University of Medicine, Pharmacy, Science and Technology Targu Mureș
Doctoral School

PhD Thesis Summary

Access to mental health services

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Summary

Recent studies show that 1 in 4 adults (approximately 450 million persons worldwide) experiments a psychological problem in a period of one year. Despite efficient treatments, there are long delays (sometimes even decades) between the first symptom and the first psychiatric consultation, and approximately 60% of the adults with a mental disease don't access mental health services.

I. Factors influencing access to mental health services in a psychiatry clinic in Romania:

In the first part of the study - determining the duration of the delay of the first psychiatry consultation and the factors that determine this delay - an interview was conducted on a group of 200 patients "new cases", 100 participants in each center. Along with the patients, the caregivers and the medical staff who took care of the patients were introduced in the study.

The interview was based on two questionnaires: «WHO Pathway Encounter Form» and the Questionnaire «Factors», open questionnaire made by a selection of the factors incriminated in the literature. The collected data was processed and interpreted simultaneously for two university psychiatry clinics in Romania (Târgu Mureș and Craiova).

Our study has shown that people with mental illness in Romania follow the same access path as in the rest of the European countries. The duration of the delay from the onset of the disease to the first psychiatry consultation is similar, and this duration is influenced by two socio-demographic variables: the presence of the psychiatric history and the diagnostic category.

II. The comparison of the results from Romania with centers in Fier (Albania) and Sofia (Bulgaria):

In the second part of the study, these data were compared and statistically processed for 4 centers in 3 European countries (Romania, Albania and Bulgaria).

The study was carried out over a period of about 3 months (May-August 2015), and the target was 1200 participants, with 100 patients "new cases", the caregivers and the medical staff dealing with them being also introduced in the study - a total of 300 participants in each center. The interviews were conducted simultaneously in the 4 centers.

The delay between the onset of the first symptoms and the first psychiatry consultation varies greatly from one patient to another, especially depending on the age and diagnostic category. It seems that stigma is the most important factor influencing access to mental health services in developing countries in southeastern Europe.

III. Mental health reform

The third part of the study was carried out within the framework of an employment contract and an Erasmus scholarship, studying the mental health reform proposed by WHO and his implementation in the well-developed countries of the EU (specifically in Belgium and France).

The study was conducted between July 2015 and July 2016, in two psychiatry clinics in the Liège region in Belgium: CHC Heusy and Rocourt, CHU Liège. The research was carried out under a work contract for a period of one year, as well as within an Erasmus scholarship offered by the University of Medicine and Pharmacy of Târgu Mureș, between January and February 2016.

One of the main strategies of the reform is the deinstitutionalization (reducing the number of beds in hospitals, shortening the hospitalization, encouraging the patient's social reintegration). The deinstitutionalization was proposed to reduce the costs, improve the access to mental health services and to provide individual services, adapted to the current needs of the patient. This process must be concurrent with the introduction of alternative health services. Otherwise - by reducing the number of beds in psychiatric hospitals without offering treatment alternatives - different problems may arise: homeless people, re-institutionalized in prisons, overcrowding of emergency services, etc. It is important to note that in poor and middle-income countries, the number of inpatient beds has already been reduced, without developing complementary health services!

Probably the clearest expression of deinstitutionalization is the mobile team. Mobile crisis teams Psy107 (BELGIUM) or Mobile teams coordinated by the Medical-Psychological Centers (FRANCE) are regionally represented and integrated into public health systems. Other countries where mobile psychiatry teams have been implemented: England - Crisis Resolution and Home Treatment Team (CRHTT), USA - Psychiatric Mobile Response Teams (PMRT), Italy, Germany, Norway, Australia etc.