

A letter to the editor. Three-vote on the National Mental Health Programme

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In the first decade of the 21st century, when the psychiatry reform process accelerated in accordance with the guidelines of the World Health Organization (WHO) [1], shortly after Poland joined the European Union (EU) the National Mental Health Protection Program (NMHPP) was passed pursuant to the Mental Health Protection Act of 2008 [2]. Its implementation – in accordance with the Regulation of the Council of Ministers (CM) of 2010 – was to cover the period from 2011 to 2015 [3]. The Program, referring to the document published by the EU in 2008 [4], defined a strategy aimed at reducing the occurrence of threats to mental health, improving the quality of life of people with mental disorders and their relatives, and ensuring the availability of healthcare services, with the possibility of treatment and care control through scientific research and improvement of the mental health information system.

The key research related to this idea was the project “Epidemiology of psychiatric disorders and the availability of psychiatric health care EZOP – Poland”. It was carried out according to the WHO methodology, on a sample representative for the total population of the country aged 18-64, covering all 16 voivodships and 9 city size categories [5]. The research report was published in 2012, after the “announcement” of the Regulation of the Council of Ministers. Therefore, the results could not be taken into account when formulating the recommendations for the NMHPP concerning the location of outpatient and inpatient psychiatric treatment facilities or recommendations regarding the reduction of psychological barriers limiting the use of these facilities.

Unfortunately, the goals and tasks of the “first stage” of the NMHPP were not achieved by the government or local government administration, which was shown

in the report of the Supreme Audit Office (NIK) of 26 January 2017. It has not been possible to reduce the risks to mental health or improve the quality of life of people with mental disorders and their relatives. The availability of psychiatric care services has not improved either. In the opinion of the Supreme Audit Office, the main reasons for the failure of the NMHPP are the lack of financial resource planning by the implementers of individual tasks, ineffective coordination of the Program, and the general nature of some of the objectives and tasks [6]. Other reasons include the low activity of the psychiatric community in this area (except for the Coordinators of the NMHPP) and the lack of a real public debate. The experience of scientific institutions that participated in EU framework projects (EDEN, EUNOMIA, EUPRIS, DEMoBinc, EuroCoDe, MHEEN-2) was not used either [7]. The results of these studies, carried out according to high methodological standards, could have been used in the creation of organizational assumptions and in the determination of monitoring indicators for Mental Health Centers (MHCs). For example, the EDEN study showed that day wards can be an alternative to inpatient treatment of patients with acute psychoses [8]. On the other hand, the MHEEN-2 study standardized a new version of the “European Service Mapping Schedule” (ESMS) tool used to assess the structure and quality of psychiatric services [9]. The end result of the DEMoBinc project was the QuIRC (Quality Indicator for Rehabilitative Care) tool – to be used for assessing the quality of care for people with long-term mental health problems in psychiatric and social welfare departments [10].

The insufficient activity of the Polish Psychiatric Association (PTP) in this area is also worrying. Both in the regions (Wroclaw branch) and on the forums of the PTP there were no discussions with the participation of experts, and during the subsequent congresses and in the scientific periodical of the PTP, this topic was very rarely touched upon. And so, during the 43rd Congress of Polish Psychiatrists (CPP), which took place in Poznan in 2010, one paper was delivered, entitled “Environmental teams”. This subject was not taken up at all during the 44th CPP in Lublin. It was only during the PTP Congress in 2016 that five papers were presented, including: “Why is it necessary to reform Polish psychiatry?” and “National Mental Health Program 2016-2020”.

In the period 2011–2016, the journal “Psychiatria Polska” published only two articles in this area in the form of letters to the editor. In the first letter [11], the authors bring attention to the lack of involvement in the implementation of the Program by the institutions responsible for its realization, pointing to the inertia of the scientific community in this regard. They present the results of their own study, conducted using the Delphi method, in which the preparations for the implementation of the NMHPP were assessed. The obtained results were interesting (the needs were correctly identified), which does not mean at all that the study was a success, as only 20 of the 30 invited experts expressed their willingness to participate in it, and only 12 (including 2 from marshal offices) completed it. As a consolation, it can only be added that it was 2009, when the idea of the NMHPP was not yet widely known.

The second – very important – letter was an appeal “For the rescue of the NMHPP”. The authors of that open letter asked the professional community to support the protest (also issued by the Main Board of the PTP to the Chancellery of the Sejm and Senate) against the Parliament’s intention to liquidate the statutory rank of NMHPP and transfer it to the National Health Program (NHP) proposed by the Public Health Act as one of its many operational goals [12].

However, the main tasks related to the protection of mental health were “defended” and maintained under the NMHPP, while “promotion of mental health and prevention of mental disorders” was assigned to the tasks of the NHP, which is governed by the provisions of the Public Health Act.

Soon after the publication of the Supreme Audit Office’s report, the Regulation of the Council of Ministers of 8 February 2017 on the NMHPP for 2017–2022 [13] was published. The publication rendered another opportunity to implement the Program according to the updated assumptions and provisions. The report presented a diagnosis of the situation and threats to mental health, including regional differences. Attention was drawn to the high prevalence rates of the so-called common mental disorders and suicides. Recommendations have been prepared on the use of various forms of treatment among patients diagnosed with schizophrenia, as well as in the field of child and adolescent psychiatry. For this purpose, data from the “EZOP Poland Report”, data from public statistics on registered morbidity for 2011–2014 and data from the Police Headquarters on suicides were used. Chapter II presents the objectives and tasks for entities responsible for the implementation of the NMHPP, which are consistent with those presented in the previous version of the Program. What is worrying is the lack of a roadmap to implement the commitments made in the 2022 perspective. The principles of cooperation in the achievement of the assumed goals (MHC, transformations of hospitals) and the methods of demonstrating the effects were not specified. A key issue will also be the financial support that will be offered in various regions of the country in the coming years. Although the budget expenditures for the implementation of the NMHPP are significant (nearly PLN 280 million), these tasks included in the Program will be very burdensome (organizationally and financially) for local government units and it would be extremely important to start their implementation as soon as possible. A chance for substantive assistance in the implementation of the Program is the appointment of the Plenipotentiary of the Minister of Health for reform in psychiatry [14], but so far the activity of the Plenipotentiary’s Office is mainly focused on appointing MHC for pilotage, unfortunately not always in line and according to convincing criteria. For example, efforts lasting over a year to join the pilot project by a psychiatric hospital in Wrocław, despite the fulfillment of all formal conditions (including the development by the Lower Silesian Marshal’s Office and adoption by the Voivodship Board of the Resolution “Areas of responsibility of Mental Health Centers for the Lower Silesian Voivodship” [15]), so far have not been crowned with success. However, we hope that it will happen soon, because the NMHPP is to serve all citizens, regardless of where they live, and grassroots initiatives, including the will of the applicant institution,

should be especially appreciated. It is obvious that psychiatric hospitals located in large agglomerations should transform, which requires time and large financial resources. However, as long as there is no MHC there, stigmatizing terms should be avoided; we should refrain ourselves from calling them refuges when promoting the NMHPP, because they are indeed places where health services are provided.

And at the end of our reflections on the NMHPP, it is worth calling for a greater involvement of professionals, local government officials, and ordinary citizens in the implementation of this extremely important project, which should be especially noticed in times of the dramatic effects of the COVID-19 pandemic.

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