

Community Care in Poland - A New Mental Health Programme

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Social, political, and above all, economic changes which Poland is undergoing deeply affect the mental health of the society. The process of integration with the world economy, freedom of travel and information exchange, civic rights enhancement, free elections, pluralistic socio-political system- all these factors create new opportunities for the development of Polish society. On the other hand, the ongoing transformation of the political system in Poland increases the hitherto existing mental health risks, as well as creating new ones, both at the individual and community levels. As a result in the years 1990-1998 the incidence rates for mental disorders increased by 27% in outpatient care, and by 30.5% in inpatient facilities.

These changes involving all spheres of community life have also embraced the Polish health care system. Psychiatric services as well as alcohol and drug treatment in Poland were chiefly delivered until December 1998, by facilities that were organised, managed and financed by the State. Although this system gave rise to many justified objections concerning uneconomic resource management, institutions responsible for health policy could nevertheless be clearly identified. The system also promoted cooperation between various health services in order to secure continuity of care to patients from a given catchment area.

Following the National Health Service reform introduced in January 1999, both the ownership of health care facilities and the system of financing have changed. In the resulting situation the responsibility for health policy became blurred. In effect, the new form of state health insurance which established the rules of health service contracting, became the creator of health policy. This also applied to the delivery of psychiatric care. The new rules contribute to the rational management of resources, but dangers have also appeared. The difficulties arise from not only the rigid limitation of the number of services contracted, but also in the low payments offered for particular services. This particularly concerns the outpatient services and other current forms of community-based care. As under the health care reform, contracts for health services may be entered into by the private sector. The process of extending the market of privatised services has started.

Psychiatric health care facilities in Poland

Outpatient facilities

Psychiatric outpatient clinics 571

Alcoholic addiction clinics 401

Drug addiction clinics 41

Inpatient facilities

Mental hospitals 49

Psychiatric wards in general hospitals 62

Intermediate care facilities

Psychiatric day care hospitals 110

Psychiatric mobile community teams 19

Hostels 9

Due to the poor range of facilities, psychiatric care remains inadequate for the needs of many patients. This pertains particularly to psychiatric hospitalisation, where intermediate care, is not only more effective, but also a cheaper form of assistance. The development of intermediate care facilities (an essential part of the contemporary psychiatric health care system) is, however, disproportionately low in relation to the needs in Poland. The most developed system is the network of day care centres. The emergence of mobile community teams is also too slow (16 in 1995, 19 in 1999). A very important problem is the low number of places for the mentally ill in nursing homes and nursing-sheltering facilities. About 20 % of patients treated in mental hospitals are permanent residents of these institutions for social reasons only as they have no home or family to take care of them. However, they cannot be discharged, since no sheltered housing is available such as hostels. A relic of the previous system is the concentration of beds in large psychiatric hospitals, the uneven distribution of hospitals, and the distance of hospitals from the place of residence of patients.

The Mental Health Programme

Improvements have occurred but the further modernization of the psychiatric care system is still necessary. A group of workers from the Institute of Psychiatry and Neurology in Warsaw has therefore prepared a Mental Health Programme which describes the aims and strategy to achieve this. The Programme was accepted by the Ministry of Health and Social Welfare and the Institute is responsible for its implementation.

The main goal of the programme is to provide people with mental disorders with comprehensive, accessible health care and other forms of assistance necessary for them to function in the family and the social environment. This goal will be realised within the framework of the health care, in accordance with the provisions of the Mental Health Act. An important part of this system is a model of community-based psychiatric care, with the following main assumptions:

" Psychiatric care as well as alcohol and drug treatment are delivered to a population living within a specified territory or catchment area.

" Delivery of psychiatric, alcohol and drug treatments care is through outpatient clinics and other forms of intermediate care such as day-care hospitals, mobile community teams, crisis intervention centres (affiliated with a hospital, outpatient clinic, or emergency services), various rehabilitative facilities, sheltered housing (sheltered flats and hostels), as well as inpatient care.

" Inpatient care should be chiefly provided in psychiatric wards within general hospitals. Large psychiatric hospitals should be dismantled and transformed into specialised units. The distance between the patient's home and inpatient facility should be as short as possible.

" Psychiatric care should be provided by a stable, multidisciplinary team, responsible for the patient management in all forms of psychiatric care.

" Particular facilities providing psychiatric care should be functionally integrated into a single system. Its functioning should be coordinated with that of other units delivering psychiatric health care and social assistance to persons with mental disorders living within the catchment area.

The district governor should appoint a coordinating team consisting of those heads of facilities providing psychiatric care and social assistance to the mentally ill within a given catchment area. The province governor appoints a team for mental health policy, chaired by the province consultant in psychiatry. The team should also serve as an advisory body to the local self-

government administration in matters of health policy and social welfare regarding mental health, and the needs of psychiatric services.

Improving Continuity of Care

As mentioned above the new system of financing gives rise to problems in the continuity of psychiatric care, and special attention should be paid to the following:

- " Improved cooperation between psychiatric facilities serving a given area, ensuring continuity of care by the same therapist or therapeutic team employed in community or inpatient services.
- " Develop the role of case management coordinators for therapists in psychiatric outpatient clinics following the British and American examples.
- " Improved cooperation between psychiatric and alcohol/drug treatment services on the one hand, and primary care physicians (general practitioners, family doctors) and social welfare organisations, on the other hand.
- " Cooperation between psychiatric outpatient clinics and social welfare organisations, especially as regards the structure of community self-help houses and provision of specialised nursing services.
- " Adoption of responsibilities within psychiatric and social welfare services for 24 hour care for persons with mental disorders.

In order to achieve the aims outlined above, both an increase in the number of personnel and improved training is essential.

Increase in the Number of Staff

The number of additional staff needed in public psychiatric care and alcohol & drug treatment facilities in the next decade are listed below. This includes 5000 certified psychotherapists of various professional backgrounds.

- " psychiatrists 4.000, currently about 2.300
- " child psychiatrists 400, currently about 170
- " psychologists 3.800 , currently about 700
- " social workers 4.000 , currently about 210
- " nurses 14.000 , currently about 7.550
- " occupational therapists 3.200 , no data
- " alcohol treatment instructors 1.200 , no data

Training Issues

1. Introduction of a certification system to testify that professionals with specialisation in psychiatry or clinical psychology have acquired specified additional skills (e.g. in the field of psychotherapy, alcohol or drug treatment, family therapy, forensic psychiatry, psychiatry of children and adolescents, consulting psychiatry).
2. Introduction of a wider range of community psychiatry and social support issues, alongside psychotherapeutic and sociotherapeutic methods in postgraduate vocational training curricula of all groups of psychiatric care staff.
3. Increasing the availability of training for social workers and nurses. There should be at least one such school in each province.
4. Development and implementation of a system of training and licensing for persons with a secondary or university education, to represent professions not traditionally connected with

psychiatric care. They could for example be licensed to become alcohol dependence therapists or social skills trainers.

A new single entry system of specialization in psychiatry was introduced in 1999. The Institute of Psychiatry and Neurology plays a significant role in overseeing this system and ensuring an adequate standard of training is maintained in the various clinical settings.

The Institute of Psychiatry and Neurology

The Institute of Psychiatry and Neurology collaborates with over 20 scientific centres abroad. In 1992 the Institute was appointed by the World Health Organization as a Collaborating Centre for Research and Training in Mental Health. Apart from treatment and scientific research, current tasks of the Institute include the development of a national mental health policy as well as postgraduate training in psychiatry, neurology, neurophysiology, psychotherapy/family therapy and clinical psychology.

The Institute organizes numerous basic and advanced courses in the field of postgraduate training including conferences for psychiatric consultants, a cyclic two year course in psychotherapy for psychiatrists and psychologists, numerous symposia and educational conferences for other professional groups specialising in psychiatry. At present there is no organised system of postgraduate training in the field of psychiatry for family doctors and for those who work in the basic health care system. Many local initiatives are however taking place.