

WHO-AIMS

**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN THE
REPUBLIC OF MOLDOVA**



**World Health
Organization**



**MINISTRY OF HEALTH
AND SOCIAL PROTECTION
REPUBLIC OF MOLDOVA**

WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN THE
REPUBLIC OF MOLDOVA

A report of the assessment of the mental health system in the Republic of Moldova using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

Chisinau, Republic of Moldova

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**Ministry of Health
and Social Protection
Republic of Moldova**

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Please refer to WHO-AIMS (WHO, 2005) for full information on the development of WHO-AIMS at the following website.
http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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WHO-AIMS COUNTRY REPORT FOR THE REPUBLIC OF MOLDOVA

Introduction

The Republic of Moldova is a country with an approximate area of 34 thousand sq.km. (UNO, 2004). Its population is 4.263 million. The main language used in the country is Moldovan. The largest ethnic groups are Moldavian and Romanian. In addition, minority groups including Ukrainian, Bulgarian, Gaguzian and Russian are also present. The largest religious group is Eastern Orthodox Christian. Moldova is a low income group country based on World Bank 2004 criteria.

The proportion of the population under the age of 15 years is 20% (UNO, 2004) and the proportion of population above the age of 60 years is 14% (WHO, 2004). Fifty four percent of the population is rural and 46.3% population is urban. The life expectancy at birth is 64 years for males and 71.6 years for females (WHO, 2004). The healthy life expectancy at birth is 57 years for males and 62 years for females (WHO, 2004). The literacy rate is 99.6% for men and 98.6% for women (UNESCO/MoH, 2004).

The total health budget represents 5.7% of the GDP. The per capita total expenditure on health is US\$ 112 and the per capita government expenditure on health is US\$ 56 (WHO, 2004).

There are 3 psychiatric hospitals, 48 outpatient mental health facilities (35 psychiatric offices for adults in every rayon of Republic of Moldova and in 10 rayons there are psychiatric offices for children, 1 dispensary in Chisinau and 2 Community Mental Health Centers), 8 other residential facilities (2 of them are for children and adolescents only), 2 community-based psychiatric inpatient units and 3 day treatment mental health facilities in the country. There are 61.5 mental hospital beds per 100,000 population. There are 49.6 mental health practitioners per 100,000 population.

Data was collected in 2005 and is based on the year 2004.

Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Republic of Moldova. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Moldova to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

The mental health policy of the Republic of Moldova was last revised in 2004. A list of essential medicines is present. The last revision of the mental health plan was in 2003 in which both a budget and timeframe are identified. The last piece of mental health legislation was enacted in 1997. Four percent (4%) of health care expenditures by the government health department is directed towards mental health. Eighty percent (80%) of the population has free access to essential psychotropic medicines. A national human rights review body exists which has the authority to oversee inspections in mental health facilities, to review involuntary admission and discharge procedures, to review the complaints investigation process, and to impose sanctions on those facilities that persistently violate patients' rights.

The Chief Psychiatrist and Mental Health Working Group provide advice to the government on mental health policies and legislation. They are also involved in: (1) service planning, (2) service management and coordination, and (3) monitoring and quality assessment of mental health services. Mental health services are organized in terms of catchment/service areas. There are 48 outpatient mental health facilities available in the country (35 psychiatric offices for adults in every rayon of Republic of Moldova and in 10 rayons there are psychiatric offices for children, 1 dispensary in Chisinau and 2 Community Mental Health Centers), 8 other residential facilities (2 of them are for children and adolescents only), of which 21% are for children and adolescents only. These facilities treat 79,740 users (2,155.1 users per 100,000 general population). There are 3 day treatment facilities available in the country, and we have no day treatment facilities that are solely for children and adolescents. However, we have official data for just for one of them and this facility treated 1,521 users (41.1 users per 100,000 general population). There are 2 community-based psychiatric inpatient units available in the country for a total of 70 beds (1.89 beds per 100,000 population). There are 6 other residential facilities available (internats) as well as 2 facilities for children/adolescents with mental retardation. There are 3 mental hospitals available in the country for a total of 2,275 beds (61.5 beds per 100,000 population). Thirty-three percent (33%) of these facilities are organizationally integrated with mental health outpatient facilities. Seven percent (7%) of beds in mental hospitals are reserved for children and adolescents only. The number of beds has decreased by 35% in the last five years. In addition to beds in mental health facilities, there are also 1.35 beds per 100,000 population for persons with mental disorders in forensic inpatient units.

One percent (1%) of the training for medical doctors and 9% for nurses is devoted to mental health. In terms of refresher training, 16% of primary health care doctors and 47% of nurses have received at least two days of refresher training in mental health. Both physician based primary health care (PHC) and non-physician based PHC clinics are present in the country. Primary health care doctors, nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstance.

The total number of human resources working in mental health facilities or private practice is 1,837 (49.6 per 100,000 population). The breakdown according to profession

is as follows: 177 psychiatrists (4.8 per 100,000 population), 66 other medical doctors not specialized in psychiatry (1.8 per 100,000), 568 nurses (15.4 per 100,000), 5 psychologists (0.14 per 100,000), 4 social workers (0.11 per 100,000), other health or non-health workers are 1,017 (27.5 per 100,000), among them 659 are infermiers. Eighty six percent (86%) of psychiatrists work only for government administered mental health facilities, 8% work only for NGOs/for profit mental health facilities/private practice, while 6% work for both the sectors. The number of professionals graduated last year in academic and educational institutions is as follows: 8 psychiatrists (0.22 per 100,000), 19 nurses (0.51 per 100,000), 14 psychologists (0.38 per 100,000), and 14 social workers (0.38 per 100,000), all with at least 1 year training in mental health care.

There are 17 users/consumers that are members of 1 consumer association and 19 family members that are members of 1 family association.

The Chief Psychiatrist and Mental Health Working Group at the Ministry of Health oversee public education and awareness campaigns on mental health and mental disorders. NGOs, private trusts and foundations and international agencies have promoted public education and awareness campaigns in the last five years. In the Republic of Moldova there are no legislative or financial provisions that protect and provide support for users.

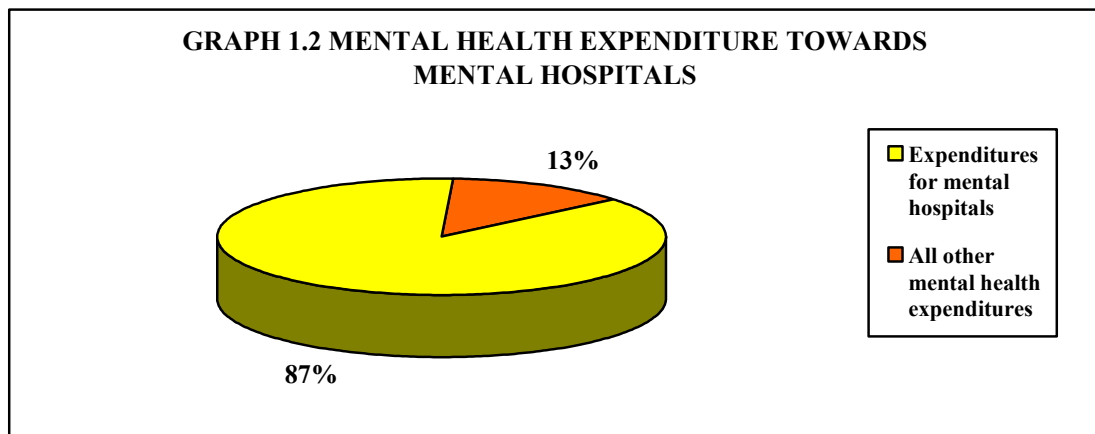
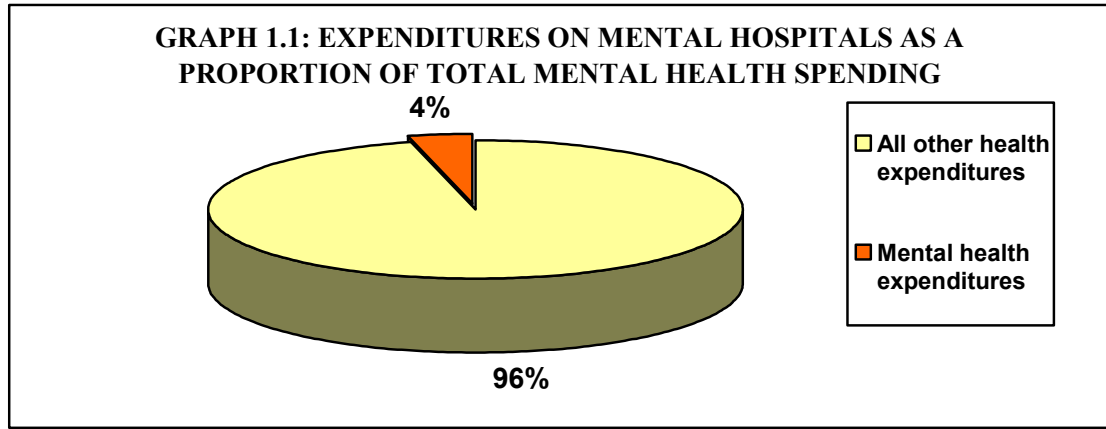
Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

In the Republic of Moldova, the mental health policy was last revised in 2004 and includes the following components: (1) developing community mental health services, (2) developing a mental health component in primary health care, (3) human resources, (4) human rights protection of the users, (5) equity of access to mental health services across different groups, (6) financing, (7) quality improvement, and (8) monitoring system. In addition, a list of essential medicines is present including antipsychotics, anxyolitics, antidepressants, mood stabilizers, and antiepileptic drugs. The last revision of the mental health plan was in 2003. This plan contains the same components as the mental health policy. In addition, a budget and timeframe are identified. The last piece of mental health legislation was enacted in 1997, which focused on: (1) access to least restrictive care, (2) rights of mental health consumers, family members and other care givers, (3) competency, capacity, and guardianship, issues for people with mental illness, (4) voluntary and involuntary treatment, (5) accreditation of professionals and facilities, (6) law enforcement and other judicial system issues for people with mental illness, (7) mechanisms to oversee involuntary admission and treatment practices, and (8) mechanisms to implement the provisions of mental health legislation.

Financing of mental health services

Four percent (4%) of health care expenditures by the government health department are directed towards mental health (Graph 1.1). The government health department directs 87% of their expenditures towards mental hospitals (Graph 1.2).



In addition, mental health hospitals receive financing from the Medical National Insurance Company; in 2005 this company allocated 38 million lei (approximately 2.5 million Euro) to the 3 mental hospitals. Eighty percent (80%) of the population has free access to essential psychotropic medicines. For those that pay out of pocket, the cost of antipsychotic medication is 0.24 lei per day (3% of the daily minimum wage) and antidepressant medication is 0.87 lei per day (10% of the daily minimum wage). Only severe mental disorders are covered in social insurance schemes.

Human rights policies

A national human rights review body exists which has the authority to oversee inspections in mental health facilities, to review involuntary admission and discharge procedures, to review the complaints investigation process and to impose sanctions on those facilities that persistently violate patients' rights. All mental hospitals, community-based psychiatric inpatient units, and community residential facilities have at least one

review/inspection of human rights protection of patients per year. Thirty-three percent (33%) of mental hospital staff and all inpatient psychiatric unit and community residential facility staff had at least one day training, meeting, or other type of working session on human rights protection of patients in the year of assessment.

Domain 2: Mental Health Services

Organization of mental health services

The Chief Psychiatrist and Mental Health Working Group provide advice to the government on mental health policies and legislation. The mental health authority is also involved in: (1) service planning, (2) service management and coordination, and (3) monitoring and quality assessment of mental health services. Mental health services are organized in terms of catchment/service areas. Every catchment area or district of the city has its own polyclinic (Centre of Family Medicine), consisting of family doctors and specialists, including psychiatrists. These psychiatrists refer to the dispensary and they render consultations once or twice per week within the polyclinics (for a description of the structure of outpatient facilities see page 6). Mental hospitals and dispensary are also arranged according to catchments.

Mental health outpatient facilities

There are 48 outpatient mental health facilities available in the country (35 psychiatric offices for adults in every rayon of Republic of Moldova and in 10 rayons there are psychiatric offices for children, 1 dispensary in Chisinau and 2 Community Mental Health Centers), of which 21% are for children and adolescents only. These facilities treat 2,155.1 users per 100,000 general population. Of all users treated in mental health outpatient facilities, 41% are female and 23% are children or adolescents. Fifteen (15%) of users in mental health outpatient facilities are diagnosed with schizophrenia and schizotypal disorders and 38% with mental retardation. The average number of contacts per user is 4.75. Four percent (4%) of outpatient facilities provide follow-up care in the community, but none of them has a mobile team. In terms of available interventions, the majority (51-80%) of the outpatient facilities offer psychosocial interventions. All mental health outpatient facilities had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or a nearby pharmacy all year round.

Day treatment facilities

There are 3 day treatment facilities available in the country, but we only have official statistics from one of them, and not one of them is for children and adolescents only. The day treatment facility in Chisinau treated 1521 users (41.1 users per 100,000 general population). Forty-four percent of the users in one of the day treatment facilities were female. Data was not available on the other two. Unfortunately we have no data regarding how many children or adolescents are treated at these facilities. On average, users spend 23.5 days in the day treatment facility in Chisinau.

Community-based psychiatric inpatient units

There are 2 community-based psychiatric inpatient units available in the country for a total of 70 beds (1.89 beds per 100,000 population). Official statistics are lacking for the: (1) number beds in community-based inpatient units that are reserved for children and adolescents only, (2) rate of admissions to community-based psychiatric inpatient units, (3) diagnoses of admissions to community-based psychiatric inpatient units, and (4) the number of days spent by patients per discharge. Some patients (21-50%) in community-based psychiatric inpatient units received one or more psychosocial interventions in 2004. All community-based psychiatric inpatient units had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Mental hospitals

There are 3 mental hospitals available in the country for a total of 2,275 beds (61.5 beds per 100,000 population). Thirty-three percent (33%) of these facilities are organizationally integrated with mental health outpatient facilities. Seven percent (7%) of beds in mental hospitals are reserved for children and adolescents only. The number of beds has decreased by 35% in the last five years. Most of the patients admitted to mental hospitals had the following diagnoses: 34% schizophrenia and 15% mental and behavioural disorders due to psychoactive substance use. The number of patients treated in mental hospitals is 20,259 persons (547.5 per 100,000 population). The average number of days spent in mental hospitals is 34.02. Thirty seven percent (37%) of patients treated are female and 10% are children or adolescents. Sixty-eight percent (68%) of patients spend less than one year, 26% of patients spend 1-4 years, 4% of patients spend 5-10 years, and 2% of patients spend more than 10 years in mental hospitals. The majority (51-80%) of patients in mental hospitals received one or more psychosocial interventions in the last year. All mental hospitals had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Forensic and other residential facilities

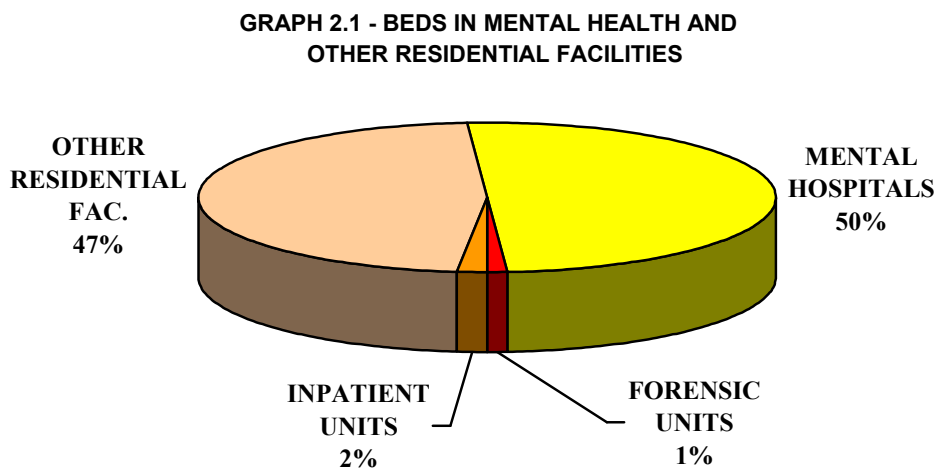
There are 8 other residential facilities (internats) available in the country for a total of 58.1 beds/places per 100,000 population. Twenty five (25%) of these beds in other residential facilities are reserved for children and adolescents only. Forty four (44%) of users treated in other residential facilities are female and 25% are children. The number of users in other residential facilities is 2,149 or 58.1 per 100,000 population (all 2,149 users have been in this facility for over a year). There are also two residential facilities for children/adolescents with mental retardation. In addition to beds in mental health facilities, there are also 50 beds (1.35 per 100,000 populations) for persons with mental disorders in forensic inpatient units that are under the Ministry of Health auspices/responsibility.

Human rights and equity

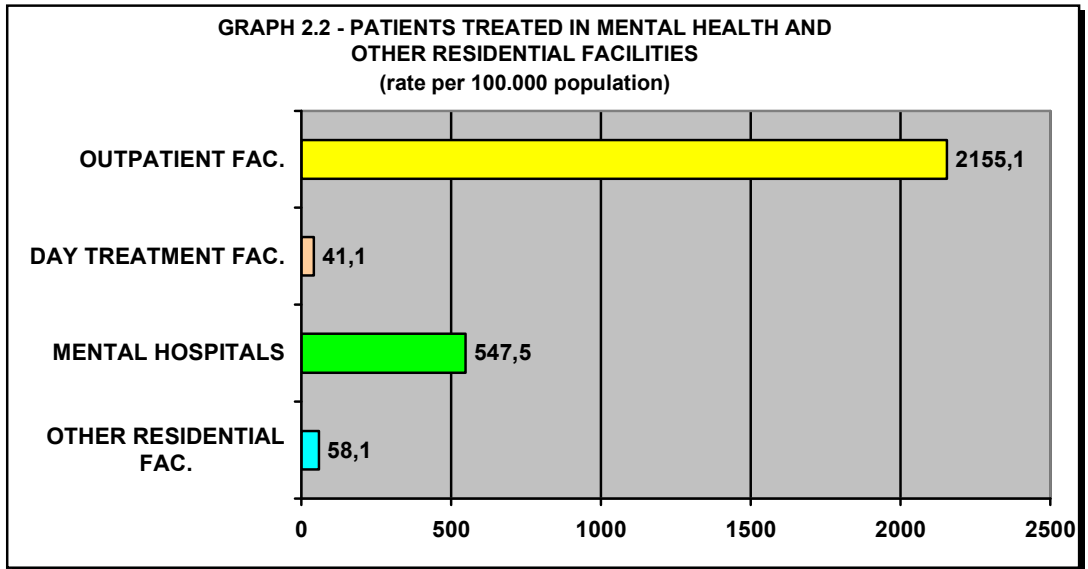
Official statistics are lacking for involuntary admissions to community-based inpatient psychiatric units and involuntary admissions to the mental hospitals. In addition, there is no data regarding the percentage of patients who were restrained or secluded at least once in 2004 in community-based psychiatric inpatient units. Over 20% of patients are restrained or secluded in mental hospitals. About three percent (2.64%) of psychiatry beds in the country are located in or near the largest city. Such a distribution of beds facilitates access for rural users. Inequity of access to mental health services for other minority users is a moderate issue in Moldova.

Summary Charts

The majority of beds in the country are provided by mental hospitals (50% - 2,275 beds) and by other residential facilities (47% - 2,149 beds). See Graph 2.1.

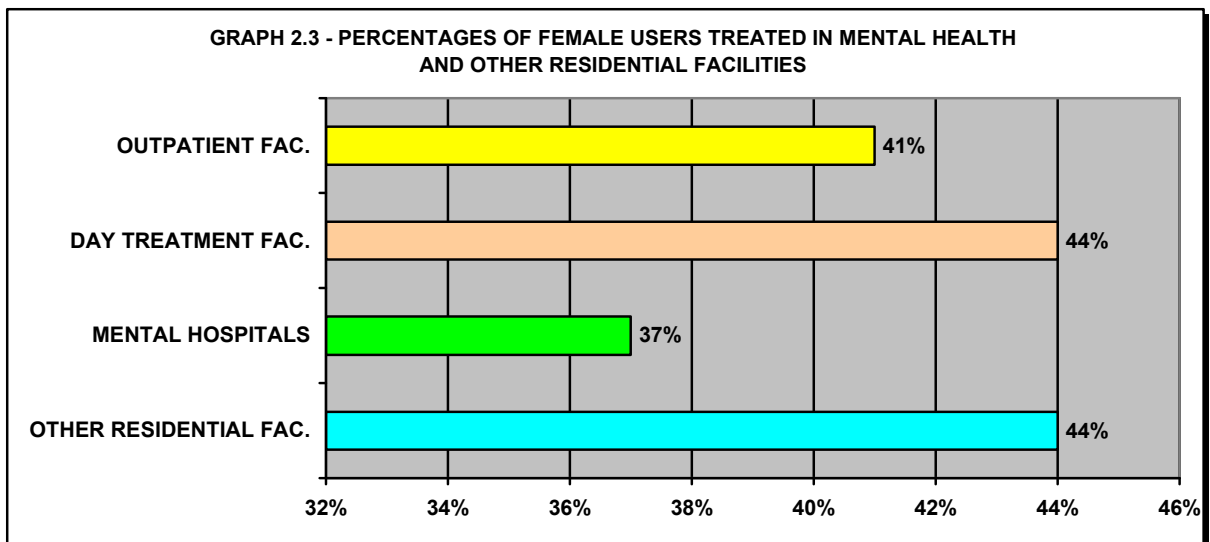


The majority of the users are treated in outpatient facilities and in mental hospitals (Graph 2.2).



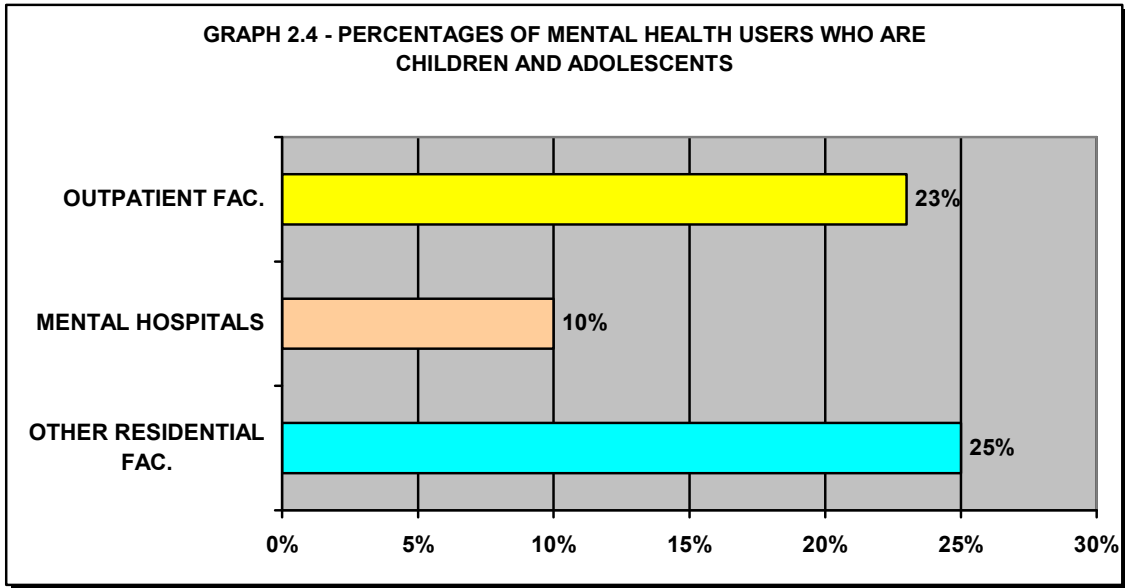
Note: Data for day treatment facilities is based upon one facility and therefore any generalization should be made with caution.

Female users make up less than 50% of the population in all mental health facilities in the country. The proportion of female users is highest in day treatment and other residential facilities, and lowest in mental hospitals (Graph 2.3).

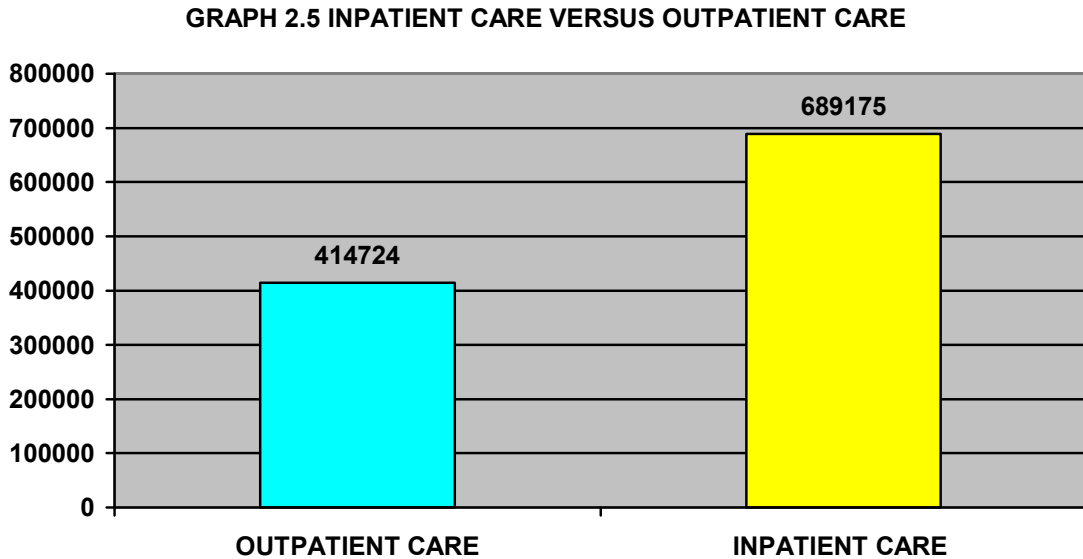


Note: In this graph the percentage of female admissions to inpatient units is used as a proxy for the percentage of women admitted in the units. Data for day treatment facilities is based upon one facility and therefore any generalization should be made with caution.

The percentage of users that are children and/or adolescents varies substantially from facility to facility. The proportion of children/adolescent users is highest in other residential facilities and lowest in mental hospitals (Graph 2.4)



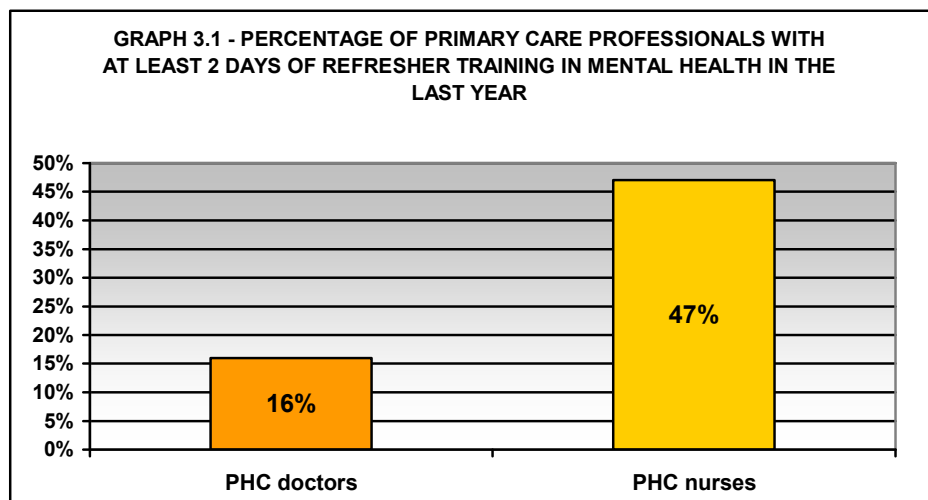
Psychotropic drugs are equally widely available in mental hospitals, inpatient units, and outpatient mental health facilities. The ratio between outpatient/day care contacts (mental health outpatient facilities and day care treatment facilities) and days spent in all the inpatient facilities (mental hospitals) is an indicator of the extent of community care: in Republic of Moldova the ratio is 1:1.66. That is, for every outpatient contact there is 1.66 inpatient bed days (Graph 2.5).



Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

One percent (1%) of training for medical doctors is devoted to mental health, in comparison to 9% for nurses. There are no official statistics regarding trainings for non-doctor/non-nurse primary health care workers. In terms of refresher training, 16% of primary health care doctors and 47% of nurses have received at least two days of refresher training in mental health (Graph 3.1); the corresponding data is unavailable for non-doctor/non-nurse primary health care workers.



Mental health in primary health care

Physician based primary health care (PHC) clinics are present in the country. It is unknown if assessment and treatment protocols for key mental health conditions exist in physician based primary health clinics. A few physician-based primary health care clinics (less than 20%) make on average at least one referral per month to a mental health professional. As for professional interaction between primary health care staff and other care providers, some primary care doctors (21-50%) interacted with mental health professionals at least once in 2004. Few physician-based PHC facilities (less than 20%) had interactions with a complimentary/alternative/traditional practitioner and few mental health facilities (less than 20%) had such an interaction.

Prescription in primary health care

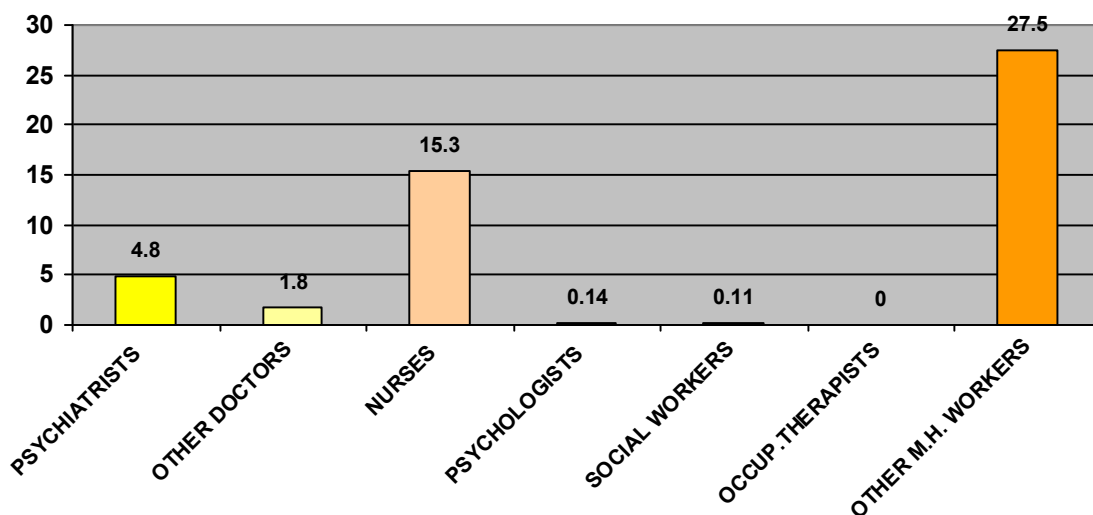
Primary health care doctors, nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstance. As for availability of psychotropic medicines, the majority of physician-based PHC clinics (51-80%) have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) in comparison to none of the non physician-based PHC.

Domain 4: Human Resources

Number of human resources in mental health care

The total number of human resources working in mental health facilities or private practice is 1,837 (49.6 per 100,000 population). The breakdown according to profession is as follows: 177 psychiatrists (4.8 per 100,000 population), 66 other medical doctors not specialized in psychiatry (1.8 per 100,000), 568 nurses (15.4 per 100,000), 5 psychologists (0.14 per 100,000), 4 social workers (0.11 per 100,000), other health or non-health workers are 1,017 (27.5 per 100,000), among them 659 are infermiers. See Graph 4.1)

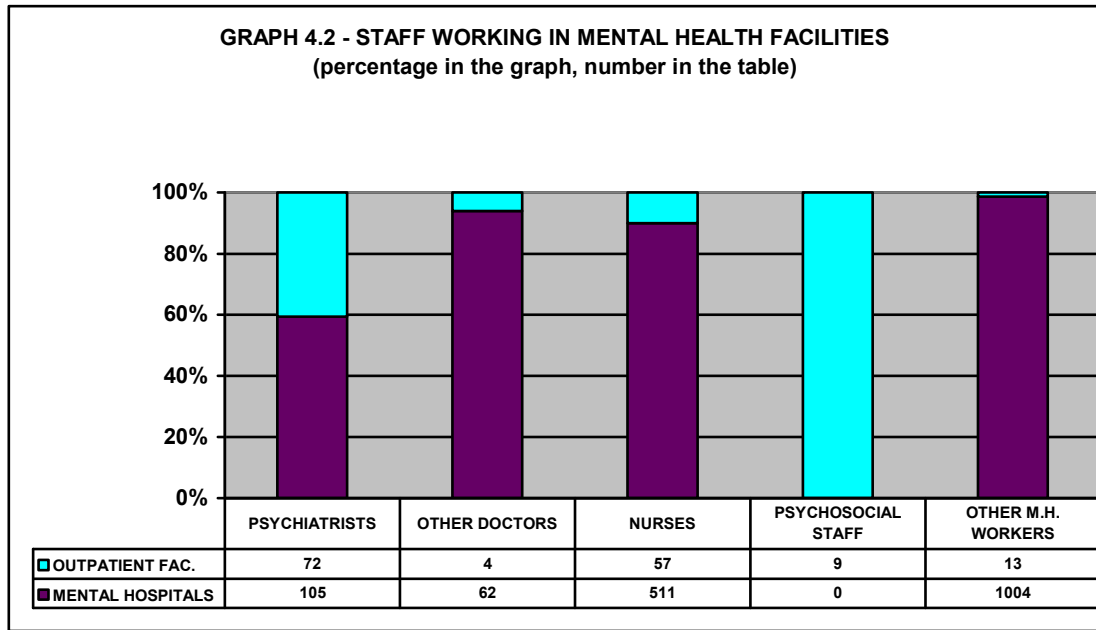
GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)



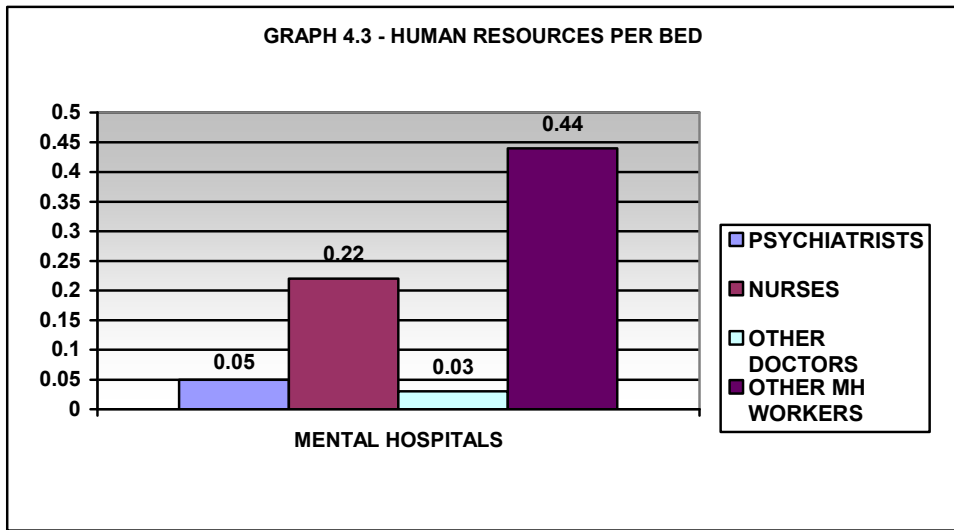
Eighty six percent (86%) of psychiatrists work only for government administered mental health facilities, 8% work only for NGOs, for profit mental health facilities and private practice, while 6% work for both the sectors. No official statistics are available regarding the (1) percentage of psychologists, social workers, nurses and occupational therapists who work only for government administered mental health facilities, (2) number of professionals who work only for NGOs, for profit mental health facilities and private practice, or (3) number of professionals who work for both the sectors.

Regarding the workplace, 72 psychiatrists work in outpatient facilities and 105 work in mental hospitals; four other medical doctors, not specialized in mental health, work in outpatient facilities and 62 in mental hospitals (Note: The psychiatric offices in the health centers in each rayon utilize only psychiatrists. The dispensary, day care services and the

community mental health centers do not have other doctors on staff not specialized in mental health.). As far as nurses are concerned, 57 work in outpatient facilities, and 511 in mental hospitals. Nine psychologists, social workers and occupational therapists work in outpatient facilities and by the official statistics we have no such profiles in mental hospitals. With regards to other health or mental health workers, 13 work in outpatient facilities and 1004 in mental hospitals (Graph 4.2).



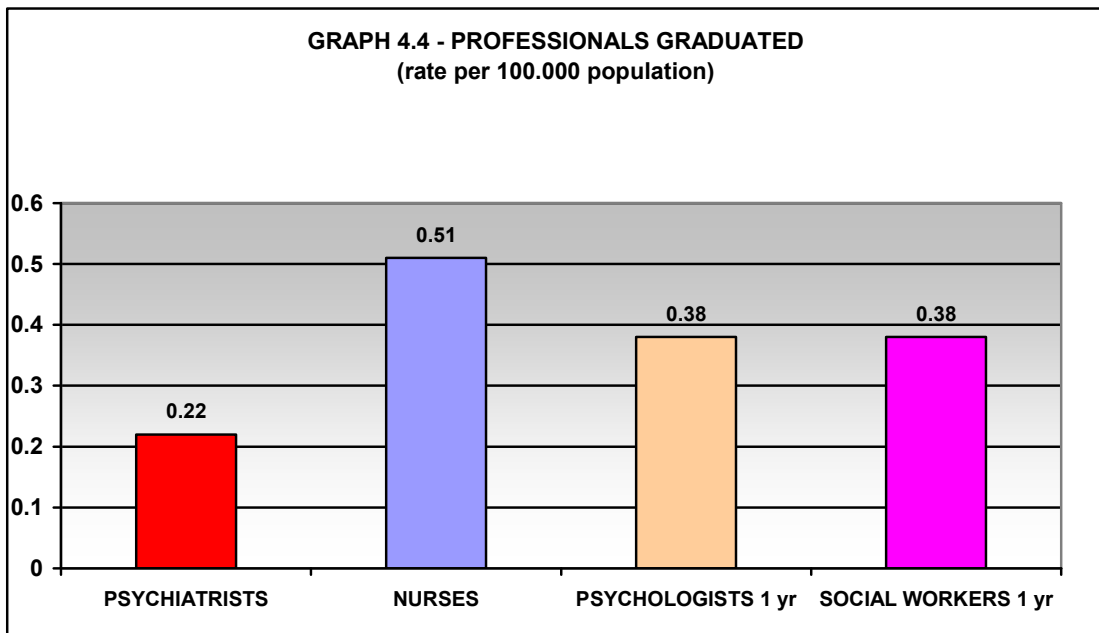
In terms of staffing there are 0.05 psychiatrists per bed, 0.03 other doctors per bed, 0.22 nurses per bed, and 0.44 other health or mental health workers per bed in mental hospitals. There are no psychologists, social workers, and occupational therapists working in mental hospitals (Graph 4.3).



The density of psychiatrists working in or near the largest city is 2.36 times the density of psychiatrists working outside the largest city.

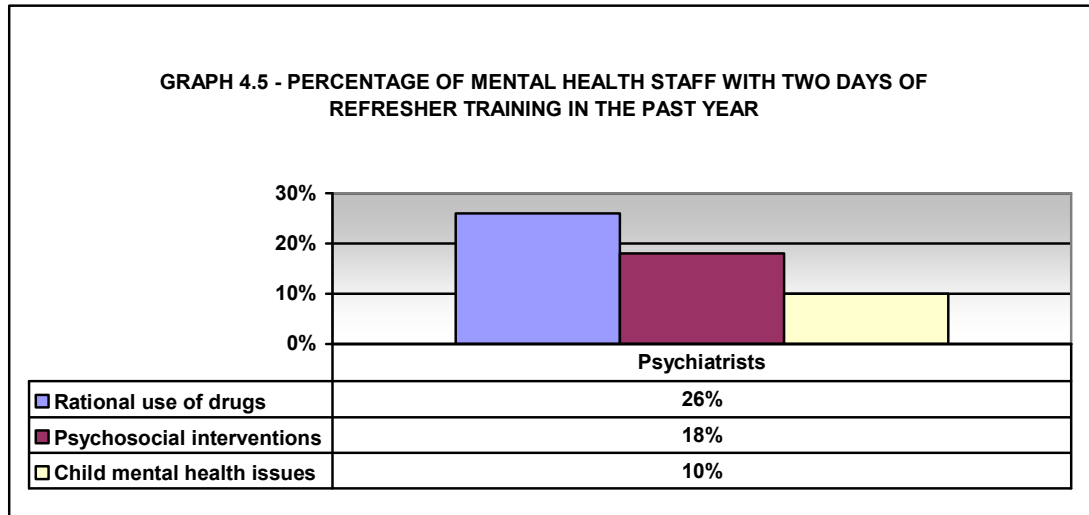
Training professionals in mental health

The number of mental health professionals who graduated last year from academic and educational institutions is as follows: 8 psychiatrists (0.22 per 100,000), 19 nurses (0.51 per 100,000), 14 psychologists (0.38 per 100,000), and 14 social workers (0.38 per 100,000), all with at least 1 year training in mental health care (Graph 4.4).



A few psychiatrists (less than 20%) emigrated from Moldova within five years of the completion of their training.

Graph 4.5 shows the percentage of psychiatrists with two days of refresher training in the rational use of drugs, psychosocial interventions, and child mental health issues.



Consumer and family associations

There are 17 users/consumers that are members of consumer associations and 19 family members that are members of family associations. Both consumer and family associations have been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. Some mental health facilities (21-50%) interacted with consumer and family associations. In addition to consumer and family associations, 5 other NGOs in the country are involved in policies, legislation, and mental health advocacy as well as individual assistance activities such as counselling, housing, or support groups.

Domain 5: Public Education and Links with other Sectors

Public education and awareness campaigns on mental health

There is a coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. NGOs, private trusts and foundations, and international agencies have promoted public education and awareness campaigns in the last five years. These campaigns have targeted the following groups: the general population, children and adolescents, women, and other vulnerable or minority groups. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers and social service staff.

Legislative and financial provisions for persons with mental disorders

In the Republic of Moldova legislative and financial provisions that protect and provide support for users exist. Persons who suffer from the mental health problems have the invalidity grade (Type II invalidity/handicap group). These persons receive a pension from the state based upon their disability designation and the number of years they worked. The situation is more complicated, however, for persons with mental health problems that have an invalidity grade from childhood. Although these individuals are designated by the same Type II invalidity/handicap group, they have never worked, which means that these persons cannot receive the pension from the state.

Links with other sectors

In addition to legislative and financial support, there are formal collaborations with the departments/agencies responsible for: (1) primary health care and community health, (2) HIV/AIDS, (3) substance abuse, (4) education, and (5) programs for elderly people. In terms of support for child and adolescent health, no primary or secondary schools have school-based activities to promote mental health and prevent mental disorders and it is unknown how many primary and secondary schools have either a part-time or full-time mental health professional. In the Republic of Moldova official statistics are lacking for: (1) the percentage of prisoners with psychosis or mental retardation and (2) mental health activities in the criminal justice system. As for training, no police officers, judges, or lawyers participated in educational activities on mental health in the last five years. In terms of financial support for users, no mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, 9% of people who receive social welfare benefits do so for a mental disability.

Domain 6: Monitoring and Research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists. This list includes the number of beds, admissions, length of stay, and patient diagnoses. The government health department received data from all mental hospitals but received little data from community based facilities. (Table 6.1). No report was produced on the data transmitted to the government health department.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

TYPE OF INFORMATION COMPILED	MENTAL HOSPITALS	INPATIENT UNITS	OUTPATIENT FAC.
N° of beds	100%	100%	NA
N° inpatient admissions/users treated in outpatient fac.	100%	UN	100%
N° of days spent/user contacts in outpatient fac.	100%	UN	100%
N° of involuntary admissions	100%	UN	NA
N° of users restrained	UN	UN	NA
Diagnoses	100%	UN	100%

In terms of research, of the 80 health publications written about Moldova in the last five years, only two (3%) addressed mental health. Mental health research that has been conducted in Moldova has focused on: (1) non-epidemiological clinical/questionnaires assessments of mental disorders; (2) services research; (3) policy, programmes, financing/economics; (4) pharmacological, surgical and electroconvulsive interventions.

STRENGTHS AND WEAKNESSES

In Republic of Moldova the mental health information system is not complete. The informational system developed in the country includes only limited information on community facilities. In addition, this system does not contain all necessary information. As a consequence, there is limited information for the outpatient mental health services and it is difficult to determine whether outpatient facilities are caring for people who are discharged from mental hospital or new cases from community. Revamping the mental health information system should be a priority because the lack of a comprehensive information system makes planning unnecessarily difficult.

There are mechanisms to protect the human rights of patients that are stipulated in the 1997 law concerning the psychiatric assistance. In Moldova a national human rights review body exists and has the authority to oversee inspections in mental health facilities, to review involuntary admission and discharge procedures, to review complaints investigation process and to impose sanctions on those facilities that persistently violate patients' rights. Unfortunately these controls are not sufficient and not very effective because the legislative base did not stipulate the development of an informational system

that might present data on the protection of human rights of people with mental disorders (e.g., number of involuntary admissions, number of users restrained, etc).

As was mentioned previously, in Moldova the mental health budget directs a disproportionate amount of resources to mental hospitals.

Training for primary care staff could also be improved. Only 1% of the training for medical doctors is devoted to mental health. In terms of refresher training, 16% of primary health care doctors have received at least two days of refresher training in mental health. As for training other professionals, no police officers and no judges and lawyers have participated in educational activities on mental health in the last five years.

In terms of financial support for users, no mental health facilities had access to programs outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, only 1% of the people who receive social welfare benefits do so for a mental disability.

On the other hand, the strength of the mental health system in Moldova is that all mental health facilities have 100% availability of the essential psychotropic medicines. However, a change in legislation to allow prescription privileges for primary care doctors is needed. It would not add any costs and could dramatically improve the care of less severe mental disorders in Moldova.

Another strength is the existence of family and consumer associations. In Republic of Moldova there is 1 consumer association and 1 family members association. Both the consumer and family associations have been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. Moreover, some (21-50%) of mental health facilities interact with consumer and family associations. On the other hand, the collaboration between the mental health system and NGO agencies is low and could be improved.

Finally, another strength of the mental health system in the Republic of Moldova is that a mental health policy exists and was last revised in 2004. This document is adequate as it stipulates new trends in development of the mental health services (e.g., community mental health services, mental health component at primary care). In addition, a list of essential medicines is present.

Next Steps in Planning Mental Health Action

Planning workshop

- To hold a 3-4 day workshop to disseminate and discuss the findings of WHO-AIMS. Potential participants may include: (1) members of the National Institute of Public Health; (2) representatives of the Ministry of Health and Social Protection; (3) representatives from the mental health field; (4) representatives of

the primary health care sector; (5) representatives of NGOs, consumer and family associations.

- A shift to a community care model of mental health will require redirecting human and financial resources towards community-based facilities
- Strengthening the mental health training of primary care doctors and changing the legislation so that PHC doctors can prescribe psychotropic medication so that users with less severe mental disorders can be cared for in their community.

Ideas for planning

1. To raise public awareness regarding the mental health problem in Republic of Moldova through the publishing of the short-version of the report in both English and Moldovan. In this way, people who do not understand English will have greater access to the results.
2. To hold seminars with relevant groups such as police and other justice structures, social agencies, NGOs and industries that may help in the future to assure protected work places for people with mental disorders.
3. To increase legislation to raise the level of financing and mental health services so that these services are more accessible for the consumers.
4. To improve the data collection system that provided information for this report. Improved data collection will give a more accurate picture of the mental health system in Moldova.
5. To utilize WHO guidelines to:
 - a. Decrease the use of mental hospitals
 - b. Increase the availability of mental health services in the community
 - c. Increase the mental health training of primary care providers

The Republic of Moldova is a country with an approximate area of 34 thousand sq.km. (UNO, 2004). Its population is 4.263 million. The main language used in the country is Moldovan.

The mental health policy of the Republic of Moldova was last revised in 2004. The last revision of the mental health plan was in 2003 in which both a budget and timeframe are identified. The last piece of mental health legislation was enacted in 1997. Four percent (4%) of health care expenditures by the government health department is directed towards mental health. Eighty percent (80%) of the population has free access to essential psychotropic medicines.

There are 3 psychiatric hospitals, 48 outpatient mental health facilities (35 psychiatric offices for adults in every rayon of Republic of Moldova and in 10 rayons there are psychiatric offices for children, 1 dispensary in Chisinau and 2 Community Mental Health Centers), 8 other residential facilities (2 are for children and adolescents only), 2 community-based psychiatric inpatient units and 3 day treatment mental health facilities in the country. There are 61.5 mental hospital beds per 100,000 population.

The total number of human resources working in mental health facilities or private practice is 1,837 (49.6 per 100,000 population). The breakdown according to profession is as follows: 177 psychiatrists (4.8 per 100,000 population), 66 other medical doctors not specialized in psychiatry (1.8 per 100,000), 568 nurses (15.4 per 100,000), 5 psychologists (0.14 per 100,000), 4 social workers (0.11 per 100,000), other health or non-health workers are 1,017 (27.5 per 100,000), among them 659 are infermiers. Eighty six percent (86%) of psychiatrists work only for government administered mental health facilities, 8% work only for NGOs/for profit mental health facilities/private practice, while 6% work for both the sectors.

The report includes recommendations on how to improve the mental health system in Moldova.