

PROBLEMS AND CHALLENGES OF MENTAL HEALTH PROFESSIONAL IN ALBANIA DURING THE PROCESS OF DECENTRALIZATION OF MENTAL HEALTH SERVICES

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ABSTRACT

Mental health services in Albania are inserted into a large transformation process since 2002, after the signing of the Mental Health Project of the Stability Pact for South Eastern Europe. Human resource development is the important issues identified in the Policy (MOH, 2003). This article aims to describe the challenges encountered by the human resources that offer mental health care, identification of the main issues related to providing a inclusive and high quality care, as well as some recommendations for possible interventions in this sector. There are two methods used to achieve the goals of the study. First, secondary analysis of the data, which are retrieved from published data of the EHO, the MoH, legal framework on mental health in Albania, and regulatory documents consultation with range of electronic databases. Second, qualitative methods of data collection using semi-structured depth interview with four professional categories: psychiatrists, medical doctors working in psychiatric facilities without specialization in psychiatry, nurses and psychosocial care providers. Lack of human resources is evident in Albania. Increasing the number of professionals working in mental health services is a necessary condition to fulfil the population's needs for a specialized attention and a better distribution of these resources in response to the need of improving access to services mental health. The transition from traditional services with beds towards community services, as well as the involvement of new professions in multidisciplinary teams has brought a fundamental change in care models. Regarding to the education of mental health specialists, to enrich the undergraduate curriculum for doctors, nurses, and also other professionals, with mental health modules, with a particular focus on community mental health would help to improve the quality of mental health services. Respondents recommend strategies to compensate for shortages of specialist mental health professionals Such as: task-shifting, shared competencies, health between substitution Professions, and multiple tasks performed by a Particular category of providers.

Keyword: Mental health professionals, decentralization of mental health services, education, multidisciplinary teams, Albania, Psychiatrists, Social worker, Psychologists.

INTRODUCTION

Mental health services in Albania have a traditional profile focusing on psychiatric, neurologic or shamanic treatments (Zahaj, 2015). Mental health patients are usually treated in psychiatric ambulatory settings, psychiatric hospitals or psychiatric cabinets (Suli et al., 2004). The process of services decentralization and psychiatric hospital patients' deinstitutionalization has been associated with the services typology change and the expanding of professionals range involved in mental health services.

Previously, the traditional services of psychiatry were focused only on the treatment of mental disorders, while nowadays new services, mainly community-based, are focused not only on the treatment of mental disorders, but also in the rehabilitation and integration of

people with mental health problems in society, and promoting positive mental health for the whole population. The enrichment of mental health services network established mental health professionals in front of a new requirements set. The involvement of new occupations in multidisciplinary teams requires from professionals to change the care patterns.

The system of basic education and continuing education has to provide mental health professionals with new knowledge and skills, and directed them not only in diagnosis and treatment, but also in recovery and rehabilitation. There should be drawn up new treatment protocols and standardized professional practice based on evidence, as well as on continuous monitoring of service quality.

Also with the expansion of service network and their orientation not only on treatment, but also on social rehabilitation and reintegration of people with mental health problems, professionals need to strengthen cooperation between different services and sectors which are involved in this process.

METHODOLOGY

The aim of this study is to describe the challenges encountered by mental health professionals, identifying the main problems related to the inclusive and high quality care, as well as some recommendations for possible interventions in this sector. This is a qualitative study. As Miller (1997) points out: “Qualitative research has the capacity to develop analytic perspectives that speak directly to the practical circumstances and processes of everyday life” (Miller (1997)).

There are two methods used to achieve the goals of the study. First, the secondary data analyse, which were retrieved from published data of the WHO and the MoH. Also for the realization of this article was taken into consideration the legal framework on mental health in Albania, the regulatory documents on mental health and consultation with a wide range of electronic databases, such as Research Gate, Medline and Google Scholar. Consulted articles included terms “human resource in mental health”, “mental health education”, “mental health training”. Consulted were limited to articles pertaining to humans, written in English, full text and published from 2002 until now.

Second, qualitative methods of data collection using semi-structured depth interview (11) with four professional categories: psychiatrists, medical doctors working in psychiatric facilities without specialization in psychiatry and in primary care, nurses and psychosocial care providers. Nurses included general nursing staff providing mental health services and psychiatric nurses; psychosocial workers included psychologists, social workers and occupational therapists. Interviews lasted approximately 60 minutes.

The number of mental health professionals according to the services and occupation

The number of mental health professionals in Albania is very low in comparison with the European countries number. Identification of human resources has been difficult, due to the confusion that existed with the health authorities on the differences between neurologists and psychiatrists (MoH - WHO, 2003).

The following table shows the number of psychiatrists and neurologists for the period 1999 – 2003.

Table 1.1

	1999	2000	2001	2002	2003
Psychiatrists	33	35	40	41	46
Neurologists	55	55	55	43	43

Source: Ministry of Health

While in 2004, 13.3 professionals for 100.000 general population were working in mental health services, the majority were psychiatrists (3.2 per 100.000 population) and nurses (7.0 per 100.000), while the psychosocial staff (psychologists, social workers, and occupational therapists) and other mental health workers represented only 2.8 per 100.000 in total (WHO - MoH, 2006).

Regarding the workplace, almost all the psychosocial staff and most of the psychiatrists (73%) worked in community outpatient facilities, while the majority of nurses worked in mental hospitals (45%). Almost all the psychiatrists (90%) worked only in or for government administered mental health facilities. Almost no psychologists, social workers or occupational therapists work in mental hospitals (WHO and MoH, 2006).

Despite the psychologists increasing number, social workers or occupational therapists in recent years, the country continues to be a substantial variation in coverage of human resources by geographical area, bringing in this way obstacle in the population access of mental health services and to a more specialized referral system. All respondents claim that: *"Only the increasing numbers of professionals fulfil the needs of the population for specialized care and a better allocation of these resources to improve population access to the mental health services."*

Beds service is a big difference between the availability of psychiatrists, and do not reflect the number of beds that each service has. This is because the psychiatric service in Tirana serves as tertiary services, except the secondary service, gathering in this way a number of psychiatrists higher than that of the three other beds services in the country.

Respectively changes in the number and distribution of mental health professionals with beds from 2005 to 2012 in four priority areas of the country are presented in the following tables:

Table: 1.2 Distributions of Human Resources in Mental Health Services, 2005

	Psychiatrist	Non-psychiatrist	Nurses	Psychologist	Social worker	Occupational therapist	Supporting staff
Psychiatric ward Tirane	13	0	40	1	0	2	31
Psychiatric ward Shkoder	2	0	18	0	0	3	17
Psychiatric hospital Elbasan	7	0	50	0	0	7	117
Psychiatric hospital Vlore	5	1	35	0	0	2	93

Source: Ministry of Health

Table: 1.3 Distributions of Human Resources in Mental Health Services, 2012

	Psychiatrist	Non-psychiatrist	Nurses	Psychologist	Social worker	Occupational therapist	Supporting staff
Psychiatric ward Tirane	14+3*	0	42	1+1	2	0	48+6
Psychiatric ward Shkoder	2	0	20	4	1	3	34
Psychiatric ward Elbasan	3	2	67	4	2	0	115
Psychiatric ward Vlore	5	2	49	2	2	1	96

Source: Ministry of Health (*the figures added after the sign + in Tirana service refer to the service for children and teens)

Mental health professionals for children and adolescents are focused in Tirana, making it difficult to obtain such services in other regions of the country. Meanwhile there are other data that confirm the lack of mental health professionals' retrieved from "Mental Health Atlas 2011". Comparing the rate of WHO serves to highlight the great difference that exists between the Albanian reality and what is recommended by the WHO.

	Psychiatrist	Nurse	Psychologist	Soc. Work	Occ. Therapy	Total
Albania	1.83	0.63	1.29	1.1	0.09	11.12
WHO Eu	8.59	1.14	2.58	1.12	0.57	43.9

Source: Mental Health Atlas 2011

The roles of mental health professionals

Mental health services in Albania suffer a total lack of multidisciplinary treatment, enormous problems with assessment of patients' problems and treatment outcome (WHO, 2008; OSFA, 2012). Gater and colleagues (2005) found that the pathway to get psychiatric treatment in Albania was exclusively through hospital doctors (44% of patients). Establishment of new services based on previously unknown community was followed by the drafting of job descriptions, as well as roles details, responsibilities and competencies of each professional within the integrated network of mental health services.

Psychiatrists noted:

"The transition from traditional beds services to community services, as well as the involvement of new occupations in multidisciplinary teams, requires a fundamental change in care models. It is important to make standardized training and professional practice, evidence-based, and continuous monitoring of the service quality".

In complete accordance with the obligations and principles set out in Law no. 44/2012 "On Mental Health" was drafted sublegal act in relation to roles, responsibilities and basic competences of mental health professionals (MoH, 2013).

Respondents stated that:

"Lack of this legal act cause problems in separation of duties between members of multidisciplinary teams and not a standardizing services offered by similar institutions. This was a hard problem to monitor the quality and efficiency of these services. "

In this paper are described the roles of mental health professionals, mental health nurse; psychiatrist; social worker; clinical psychologist; occupational therapist; crucial person. Description of roles, basic responsibilities and competencies of mental health professionals aimed at separation of duties between members of multidisciplinary teams on standardization service offered by similar institutions, and facilitates in monitoring the quality and efficiency of these services.

The respondents believe that:

"Shared competencies, substitution between health professions, and multiple tasks performed by a particular category of providers may optimize efficiency of the existing workforce. The strategy of task-shifting, may usefully compensate for shortages of specialist mental health professionals, with the rationally redistributes tasks among teams".

Basic education of mental health professionals

Formal psychiatric education is provided by the department of psychiatry. It is part of the Faculty of Medicine. Education in psychiatry has had to be transformed in order for it to meet international standards. In 1994 postgraduate psychiatric education was extended from 9 months of internship to 4 years of residency in the university clinic. Residents annually discuss their training plan with their supervisors. They attend to and follow clinical cases in their charge. The professional qualification for psychiatrists involves several yearly examinations across the entire residency period, and one final examination (oral and written). While the curriculum offers satisfactory training in biological psychiatry, it is difficult to train young residents properly in the psychosocial aspects of practice, as there are few supervisors with sufficient experience and knowledge in this area (Suli et al., 2004).

Psychiatry constitutes 1.4% of the overall training hours in the university curriculum for medical doctors. Two-year post-graduate specialization for family physicians includes only a 2-week training in psychiatry, meanwhile there is no special training or education course for nursing (MoH 2005). Medical doctors working in psychiatric facilities and in primary care suggested that:

"It is a necessity to enrich university curricula for doctors, nurses, and other professionals, with mental health modules, with a particular focus on community mental health".

At the end of 2010, the Ministry of Health with support from the WHO started a training cycle on mental health for family physicians, through which by the end of 2011 all national family physicians received a two-day training based on the protocol mental disorders treatments included in the basic package of primary health care services.

Respondents highlighted the need of protocols drafting for training and standardized professional practice, evidence-based, and continuous monitoring of the quality of service. Medical doctors suggested that:

"Continuous professional development of all employed staff in mental health services, and also in particular would help them in a better adaptation to the new professional roles and multidisciplinary best practices".

A curriculum for a residency in child and adolescent psychiatry has been approved but there are no formal specialisation courses for psychiatric nurses (Suli et al., 2004). Psychology as an academic discipline started in 1996 when the Department of Psychology and Education opened for the first time a Bachelor Degree in Psychology. This program was based especially on American curricula with strong emphasizes on clinical psychology. In 2008, the same department established for the first time the degree of Master of Science in Clinical Psychology and later on many programs focusing on mental health services. Also, in 2009 the Department of Psychology and Education reopened PhD programs focusing on health psychology, social psychology, clinical psychology and educational psychology (Tamo, 2014).

School of Social Work is open for the first time in Albania in the autumn of 1992, with DCM. 348 dt. 10/08/1992 in Tirana University. At the beginning of 2015, the profession of social work was put on the regulated professions list in the Republic of Albania, according to Law no. 163/2014. Programs of study offered actually at this department; Professional Master in "Advanced social work" with health sector direction and Master of Science in "Advanced Social Work" with clinical practice direction.

While people employed as occupational therapists at mental health services having different occupation, sometimes associated with training courses that they offer, such as painters, English teacher, computer scientist, etc. Their professional background affects knowledge and competence level that these professionals have in relation to mental health.

CONCLUSION

Lack of human resources is evident in Albania. Increasing the number of professionals working in mental health services is a necessary condition to meet the population's needs for specialized care and a better distribution of these resources in response to the need of access improving. The transition from traditional beds services to community services, as well as the involvement of new occupations in multidisciplinary teams has brought a fundamental change in the care models. It needs for training and standardized professional practice, evidence-based, and continuous monitoring of the service quality. Shared competencies, substitution between health professions, and multiple tasks performed by a particular category of providers may optimize efficiency of the existing workforce. The strategy of task-shifting, may usefully compensate for shortages of specialist mental health professionals, with the rationally redistributes tasks among teams. Task shifting (also known as task sharing), defined as “delegating tasks to existing or new cadres with either less training or narrowly tailored training”, is an essential response to shortages in human resources for mental health. This process can entail: employment of mental health care providers in different sectors; intersectoral collaborations with other professionals, such as teachers and prison staff, to strengthen mental health awareness, detection of mental disorders, referrals, and service delivery; or both of these (Fulton B, et.al 2011).

Regarding the education of mental health professionals to enrich the undergraduate curriculum for doctors, nurses, and also other professionals, with modules mental health, with a particular focus on community mental health would help to improve the quality of mental health services. It is also a necessity to provide continuous professional development of employed staff in mental health services, in support of the new professional roles and best multidisciplinary practices based on data and with special focus on patients' rights.

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