

# Psychiatrists must come out of the Middle Ages

October, 8<sup>th</sup> , 2020

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The establishment of 28 centers in the regional cities will provide complex care for these patients and will return them to society, says Assoc. Prof. Hristo Hinkov.

A new mental health strategy has been prepared by the Ministry of Health. The project envisages better financing for specialists in this field, relocation of psychiatric hospitals and construction of centers for complex care and rehabilitation. Will all this solve the problems for patients with mental illness, will they finally receive care and a life worthy of the 21st century, we asked Assoc. Prof. Hristo Hinkov. He is a psychiatrist, director of the NCPHA and one of the co-authors of the project.

**- Assoc. Prof. Hinkov, we have a new draft strategy for mental health, which problems will it try to solve?**

- This project has a very long history, in other years a similar text was also passed for discussion, then it was forgotten by the government and the Ministry of Health. We now have an almost finalized version, so if it is approved by the Council of Ministers and the parliament, we can start working on these activities. Most importantly, our psychiatric system has not been reformed for perhaps more than 50 years. It works while preserving the old structures, between which the ties are falling apart, because after 2001 the connection between the dispensaries and the hospitals was cut off. The lack of an information system to follow the patient also did not contribute to the tracking of patients, so we have a fragmentation of treatment that we are trying to change through strategy. There is a transfer of the patient from one structure to another without the appropriate documentation and continuity of care, and our patients need constant care and connection with social services.

**- Are there enough doctors and nurses in the system?**

- It's hard to say. Definitely not enough, but the problems are related to the lack of support staff. Many patients need care that is not strictly medical - their care is through Agency for social assistance /ASA/, social workers, psychologists, psychiatric nurses - these are the people who support the social functioning of these patients. Doctors are involved in the monitoring of drug therapy, in psychotherapy, where necessary, but the supporting professions have a big role in the condition of patients.

**- In this regard, are measures envisaged to address staff shortages, because we know that social workers are generally in short supply?**

- That's right, the strategy does not solve this problem, because the problem of human resources is common to the whole country and concerns the entire health system, not just psychiatry and the social field. The problem is very big, but for the strategy to be realistic, it must set achievable goals. In this sense, it starts with concrete things - relocation of psychiatric hospitals. First of all, we need to improve the way of life of people with psychiatric disorders, which is absolutely unacceptable now, in the conditions in which they are served. There are psychiatric hospitals that can be easily relocated, for example the one in Novi Iskar can be moved to Sofia and it is planned to do so next year. This will make it easier for those working in it, it may even help to attract young professionals - working in a hospital on the outskirts of the city is not acceptable and attractive to them. But it is more important that the patients themselves are served close to where they live, this is one of the main principles of the reform.

**- Do you think that the Bulgarian society is ready to accept the idea of relocating psychiatric care in populated areas?**

- This is an issue largely related to the way information is presented by the media and other organizations, because Bulgarian society is tolerant. But when things are presented in a distorted way, sometimes the reaction is stigmatizing. We saw something similar with the relocation of the methadone program to the District Hospital. Then it turned out that our society is almost completely intolerant of these people, which is not the case because there are at least 10 programs that work in the community and the neighbors do not respond. This means that there is no problem, but when there is a distorted presentation, manipulation, such a response can be caused. In my opinion, the stigmatization of people with mental health problems has decreased over the years and the attitude towards them is not so discriminatory.

**- The strategy says that we have 4,000 beds, what are the expectations – are there going to be more or less in the future?**

- Currently, some of these beds are not for active treatment, but perform social functions. So how many really active beds will be will also depend on how outpatient care will be taken and how psychosocial rehabilitation will be carried out, which is extremely important for people with severe mental disorders, so that to some extent they regain their social function. A patient with a mental illness is like a person who has had a stroke, he needs to recover to regain his skills. And this is the job of psychosocial rehabilitation

**- That's right, but you yourself said that there are no specialists to work in these places, how do you expect to attract them? Will this budget of 500 million for salaries for 10 years not turn out to be small?**

- We had a conversation with the Ministry of Health, even for this point in the action plan it was discussed that its place is not there, rather it is a matter of raising the salary fund with other regulations. That is, one program cannot provide for an increase in wages by a certain percentage. The strategic goal remains and it is that by increasing the remuneration of these specialists, some attractiveness of the profession must be ensured. But this is very difficult, because the salaries of other specialists in the system must be increased as well, as they are also

very small - how many pediatricians, how many virologists are there? In other words, in healthcare there is a very big problem with finding staff.

**- What is the average salary of medical staff, nurses and social workers in psychiatry?**

- They are quite diverse, there are many doctors who have a private practice or a contract with the health insurance fund. The best paid are the employees in the wards in the multispecialty hospitals, as they receive money through clinical pathways, but this leads to a not very good attitude by the managers towards the psychiatric wards, because they do not pay this money like the other wards do, but receive money according to the approved methodology. The problem is that there are no clinical pathways for psychiatry and there is a battle ahead, because the change in salaries should be done by expanding the possibilities for financing hospitals - why shouldn't psychiatric care receive funds under the health insurance!

**- How appropriate it will be, since attempts will be made to discharge patients quicker for the profit?**

- Patients should not sit in hospitals, this is a matter of standard. The average time to handle a person with severe psychosis is 3 to 4 months, after which he can be discharged, even earlier. Colleagues know very well what this deadline is and it is a matter of standard, of clinical pathway, of algorithm, which must be very flexible. Then the quality of the medical service and the psychiatric services can be guaranteed, then more psychiatric wards can be opened in the multispecialty hospitals, because this is the way.

**- In your opinion, which conditions should be financed by the NHIF and which by the Ministry of Health and what should be the average value?**

- Severe mental disorders, such as schizophrenia, severe depression and some other conditions that alter the social functioning of patients, may be subject to health insurance. This will better integrate psychiatric care into the general medical system and unify and simplify funding methods. The clinical pathway guarantees the quality of treatment and is the standard for this treatment, avoiding subjectivism - for example, to treat a psychosis according to my own understanding or according to my relationship with a pharmaceutical company. Better regulation of funding is needed, and this is one of the recommendations of the European Psychiatric Association (EPA), which carried out an audit two years ago, which resulted in this strategy.

**- After all, what is the minimum needed as funding to make patients and professionals feel comfortable?**

- A matter of calculation. A psychiatric hospital can sign a contract with the health insurance fund, it will be financed through clinical pathways, the price of which will be agreed between service providers and insurers. The strategy is aimed at achieving the goals, and the Ministry of Health and the Ministry of Labour and Social Policy (MLSP) must find mechanisms to secure funding. The most important thing is to change the paradigm of service to these people, to understand that the mental state is reversible. When a person first has a schizophrenic attack, he enters a cycle that is now irreversible. If these people are not fortunate enough to be cared for, to

be supported, they fall out of society. This system must be overturned so that these people remain in society, return to it and contribute, albeit partially.

**- What is most important aspect in this regard?**

- The specific steps outlined in the strategy are to open mental health centers in each district city, because the centers or former psycho-dispensaries are closest to the idea of a complete comprehensive care for these patients. There is also a need for psychiatric hospitals because there is a small percentage of patients who stay in them for life. But these hospitals are currently based according to an old philosophy of marginalizing these patients, modeled on the Middle Ages, and they should be included in the world. This will gradually happen because we live in the 21st century and we believe that psychiatry is part of medical science.

**- How many people will be needed to ensure staffing 28 centers?**

- Maybe 200 psychiatrists will be enough. We have 500-600 psychiatrists, a third of them will be enough, for the nurses and support staff I cannot say. According to European standards, a mental health center should serve about 70,000 people, but this varies depending on the population, the location, the specific circumstances. I will give you an example with the center in Burgas, which is a combination between a dispensary and a hospital. It performs all the functions that a psychiatric service should have. It is located in the center of the city in a wonderful place and is accessible to all residents of Burgas and the surrounding area. Realizing that mental disorders are more common in the city, the centers should be opened there.

**- What will be the financing of these centers - again combined from the municipality, the Ministry of Health and the National Health Insurance Fund?**

- Here we have criticism from the World Health Organization (WHO) and the EPA that the funding of the centers is very complicated. However, I would say otherwise. An independent legal entity, such as a mental health center, should be able to be funded from several sources, not just one. If the idea of clinical pathways in psychiatry is accepted, the centers will be able to conclude contracts with the National Health Insurance Fund and receive money for both inpatient care and outpatient care. At the moment, they cannot conclude contracts at all, and the funding under the Methodology is the work of ministerial officials, who I am not sure can fully understand the work of mental health centers and create adequate rules. Years ago, a colleague and I analyzed the Methodology and found that it stimulated patient retention rather than transferring them to places of rehabilitation. These are things that need to be carefully changed, and the solution is to use models that already exist in other diseases. At the same time, the integration between the various services and specialists - psychiatrist, social worker - needs to be improved. This is nothing new, once in the functional characteristics of dispensaries this multidisciplinary approach was well described.

**- Do you find understanding from the institutions?**

- I think that the fact that the strategy has been uploaded for discussion on the website of the Ministry of Health is indicative. If parliament rejects it, it will be counterproductive. But I think

that there is a real chance that it will become a fact, in it there is not only a 10-year period, but also a one-year period. Because no one can guarantee what another government will want, but when we talk about a short-term plan for next year, we see that it will be implemented with the adoption of the budget, so I am a moderate optimist.