An analysis of the functioning of mental healthcare in northwestern Poland

Analiza funkcjonowania opieki psychiatrycznej w północno-zachodniej Polsce*

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ABSTRACT

Introduction: Modern psychiatry faces numerous challenges related with the change of the epidemiology of mental disorders and the development of knowledge in this area of science. An answer to this situation is to be the introduction of community psychiatry. The implementation of this model in Poland was the aim of the National Mental Health Protection Programme. The aim of the study was to analyse the functioning of mental healthcare using the example of the West Pomeranian Province in Poland.

Materials and methods: The analysis relied on a qualitative method. Three group interviews in an interdisciplinary advisory panel were conducted. People representing various areas acting for people with mental disorders participated in each meeting. Based on the conclusions that were drawn, PEST and SWOT analyses of functioning of mental healthcare were performed.

Results: Within the analysis of the macro-environment of mental healthcare, the influence of the following factors was evaluated through PEST analysis: political and legal, economic, socio-cultural, and technological. All of these factors were assessed as negative for the functioning of mental healthcare. Then, a SWOT analysis was performed to indicate the strengths, weaknesses, opportunities, and threats in the functioning of mental healthcare.

Conclusions: 1. Mental healthcare is more influenced by external factors than by internal factors. 2. Macro-environmental factors influence the functioning of mental healthcare in a significantly negative manner. 3. The basic problem in the functioning of mental healthcare is insufficient funding. 4. In order to improve the functioning of mental healthcare, it is necessary to change the funding methods, regulations, the way society perceives mental disorders, and the system of monitoring mental healthcare services.

Keywords: mental health services; healthcare financing; health services accessibility.

ABSTRACT

Wstęp: Współczesna psychiatria stoi przed licznymi wyzwaniami związanymi ze zmianą epidemiologii zaburzeń psychicznych oraz rozwojem wiedzy w tej dziedzinie. Odpowiedzią na tę sytuację ma być wprowadzenie środowiskowego modelu opieki psychiatrycznej, który w Polsce miał gwarantować Narodowy Program Ochrony Zdrowia Psychicznego. Celem pracy było dokonanie analizy funkcjonowania opieki psychiatrycznej na przykładzie województwa zachodniopomorskiego.

Materiały i metody: Wybraną metodą była metoda jakościowa. Przeprowadzono trzy wywiady zbiorowe w interdyscyplinarzym gremium doradczym. W każdym spotkaniu brały udział osoby reprezentujące różne obszary działające na rzecz osób z zaburzeniami psychicznymi. Na podstawie wyciągniętych wniosków wykonano analizę PEST oraz analizę SWOT funkcjonowania opieki psychiatrycznej.


Wnioski: 1. Opieka psychiatryczna w większym stopniu jest kształtowana przez czynniki zewnętrzne niż wewnętrzne. 2. Czynniki zewnętrzne wpływają na funkcjonowanie opieki psychiatrycznej w sposób znacznie negatywny. 3. Podstawowym problemem w funkcjonowaniu opieki psychiatrycznej jest niedobór środków finansowych. 4. W celu poprawy funkcjonowania opieki psychiatrycznej należy dokonać zmian w sposób jej finansowania, w prawie, w systemie monitorowania świadczeń, a także należy zmienić postrzeganie zaburzeń psychicznych przez społeczeństwo.

Słowa kluczowe: opieka psychiatryczna; finansowanie opieki zdrowotnej; dostępność opieki zdrowotnej.

INTRODUCTION

Modern psychiatry faces numerous challenges related with the change of the epidemiology of mental disorders and the development of knowledge in this area of science. An increase in the number of people treated for mental disorders has been noted, especially in outpatient care [1]. According to the World Health Organization, mental disorders, nervous disorders and

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psychosocial problems concern 450 million people around the world [2]. This generates constantly increasing costs. In Europe, the expenses for mental healthcare are as high as 5.8% of all healthcare expenses [3]. Mental disorders concern approximately 15–25% of Polish people, and their number is increasing. As many as 45% Poles are worried about their own mental health [4].

An answer to this situation is to be the introduction of community psychiatry. Numerous studies have clearly indicated that community psychiatry significantly decreases the number and duration of hospitalization and relieves the families of patients [5, 6, 7, 8, 9]. The implementation of this model in Poland was the aim of the National Mental Health Protection Programme. This programme includes taking up actions leading to promoting mental health and preventing mental disorders. Another goal is to ensure multilateral, integrated and available care. This goal is highly significant, and the issue of increasing the availability of healthcare for all social groups is also one of the purposes of the social policy of the European Union [10]. The National Health Protection Programme also envisages the development of research and information systems within the system of mental health protection [10, 11]. The Regional Mental Health Protection Programme has been launched in northwestern Poland. The programme was designed to implement the above assumptions [12].

The main limitations of the development of mental healthcare are axiological and awareness barriers. They are mostly demonstrated in a distanced attitude towards people with mental disorders. In the face of the stigmatization of people with mental disorders, it is of great importance to provide satisfactory care for patients. Care should support the patient [13], respecting the right to personal freedom, limited only in legally permissible situations [14]. Other barriers to the development of mental healthcare are of a political, legal, economic and organizational nature.

The problem of providing mental health protection is a challenge for public healthcare, requiring mutual efforts from representatives of state authorities, local government institutions, non-governmental organizations, as well as employers and employee associations [15]. It is particularly important to start multidimensional activities in the areas of promoting mental health, preventing mental disorders, and health education. It is also highly significant to increase the availability of services. It is noted that patients with mental disorders sometimes receive psychiatric support even with several years’ delay [16].

The aim of the study was to analyse the functioning of mental healthcare, using the example of northwestern Poland. Key factors that influence the functioning of mental healthcare have been identified. The aim of the practical research was to indicate directions of activities leading towards the improvement of the availability and quality of taking care of patients with mental disorders.

### MATERIALS AND METHODS

The research material was the conclusions of an interdisciplinary advisory panel regarding organizational issues in the functioning of psychiatry in the West Pomeranian Province in Poland.

#### FIGURE 1. Stages of research

The chosen qualitative method was RPAR (Rapid Policy Assessment and Response), serving for quick assessment of regulations and policies. This method is used to evaluate how the rules work in practice. Rapid Policy Assessment and Response includes an analysis of quantitative and qualitative data on the studied phenomenon.

This article concerns the qualitative part of the research (Fig. 1). The study consisted of conducting three group interviews with an interdisciplinary advisory panel. People representing three areas acting for the benefit of people with mental disorders, healthcare, social welfare and law, were invited to the advisory panel.

A psychiatrist, a psychiatric nurse and a psychologist, as representatives of healthcare, attended the interviews. The representatives of social welfare included a director of one of the City Social Welfare Centres, a manager of a community self-help facility for people with mental disorders, and a domestic violence prevention specialist. A lawyer also participated in each meeting. All meetings were recorded and transcribed by an independent observer.

The aim of the first meeting was to identify the main organizational problems of mental healthcare in the West Pomeranian Province. The members of the panel were asked what had the most influence on the functioning of mental healthcare. The second meeting was devoted to the verification and more detailed discussion of factors influencing the functioning of mental healthcare that were identified during the first meeting. A lawyer specializing in procedural matters joined the panel. This allowed the confrontation of claims against the practical functioning of the incapacitation procedure with the knowledge and experience of a lawyer specializing in civil procedures. Moreover, a psychiatrist fulfilling a managerial role in a healthcare institution dealing with inpatient and outpatient mental healthcare joined the panel. This allowed the panel to confront the problems of practitioners – doctors and social welfare workers – with legal regulations currently applicable in Poland.

The third meeting of the panel was devoted to an analysis of the macro-environment of mental healthcare. Attempts were made to indicate which changes are a priority in order to improve the functioning of mental healthcare. PEST analysis was used for that purpose. PEST analysis is a tool used to evaluate the influence of the following factors: political and legal,
Among the factors positively affecting mental healthcare was care for people with mental disorders, which has not been changed to date. The solution consists in training unemployed people, so that they can serve as patient assistants in exchange for wages higher than their unemployment benefits.

Legal problems: the duration of the incapacitation procedure

Members of the panel mutually agreed that the incapacitation procedure should be used only for the benefit of the patient. The purpose of incapacitation is not to protect the environment of the patient, or the patient’s wealth. At the same time, the procedure of incapacitation should only be used as the last resort, when other legal solutions are ineffective. Members of the panel noted that there are situations when a patient with mental disorders should be incapacitated but that does not occur. The reasons for this come from economic factors. Incapacitation results in losing certain rights, for example building qualifications, which causes immediate loss of employment of the person placed under incapacitation, and in consequence – loss of means of survival for their family. For that reason, families do not apply for incapacitation, even though this legal institution should be used. Another issue related with this procedure is its negative perception in society. During the meeting doctors and social welfare workers emphasized that many people consider the incapacitation of a member of their family as hurting that person. Simultaneously, people with mental disorders who do not feel mentally ill do not see the need to be incapacitated either. They are also afraid of being deceived by their relatives.

During the first meeting of the panel it was claimed that the incapacitation procedure is too lengthy, as it lasts approximately 5 months. However, in the course of a second discussion the conclusion was drawn that this time should not be shortened. The institution of incapacitation interferes with the life of a person to such an extent that no decision in such cases should be made hastily. During the meeting it was also emphasized that the procedure of incapacitation should be used only after taking into consideration the overall clinical state of a person, instead of a single episode. Moreover, people placed under incapacitation should be granted the right to appeal against the decision of being incapacitated.

Among other problems related with the incapacitation procedure, it was indicated that there is a lack of people willing to take on the function of legal guardian of an incapacitated person. One of the reasons for that is the great responsibility of legal guardians combined with low remuneration. Another issue concerns procedural matters. A legal guardian or a probation officer is never established in the course of the same procedure during which the decision of incapacitation is made. This is the result of the different competencies of courts. The appropriate court for incapacitation procedures is the regional
court, and for procedures of establishing a legal guardian it is the district court. Such separation of procedures creates situations when a person is already incapacitated but has no legal guardian or probation officer.

The lawyer present at the meeting emphasized that incapacitation is a legal institution with the most far-reaching consequences. He also noted that Polish law has other viable institutions protecting people unable to make independent decisions as a result of mental disorders. Such institutions are: defects in consent towards single legal acts, establishing a temporary advisor acting as legal representative during the incapacitation procedure, granting a probation officer for a disabled person, and hospitalization on the basis of a motion. The necessity of legal education for the entire society with respect to the above-mentioned institutions was also underlined.

**Organizational problems: lack of information flow between institutions dealing with mental healthcare**

The interdisciplinary character of the panel created an opportunity to discuss the issue of information flow between social welfare and medical care. It was noted that doctors do not inform patients about available means of support, such as community self-help homes for people with mental disorders. Social awareness regarding various forms of help should also be increased. It was emphasized that numerous people live without having any mental health support system. In order to have information about the existence of those people and give them necessary information, it is indispensable for four institutions to cooperate: social welfare, medical care, the police, as well as facility administrators. Information flow between the institutions mentioned above should not be automatic and top-down, but needs to be adjusted to the individual needs of people with mental disorders.

**PEST and SWOT analysis**

According to the results of the PEST analysis, all of the areas: political and legal, economic, socio-cultural, and technological, were evaluated as negative for the functioning of mental healthcare. The results of the analysis are presented in Table 1. In all areas, of the total 26 factors influencing mental healthcare, 19 were rated as negative.

<table>
<thead>
<tr>
<th>Political and legal environment</th>
<th>Pts.</th>
<th>Economic environment</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of the possibility of obligatory treatment in open therapy conditions</td>
<td>2</td>
<td>Few contracts for psychiatric services with the NFZ (National Health Fund), especially community mental healthcare</td>
<td>1</td>
</tr>
<tr>
<td>Lack of public nursing and care insurance</td>
<td>2</td>
<td>Unfavourable valuation of points</td>
<td>1</td>
</tr>
<tr>
<td>Lack of social education regarding legal institutions to protect the welfare of the patient</td>
<td>2</td>
<td>Lack of sufficient financing of patient assistant services, or someone who would supervise medicine intake in the patient’s environment</td>
<td>1</td>
</tr>
<tr>
<td>Long duration of procedures concerning people with mental disorders</td>
<td>1</td>
<td>Low availability of social welfare homes for people with chronic mental illnesses</td>
<td>1</td>
</tr>
<tr>
<td>Organizational regulations of the World Health Organization (especially the development of community mental healthcare)</td>
<td>4</td>
<td>Inability to fulfil the provisions of the NMHPP (incoherence of regulations, lack of financing)</td>
<td>1</td>
</tr>
<tr>
<td>Possibility to provide care services for people with mental disorders by social welfare</td>
<td>5</td>
<td>Financial possibilities of patients</td>
<td>1</td>
</tr>
<tr>
<td>Lack of personnel necessary to introduce organizational changes</td>
<td>1</td>
<td>Unfavourable conditions of hiring people engaged in multidimensional care (too few jobs, too low salaries)</td>
<td>1</td>
</tr>
<tr>
<td>Lack of noticing people with mental disorders as a disfavoured group by national policies</td>
<td>1</td>
<td>Possibility of financing research in psychiatry</td>
<td>2</td>
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<tr>
<td>–</td>
<td>–</td>
<td>Lack of financial resources necessary to introduce organizational changes</td>
<td>1</td>
</tr>
<tr>
<td>Average</td>
<td>2.25</td>
<td>–</td>
<td>1.11</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Social and cultural environment</th>
<th>Pts.</th>
<th>Technological environment</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigmatization of people with mental disorders</td>
<td>1</td>
<td>Lack of statistics regarding the demand for mental healthcare services, which causes inadequacy of spending in comparison with existing needs</td>
<td>1</td>
</tr>
<tr>
<td>Increasing number of people treated for mental disorders</td>
<td>2</td>
<td>Lack of the possibility to monitor the patients (in justified cases)</td>
<td>2</td>
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<tr>
<td>Lack of sufficient social awareness regarding threats against mental health, and lack of responsibility for one’s own mental health</td>
<td>1</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Information flow between institutions supporting people with mental disorders</td>
<td>1</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Insufficient role of primary care doctors in preliminary recognition and ordering psychiatric diagnosis</td>
<td>2</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Too low competencies of primary care doctors with regard to psychiatry, due to a lack of training</td>
<td>2</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Psychiatry as a reluctantly chosen specialization</td>
<td>2</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Average</td>
<td>1.57</td>
<td>–</td>
<td>1.50</td>
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1 – significant negative influence; 2 – negative influence; 3 – neutrality; 4 – positive influence; 5 – significant positive influence
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healthcare, only two were evaluated as positive. These two factors were: regulations of the World Health Organization (WHO) regarding the organization of mental healthcare, and the functioning of care services for people with mental disorders provided by social welfare.

The lowest evaluated was the economic area. It was ranked at 1.11 points (with 5.0 as the maximum). All of the factors in this area, except for one, were ranked 1, which stands for significant negative influence. In this area, there were factors such as too low a number of contracts for mental healthcare services, especially community care, low availability of various forms of help, and too low a number of jobs combined with low salaries of people engaged in multidimensional support for people with mental disorders.

The second lowest ranked area (1.50 points out of 5.0) was the technological environment, with the following problems: lack of statistics regarding the demand for mental healthcare services, and lack of the possibility to monitor the patients (in justified cases), which – according to members of the panel – could help to prevent the social exclusion of people with mental disorders.

According to the conclusions drawn during the discussion, mental healthcare is not supported by the socio-cultural environment either, with the influence of this environment even being negative. People with mental disorders are still stigmatized by society, which often makes them unable to rely on the proper support of the environment. An increase in the number of people treated for mental disorders was also noted; it was, however, emphasized that although this situation is negative from the point of view of public health, a properly functioning mental healthcare system should be able to cope with this challenge. In relation to this, it was noted that the negative influence of this factor on the functioning of mental healthcare is not significant.

Another disturbing phenomenon related with an increase in the occurrence of mental disorders is the lack of sufficient social awareness regarding threats against mental health, and lack of responsibility for one’s own mental health. The role of primary care doctors in preliminary recognition and ordering psychiatric diagnosis is too small. This is mostly caused by the inadequate competencies of primary care doctors with regard to psychiatry, due to a lack of training.

The highest rated environment of mental healthcare is the group of political and legal factors. Although this group was rated the highest, the evaluation remains negative, and is as low as 2.25 out of 5.0 points. This group of factors included such problems as the lack of the possibility of obligatory treatment in the patient’s home, no discerning of the problems of people with mental disorders in state policy, and the lack of public nursing and care insurance. This was also the only group where two factors were evaluated positively: organizational regulations of the WHO (especially the development of community mental healthcare), and the possibility to provide care services for people with mental disorders by social welfare.

On the basis of the obtained results, a SWOT analysis of the functioning of mental healthcare in northwestern Poland was performed (Table 2).

<table>
<thead>
<tr>
<th>TABLE 2. SWOT analysis of the functioning of mental healthcare</th>
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<tr>
<td><strong>Strengths</strong></td>
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<tr>
<td>Care services of social welfare provided for people with mental disorders.</td>
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<td><strong>Opportunities</strong></td>
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<tr>
<td>Increasing the role of primary care doctors in mental healthcare (training of primary care doctors in psychiatry).</td>
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<tr>
<td>Introduction of public nursing and care insurance.</td>
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<tr>
<td>Establishing information points in hospitals, providing patients with information about available medical care and social welfare services.</td>
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<tr>
<td>Implementation of the Swedish solution: training unemployed people so that they can serve as patient assistants in exchange for wages higher than their unemployment benefits.</td>
</tr>
<tr>
<td>New contracts for community mental healthcare services.</td>
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<tr>
<td>Introduction of obligatory treatment in open therapy conditions.</td>
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<tr>
<td>There is a legal basis for providing high availability of mental healthcare – explanatory memorandum of the act of healthcare provisions financed from public funds (a person in crisis is unable to wait long for care).</td>
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DISCUSSION

Healthcare is determined by many factors. These are the legal conditions, organization of providing health services, cooperation with social welfare, and local conditions. Members of each of these areas may have different opinions on the functioning of the system. They may also have a mistaken belief about the functioning of other areas because of incorrect information flow. The chosen method allowed for the confrontation of different points of view. The interdisciplinary advisory panel provided an opportunity for a quick exchange of experiences. Furthermore, if the SWOT analysis and PEST analysis is developed by several specialists, it is more objective than by one. For this reason, the RPAM method was chosen.

As Samochowiec and Samochowiec [1] point out, the need for changes in the functioning of mental healthcare were discussed as early as in the 1970s. However, those changes were never introduced, mostly due to the opportunistic attitudes of authorities of the day and the lack of people responsible for health policies. Also, the assumptions of the latest edition of the National Mental Health Programme have not been realized [19].

Studies have shown that the problem of mental healthcare is the insufficient development of community psychiatry. Meanwhile, this model is recommended by the WHO [2, 19, 20, 21]. It has been proved that this model is more effective and cheaper than the traditional one [22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42].

Dlouhy found that Poland and other countries in western Europe are suffering the consequences of the totalitarianism of the twentieth century. This system enables the development of civil society, decentralization, and non-governmental organizations. This delayed the development of community care [43].

In other countries of Europe one universal model of psychiatric care does not apply. In Australia hospital care prevails. In Greece, the objective is closing psychiatric hospitals and opening psychiatric wards in general hospitals. In Italy they have developed mental health centres. In the Netherlands, psychiatric care is provided in close cooperation with GPs and social welfare staff [44, 45]. In UK, the basis for mental healthcare is Community Mental Health Teams [44, 46].

The panel pointed out that one of the problems of mental healthcare is inadequate funding. Countries with higher average incomes, which include Poland, spent 4.27% of their healthcare spending on mental health. In Poland it is 3.5%. For comparison, in countries with low national incomes this percentage is 2.6%, and in countries with a high income 6.88% [47]. Also, the employment rate of medical personnel in Poland is unsatisfactory. The latest available data indicate that the number of psychiatrists per 10,000 people in Poland is 6.0 [48]. Meanwhile, the average for Europe in 2014 was 7.43 per 10,000 people [49]. It is pointed out that patients with mental disorders are discriminated against in comparison with other patients [1].

Such a state of affairs increases the stigmatization of visiting a psychiatrist [1, 50]. According to the report “Epidemiology of mental disorders and access to mental healthcare”, a person with mental disorders is treated with significant distance by society. Moreover, the level of acceptance of people with mental disorders in 2010 was lower than the level declared in previous research, conducted in the years 1995, 1996, 2008. The results of this study also show that mental illnesses are the fourth group of illnesses (after cancer, heart diseases, and AIDS) that respondents were most afraid of. Additionally, this research shows that 38.9% of respondents would protest against the establishment of a psychiatric hospital in their neighbourhood; in the case of mental health clinics the percentage was 32.7%, and in the case of outpatient clinics 31.9% [51]. Psychiatrists are not trusted by society, either [51]. In the opinion of respondents, both the availability and the quality of local mental healthcare was rated lower than in the case of the overall evaluation of healthcare [51]. Other researchers also point out problems such as the particularly difficult situation of people with addictions, for whom access to medical care is often limited, for example by the negative attitudes of medical personnel [52]. Similar conclusions were drawn during research on community psychiatry performed in the Pomeranian Province [53].

At an earlier stage of research, in order to obtain a full image of the functioning of mental healthcare in northwestern Poland, a diagnostic survey among mental healthcare providers was conducted. This allowed the researchers to learn the opinions of a wider group of specialists-practitioners on the functioning of psychiatry [54, 55]. The last stage of the research was to conduct a diagnostic survey among patients of various forms of mental healthcare. This allowed researchers to learn their opinion of mental healthcare.

The research performed only concerns northwestern Poland, which means that its extent is limited. On the one hand, it is an advantage of the research, as it has allowed the identification of barriers to mental healthcare specific for the region. On the other hand, the results of the research have shown that they are external barriers on a national scale, which means that their deeper analysis cannot be limited to only one single region of Poland.

CONCLUSIONS

1. Mental healthcare is more influenced by external factors than by internal factors.
2. Macro-environmental factors influence the functioning of mental healthcare in a significantly negative manner.
3. The basic problem in the functioning of mental healthcare is insufficient funding.
4. In order to improve the functioning of mental healthcare, it is necessary to change the funding methods, the legal regulations, the way society perceives mental disorders, and the system of monitoring mental healthcare services.

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