working in the community. Thus, medical institutions, LPA as the founder and sponsor of the created services and other nongovernment organizations operating at the local level will take an active part in this selecting process.

Annually for 50-60 patients with chronic diseases were directed to the psycho neurological boarding schools in Badiceni, Balti, Branzeni in the last years (when the Ministry of Health and the Ministry of Social Protection was a single organization). If a Mental Hospital doesn't find a location for transferring ill people who lost their social ties, in 10 years it changes into an asylum. At present,

the districts get referrals for placing people in such institutions while the mental hospital could only transfer a very restricted number of patients. In the same time, the majority of patients experiencing mental health problems do not have a place to return to as their relatives left them.

CONCLUSIONS

1. The analysis of the mental health indicators reveal the increase of the incidence rate in case of mental and behavioral disorders for all age categories from 369,4 per 100 thousand of people in 2008 to 380,4 in 2009. The prevalence of mental and behavior disorders among the population is also growing from 2599,0 in 2008 per 100 thousand of people to 2649,0 in 2009.

2. The worsening of mental health indicators is determined by more factors: the insufficient number of specialist in the psychiatric sphere, including children psychiatry, the decrease of the number of beds meant for inpatient treatment, the small number of alternative mental health services as compared to traditional services provided in hospitals, etc.

3. Within the period of 2005-2009, in the Republic of Moldova, certain actions were undertaken for the development of mental health system by adopting the Mental Health Declaration for Europe (05.01.2005), National Program on Mental Health for years 2007-2011 (30.03.2009), adopting the amendments of the Law regarding Mental Health (28.02.2008).

4. The system of mental health is organized in several stages: (i) family doctors conduct a patient selection process, recommending them the consultation of the psychiatrists at the district psychiatrist's offices, (ii) the psychiatrists offer consultancy, prescribe the treatment and in case of ingravescence they send patients to hospitals, (iii) the doctors from hospitals prescribe inpatient medical treatment and when signing out the patients are directed to psychiatric consulting rooms. The community mental health services were created in 2000. At present, there are 3 CMHC-s in the country: CMHC „Somato" form Balti, CMHC from Chisinau, CMHC from Ungheni.

5. The existing system in the sphere of mental health is based on the psychiatric hospital service that provides short-term help (on average of 30 days) receiving 80-85% of the financial resources allocated to this field. In these conditions, arouses the need for initiating some reforms regarding the sphere of mental health by creating CMHC that would provide out-hospital services for the community.

6. About 5000 of people experiencing mental health problems benefit annually from the support and rehabilitation services provided in CMHC.

7. The majority of the districts lack specialists in the sphere of children psychiatry and in some districts there are no psychiatrists for adults. The main difficulties the psychiatrists from the district psychiatric consulting rooms confront with are: (i) the large work volume; (ii) existing regulations regarding patients' examination (20 minutes are not enough for examining primary patients), (iii) the lack of telephones in the psychiatric consulting rooms, (iv) poor collaboration with the primary medicine; (v) poor collaboration with community centers from the district, that offer social services and are attended by some people experiencing mental health problems; (vi) in case of requesting the psychiatric emergency assistance you have to wait for 3-4 hours; (vii) poor collaboration with the community social workers; (viii) lack of a means of transport for paying visits in the rural localities.

8. The strong points of psychiatric hospitals consist in helping the patient in a critical condition to overcome this state. At the same time, the weak points of psychiatric hospitals are the following: (i) patients are taken from their families, they are not visited by relatives, which worsens even more their health and frequently they lose their social ties; (ii) psychiatric hospitals are not adapted to the long-term necessities of the patients, these institutions only help the person to overcome the critical condition; (iii) the medical part of the treatment is paid a greater attention while rehabilitation, psychotherapy and other recovery processes represent a small part of services provided to patients in hospitals; (iv) the staying/living conditions form psychiatric hospitals are poor; (v) hospitals are

seen not only as a place where you can undergo a treatment, but also as institutions where the family can place the patient when they want, etc.

9. The activity of psychiatric hospitals depends on the quality of services provided within the psychiatric consulting rooms. The fact that patients do not get a supporting outpatient treatment determines ¼ of patients to return in hospitals.

10. Among the difficulties specific to the existing hospital system we can mention the signing out of patients who lost their social ties, who don't have relatives or a living place.

11. The existing CMHC-s represent models of socio-medical services that can be adopted with certain changes, modifications in the development of mental health system: (i) CMHC from Chisinau represent an example of a classic dispensary that focuses mainly on providing medical services being funded by the NCMI. (ii) CMHC „Somato" – is an independent model of socio-medical services financially supported by the LPA. (iii) CMHC Ungheni – is a model of socio-medical services located in a medical institution being funded by the NCMI.

12. Difficulties encountered by the specialists working in the CMHC are: (i) difficult relations with doctors of the outpatient system and as a result the lack of a reference system; (ii) the small number of beneficiaries; (iii) lack of medicine for providing a supporting treatment for beneficiaries; (iv) lack of nourishment services; (v) lack of national standards in this sphere; (vi) lack of funding from NCMI, in the case of CMHC„Somato"; (vii) remuneration of social workers and of psychologists.

13. At present, there is no reference system between psychiatric hospitals and CMHC-s, including between psychiatric consulting rooms and CMHC-s, fact that negatively influences the development of the mental health service system.

14. Beneficiaries of the mental health services highly appreciate these services. Thus, they assessed the quality of services provided within the psychiatric consulting rooms with 8,65, that of the psychiatric hospitals with 8,55 and the quality of services provided by the CMHC with 8,67, on a scale from 1 to 10, where 1 means a very low quality and 10 – a high quality.

15. The critical moments of the mental health system, according to the patients, are the following:
a) **organizing the activity of psychiatric consulting rooms**: (i) the fact that doctors prescribe only refunded medicine and do not offer a complex treatment; (ii) the confidentiality is not always respected (when the door is open, we can hear the doctor discussing with the patient); (iii) big queues; (iv) the patient is not given the medical record; (v) sometimes the patients are consulted by the medical assistant; (vi) there are cases when the doctor puts the person in hospital without his/her consent.
b) **the organization of the hospital system**: (i) lack of occupational activities; (ii) poor staying conditions; (iii)) lack of possibilities to walk outside the ward; (iv) staff's (nurses') discriminating attitude, etc.
c) **the organization of the CMHC**: (i) lack of temporary placement; (ii) lack of the information of people from the locality about the existence of community centers and their role in the rehabilitation and social integration of people experiencing mental health issues; (iii) the team of specialists includes mainly women.

16. Specialists working in the system of mental health services require training courses in the sphere of community psychiatry that will inform them about what a psychiatrist should do for the community. The psychiatrists also need to obtain knowledge about the way the community services are organized and how do they function, the way of coordinating the multidisciplinary team, elaborating and coordinating individual rehabilitation programs.

RECOMMENDATIONS

1. **Setting up the National Mental Health Center** that would organize and coordinate the system of mental health services (hospital services, outpatient services, services provided by community centers). The management activities in the mental health service system could be improved by a more rational spending of financial resources, periodical monitoring and assessing the quality of provided services. Thus, the National Mental Health Center could coordinate the elaboration process of standards regulating the activity of the community centers, psychiatric consulting rooms and hospitals; could organize the reference system between mental hospitals, outpatient consulting rooms and community centers to assure their efficient functioning.

2. **The initiative of LPA in setting up CMHC should be encouraged**. CMHC must have a rational coverage regarding the number of beneficiaries.

3. **CMHC should offer medico-social services**. The patient should be examined taking into consideration many aspects in order to guaranty continuity of treatment, rehabilitation but also his integration into the society. Consequently, the policies in this sphere should be interdisciplinary, interdepartmental. In this way, the Ministry of Health should collaborate with the Ministry of Labor, Social Protection and Family in elaborating the quality standards for CMHC functioning. It is necessary to develop standards for medical services and also standards for social services, but also should be elaborated the methodology for evaluation and accreditation of the CMHC that would stipulate only one accreditation.

4. **Medical services provided by community centers should be paid by NCMI, but social services will be the LPA's responsibility**. NCMI will pay for **assisted cases** in CMHC that is stipulated in the Regulations approved through the Order nr.8 of 17.01.2008. NCMI should pay also for services of temporary placement in CMHC. CMHC could also offer „respiro" services to families who take care of people experiencing mental health problems. These services could be paid by the families of people with mental disorders according to some mechanisms clearly stipulated.

5**. CMHC' specialists' team should be adjusted to beneficiaries needs.** Thus, the already existing multidisciplinary team could also include a speech therapist, pediatrist, kinetotherapist, etc.

6. **Community centers should include mobile specialists' teams able to provide home services to people with mental health problems.** Mobile teams could fulfill next tasks: (i) home visits and assisting beneficiaries in certain situations; (ii) providing socio-medical care at home; (iii) offering consultancy; (iv) working with family; (v) identifying new patients and providing them the existing services, etc.

7. **CMHC's activities should be directed towards the development of more social activities including the work with families of people experiencing mental disorders.** Family should be regarded as an important resource in the process of social rehabilitation.

8. **For the purpose of making more efficient the services provided by social workers in hospitals but also in community centers we recommend:** (i) to be employed specialists that have education in the sphere of social assistance, (ii) when being employed the social workers should benefit from a training course in the mental health sphere, (iii) social workers should be subordinated to the Departments of Social Assistance and Family Protection in order to benefit from training in this sphere, to know better the reference system in the social sphere and to be able to assess the work quality.

9. **In the process of reorganization of the system of mental health services should be elaborated an automated information system,** comprising information about people experiencing mental health problems and about services they benefited from. This system should be secured in order to keep secret the information about patients. Also, should be improved the relationship between medical institutions from the district and the Ministry of Health, the Health Management Centre that could accept the reports on-line.

10. **Development of the system of mental health services should also include activities of informing population** by different methods: articles published in specialized reviews, TV programs with the participation of different social actors (specialists working in this sphere, beneficiaries and their families, local public administration, etc.)

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ANNEXES

Annex 1

Terms of References

CONSULTANCY

FEASABILITY STUDY
REGARDING THE DEVELOPMENT OF THE MENTAL HEALTH SERVICES IN REPUBLIC OF MOLDOVA (COMPARISSON BETWEEN COMMUNITY AND TRADITIONAL MENTAL HEALTH SERVICES)

Background:

The Public Association (PA) Acceptare aims to ensure that people with mental health problems are able to live in the community and to participate in society with full respect for their human rights. PA Acceptare implements project regarding the MH reform in Republic of Moldova, where feasibility study playing very important role.

The focus of PA Acceptare is to end the unjustified and inappropriate attitude to the people with mental health problems in RM by advocating for the equal rights, chances and opportunities for the people with mental health problems, the development of community-based alternatives to the traditional MH services, as well as the optimizing of the traditional mental health services. Other priority direction of the PA Acceptare activities are: advocacy for people with mental health problems and their families, training of the professionals who work in MH field and for direct beneficiaries.

The PA Acceptare together with PA Somato and the Ministry of Health (MOH) in Moldova are collaborating to initiate the development of a comprehensive national system of alternative mental health services. The feasabiliity study is a strong step to prove the positionning of the community MH services within professional MH care in Moldova and the necessity of the CMHS financing from two sources (medical and social parts).

Scope of consultancy:
To conduct the feasability study on the development of the MH Services in Republic of Moldova, e.g. the comparisson of the community and traditional mental health services.
The evaluation report will recommend strategies and mechanisms for replication and dissemination of existing models of good practices of mental health care services, accessibility of services, cross-ministerial cooperation, and government financing of such services.

Objectives for feasability study:
- To assess the need for alternative mental health services;
- To compare traditional and community-based MH services:
- To provide recommendations for the development of a nationwide comprehensive community mental helth services within the Mental Health System.

Content:
The feasability study will be conducted within 2 municipalities (Chisinau, Balti) and 6 districts (Drochia, Cimislia, Cantemir, Cahul, Orhei,Ungheni) and will cover the following:

1. Information about the range of mental health services existing in Moldova.

2. Assessment of existing community and traditional MH services (type of service, targeted area, number of service users, description of rehabilitation and support services, number and professional qualification of staff, admission and exit paths of service users, potential for replication) on the base of the sellected geographical areas.
3. Conducting of the interviews with Mh professionals, social workers, direct beneficiaries and their families, representatives of the MoH and State medical University regarding the existing Mh services, their importance, capacities and perspectives.
4. Analysis of the policy and legislative framework for MH alternative and traditional services, and recommendations for the development policies and legislation.
5. Assessment of the potential to develop Mental Health Services within existing infrastructures/ facilities (medical, social and educational)
6. Identification of the relevant government stakeholders and recommendation of mechanisms for cross- ministerial cooperation

Annex 2.

List of people interviewed in conducting the feasibility study

Nr.	Surname, name	Institution	Position
1.	Turcan Constantin	PMSI Clinical Psychiatric Hospital Chisinau	Head physician
2.	Carp Lucia	PMSI Clinical Psychiatric Hospital Chisinau	Psychiatrist, medical ward manager
3.	Turmut Angela	PMSI Clinical Psychiatric Hospital Chisinau	Psychologist
4.	Carpova Natalia	PMSI Clinical Psychiatric Hospital Chisinau	Medical assistant on social problems
5.	Cunicovschi Lidia	Psycho-neurological Dispensary for children	Child psychiatrist, head of ward
6.	Carpa Anatol	PMSI Psychiatric Hospital Balti	Head physician
7.	Dumbraveanu Dumitru	PMSI Psychiatric Hospital Balti	Psychiatrist
8.	Abujag Liviu	PMSI Psychiatric Hospital Balti	Psychiatrist
9.	Vrabie Marcela	PMSI Psychiatric Hospital Balti	Psychologist
10.	Bosii Tatiana	PMSI Psychiatric Hospital Balti	Social worker, kinetotherapist
11.	Suter Tamara	PMSI Psychiatric Hospital Orhei	Deputy head physician
12.	Rotaru Lilia	PMSI Psychiatric Hospital Orhei	Psychiatrist, head of ward
13.	Donos Tatiana	PMSI Psychiatric Hospital Orhei	Psychologist
14.	Juganari Georgeta	Consultation Department Hospital in Balti	Psychiatrist
15.	Nazarenco Ludmila	FDC, Consultation Department Cantemir	Psychiatrist
16.	Nistor Valeriu	FDC, Consultative medical Ward Cantemir	Narcologist
17.	Victor Pitei	FDC Consultative Ward, Cahul	Psychiatrist
18.	Limanari Alexandru	Consultative Ward of the Orhei District Hospital	Psychiatrist
19.	Ciobanu Alexandru	FDC, Consultative Ward Cimislia	Psychiatrist, psychologist
20.	Braguta Doina	FDC, Consultative Ward Drochia	Psychiatrist
21.	Popa Corina	CMHC „Somato”	Manager, psychologist
22.	Jidanov Irina	CMHC„Somato”	Psychiatrist
23.	Popescu Gabriela	CMHC „Somato”	Psychologist
24.	Ecuboschi Elizaveta	CMHC „Somato”	Social worker
25.	Rusnac Alexandra	CMHC Buiucani	Center’s Manager, main specialist on

			psychiatry of Chisinau municipality
26.	Cojocaru Natalia	CMHC Buiucani	Psychiatrist
27.	Iovu Oxana	CMHC Buiucani	Psychologist
28.	Onica Zinaida	CMHC Buiucani	Social worker
29.	Balmus Mariana	CMHC Ungheni	Manager, psychiatrist
30.	Cheptarnari Tatiana	CMHC Ungheni	Psychologist
31.	Smatoc Natalia	CMHC Ungheni	Social worker
32.	Hotineanu Mihail	Ministry of Health	Main specialist onpsychiatry
33.	Serbulenco Aliona	Ministry of Health, Department of Public Health Policy	Head of the department
34.	Nacu Anatol	Department for Psychiatry	Head of the department, academician, psychiatrist
35.	Spinei Larisa	Department of Health Management	Specialist on disabled children, Habilitated doctor
36.	Pistrinciuc Vadim	Ministry of Labor, Social Protection and Family	Vice-minister
37.	Cusca Vasile	Ministry of Labor, Social Protection and Family	Head of the department on social policies referring to disabled people's protection

Annex 3.

Services provided by hospitals

	Institution	Type of services	a) The outpatient treatment period, b) the annual number of beneficiaries, c) Cost of treated case[5]	Institution's budget	Problems
1.	***Public Medico-Sanitary Institution Psychiatric Hospital from Chisinau***				
	Works since 1895. The total number of inpatient treatment beds - 1665 (without forced treatment). Wards: 19 medical wards 2 departments	a) inpatient hospital b) day hospital c) dispensary Medical treatment, Psychiatric services, Occupational therapy, Art therapy, Rehabilitation, Psychological services (psychological consultancy, psycho-diagnosis, Narrative psychotherapy, art-therapy, psychological advising, preventive conversations, mutual support activities, individual psychotherapy for children. Services provided by the social worker (conducting social inquiries, services in	a) Patients undergo the treatment for an average of 30 days c) 4500 inpatient treatment 200-300 lei day hospitalization	There was no information available on this subject.	1. Lack of staff. 2. Staff's ageing. 3. The dispensary is located on hospital's territory so a kind of stigmatization arouses. . 4. Signing out patients „forgotten" of relatives or directing them to other institutions. 5. Unpaid treatment provided to people that committed deeds dangerous for the society

[5] Cost of treated case for psychiatric and narcologist doesn't have a special importance because there is a global budget for all institutions.

		issuing documents, services for the long-term placement of ill people that have no relatives in placement institutions. Acupuncture. Religious services (the church located on the hospital's territory). Narcological services			
2.	***Publical Medico-Sanitary Institution Psychiatric Hospital from Balti***				
	Works since Deceber , 1976. Total number of inpatient treatment beds - 770. Wards: *6 general psychiatry wards* (3 for woman and 3 for men), 6*65 beds; *1 psycho-narco-tuberculosis ward* (25 beds) narco-tuberculoses ward (25 beds; *1 joint pathology section* (50 beds); *1 psycho-narcology and narcology ward*, *1 epileptology unit* (30 beds),	a) inpatient treatment b) day hospitalization Medical treatment, Psychiatric services, Occupational therapy, Art therapy, Rehabilitation, Psychological services (psychological consultancy, psycho-diagnosis, Narrative psychotherapy, art-therapy, psychological advising, preventive conversations, mutual support activities, individual psychotherapy for children. Services provided by the social worker (conducting social inquiries, services in	a) Patients undergo a treatment an average for 30 days (2008 – 34 days, 2009 – 35 days). b) 2009 – 11399 treated cases, 2008 – 11398 treated cases. c) Narcology– 4 510 lei, Narcology (psychosis) – 6 668 lei, Psychiatry for adults – 5 614 lei, Psychiatry for children – 3 985 lei.	For 2009 (together with PMSI Psychiatric Hospital Orhei) – 52 millions: 41 millions for insured patients, 8 millions for uninsured patients, 3 millions – major overhaul. For 2010 – 34 millions for insured patients. But the sum for the uninsured patients was yet established.	1. The unpaid inpatient treatment for people who committed deeds dangerous for the society. The inpatient treatment of patients who committed different offences (crime, rape, robbery, etc.) is not actually paid (50 people). 2. "Long-term" patients, whose inpatient treatment was not paid the lasts 6 years. 3. No one pays for cases of psycho-narco-tuberculosis and narco-tuberculosis cases. (in 2009 – 115 patients). 4. Lack of staff. The majority of doctors work on 1.5 salary. 5. Providing medication. Instead of 22 lei the daily norm for 1 patient, they get 12 lei. 6. Providing nourishment. Instead of the daily norm of 17,6 per day, they get – 10-12 lei. 7. The medical inpatient treatment

	1 epileptology unit *1 child psychiatry ward* (70 beds including 30 for children with cerebral paralysis), *Physiotherapy ward* (6 beds), *Intensive care ward* (6 beds), *Reanimation ward* (6 beds. Day hospitals (30 beds),	issuing documents, services for the long-term placement of ill people that have no relatives in placement institutions. Acupuncture. Narcological services Hypnosis.			consists of first generation medication, the outpatient treatment – of the second generation. 8. The necessity of changing workshops' status into hospital wards. 9. Too short treatment period. 10. The increasing number of narcological patients. 11. Signing out certain patients "forgotten" by relatives or directing them to other institutions.
	Village Pavlovca *1 psycho-narco-tuberculosis ward* (40 beds), *1 mixed narcology ward* (80 beds)	Occupational therapy Medical treatments			
3.	***Public Medico-Sanitary Institution Psychiatric Hospital from Orhei***				
	Works since 1958. Total number - 200 beds *2 psychiatric wards* (120 beds), *1 psycho-geriatric ward*(35 beds), *1 narcology ward* (45 beds).	Offer services only to adult people Medical treatment, Psychiatric services, Occupational therapy, Psychological services, Narcological services.	a) Patients undergo a treatment on average for 30 days (2008 – 34 days, 2009 – 35 days). b) - c) Adult Psychiatry – 5 614 lei,	There is no information available on this subject	1. Need for equipment (appliances, furniture). 2. Lack of staff (psychotherapists, social workers). 3. The small room for providing occupational therapy services. 4. Signing out the patients "forgotten" by relatives or directing them to other institutions. 5. The absence of made-up yards for patients walking.

			Narcology – 4 510 lei, Narcology (psychosis) – 6 668 lei,		6. The institution lacks the social worker.