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ANALYSIS OF THE MENTAL HEALTH EVOLUTION IN ROMANIA

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Abstract:
The author makes an ananalysis on some articles and statistical data, regarding the state of mental health in Romania. She reviews the evolution of the mental illness in our country mentioned the place of Romania in the European ierrachy establisehd by WHO, the situation of the chronic diseases and the posibilities of mental services to face this phenomena.

Key words: *mental health, statistic, incidence, chronic illness*

Introduction

A good health condition is an essential element of human welfare (Alber and Kohler, 2004), representing a value in itself. At the individual level, a good health is an important component of the human capital, allowing people to pursue their activities, to meet their goals, to have a full life and be active members of the society (Mărginean and others, 2006). At the societal level, a high health status is a key element of human capital of each country, contributing to its competitiveness compared to other countries (Alber and Kohler, 2004).

Health is one of the components of the human capital. Bogdan Voicu (2005) considers human capital as consisting of two components: "educational capital (skills acquired by individuals in training school, but also outside it) and biological capital (physical abilities of individuals, synthesized, most often, in health) "(Voicu, 2005, p. 74). I might add that in addition to physical skills, the mental health is essential for the health condition (Pop, 2010).

The population health after 1990

During the transition period, Romania has gone through many economic, social and political processes with influence on the health

condition of the population. In the 90s, the health of the population in Romania has deteriorated, only after 1999 to 2000 improvements to be registered. As happened in other ex-communist countries of the Central and Eastern Europe, but Romania has progressed at a rate lower than other countries (Dobos, 2006). Health degradation was due to the economic fall and its consequences (low standard of living, declining share of employment, health care system underfunding and severe deterioration of its quality), the transition to the social security system etc. Although, from 1990 up to date have been made some progress regarding the indicators on the health of the population, Romania is among the last countries of the European Union in this field.

The deterioration of the health in the ex-communist countries, along with the decreased of thequality of medical care is mentioned by R. Anderson (2004). The author highlights the factors that contributed to the degradation of the health situation in the former communist countries after 1990: the poor quality of medical services before 1990 (although access was free, and the services were funded by the state), the underfunding of health care services after 1990 (even after switching to the social security system in 1995, the number of contributors is very low) (Anderson, 2004). "International data show that the percentage of PIB devoted to health in Romania, although it is in line with other countries with the same level of development, is much lower than in most EU countries" (Dobos, 2008, p. 112) .

After 1990, the introduction of new medical treatments, the improvedment of the technology, the upgrading of tthe medical system, the access to new medical information, the exchange of experience, the development of private health services were the factors with a positive influence on the health of the population in Romania (Alber and Kolher, 2004).

The population of Romania having a low level of education in terms of maintenance and care of health, and the health system being barely oriented to prevention, it has been affected by new risks appeared with the transition to a market economy, the rapid modernization (aggressive advertising for tobacco and new forms of food, such as those of type "fast food", new alcoholic habits, the increase of the number of motor vehicle accidents, the exposure to sexually transmitted diseases, etc.) (Mărginean et al., 2006).

Statistics on chronic diseases

Statistics show that in Romania there are 3.5 million of which 1.7 million chronic patients suffering from hepatitis B or C, 1 million diabetes,

cancer and 400,000 and 400,000 are registered as suffering from mental illness (see Table 1 and Chart 1)

Table 1.The number of chronically ill in Romania

Types of diseases	**Number of cases**
hepatitis B or C	1.700.000
diabetes	1.000.000
cancer	400.000
mental illness	400.000
Total	3.500.000

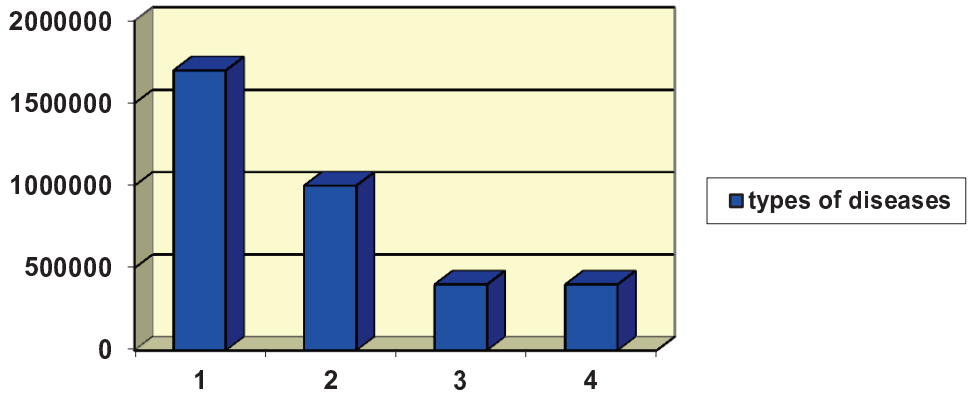

Figure 1. The number of chronically ill in Romania
where: 1= hepatitis B or C 2= diabetes
3=cancer 4= mental illness

The mental illness

The mental illnesses are a current public health problem because their incidence and prevalence are constantly expanding. Mental illnesses have a great disabling power, a long evolution, and recovery requires considerable effort and time consuming. They affect both the individual and the family and community. The impact on society is also economic, legal and medical.

The experts say that about every fifth person suffers from a mental disorder, while a third of the population is likely to have a mental problem throughout life. Lately, mental problems and diseases caused by them have become increasingly widespread, at their base, often, being the depression. Its prevalence has increased over the past decades, worldwide and in our country (Grecu et al., 2000; Statistical Yearbook, 2008). It is the main cause of the decline in work capacity, and ranks among the top diseases that have the most exacerbated social effects (Clark, Weir, 2012)

Because the mental illness affect primarily the young people engaged in a productive activity, with a longer history and a strong potential of chronicity and defectivity, the degree of temporary disability and disability that they cause is relatively high. Thus, in terms of severity index, mental illness ranks fourth (following respiratory diseases, digestive diseases and accidents) and in terms of their disability index ranks third after cardiovascular and pulmonary diseases (Cooper, 2012).

During the last years, the number of registered cases of mental disorders in the medical system (at the discharge) almost doubled. In reality, the number of mental disorders is significantly higher and covers a wide range, from mild anxious-depressive disorders sphere, panic attacks, alcohol and substance addiction, to the psychoses, endogenous disease of affective type, or schizophrenia. WHO data shows that between 9% and 10% of the Romanian people are diagnosed with depression, its intensity varying from mild reactive depression with psychological triggers of the type of marital problems, financial difficulties or layoffs at work, going up to major depressive episodes in which can be added an over-psychotic phenomenology, in which genetic aspects, personal and family history and background disturbance of chemical neurotransmitters is the foundation of mental embrittlement.

Romania ranks second in Europe in terms of the incidence of mental illness, with 1403.75 cases per 100,000 inhabitants, after Estonia, which reported 2057.27 cases per 100,000 population in 2011 to the European Health for All Databases, according to a press release on depression. Every year approximately 300,000 new cases are reported, which puts us all in the second place in Europe. From 2007 to 2013, Romania passed from the third place to the second place in the incidence of mental illness (see Table 2).

Table 2The incidence of mental illness. Evolution between 1994-2013

	1994	**2007**	**2013**
Place in the European hierarchy	3	3	2
Number of cases /100.000 people	613,79	1100	1403.75
New cases annually	139.518	231.000	300.000

We will see better this upward trend in the graphs 2 and 3.

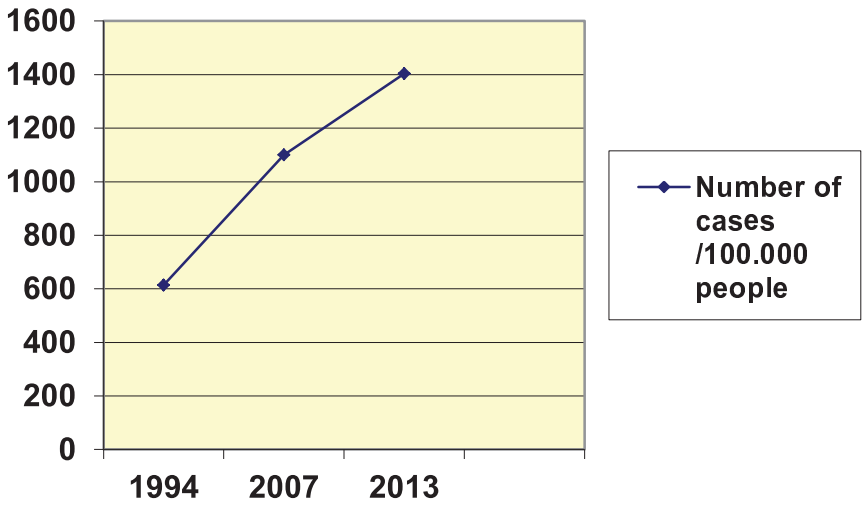

Figure 2. Evolution of the number of cases per 100,000 inhabitants in 1994 to 2013

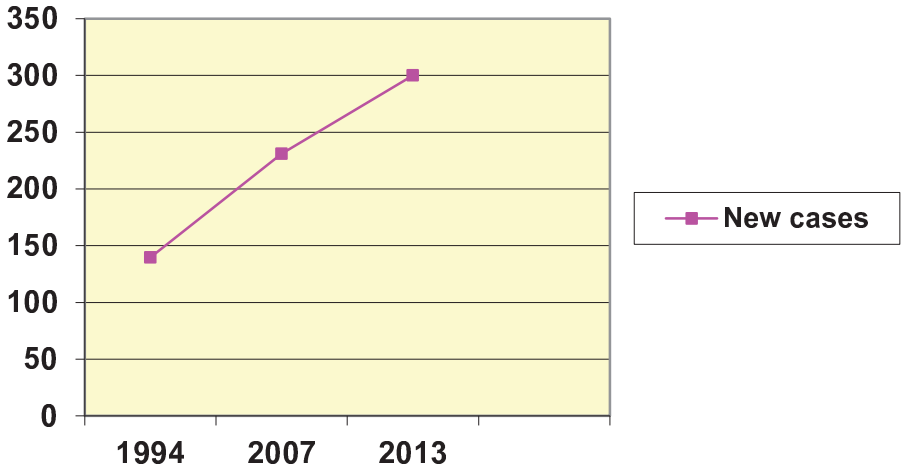

Figure 3. New cases reported annually

The data show that the incidence of mental illness in this period increased by 331% and the number of new cases by 215%. This evolution requires preventive measures and monitoring of the mental health of the population.

Regarding depression, according to UN statistics, 1 in 15 people (6.66%) suffer from major depression and, if included in the statistics all

forms of anxiety and depression, it appears that 26.6% - 4 out of 15 people - are affected in the European Union.

In our country, experts point to the shortage of psychiatrists, but also on their distribution in the territory. Latest statistics indicate nearly 1,300 physicians, in the same time in which countries like Switzerland have 3500, UK - about 5,000, and France - about 8,000 psychiatrists (Table 3 and Figure 4).

Table 3The number of specialists in the field of mental illness

EU Country	**Number of specialists**
French (Fr)	8000
United Kingdom (GB)	5000
Switzerland (CH)	3500
România (RO)	1300

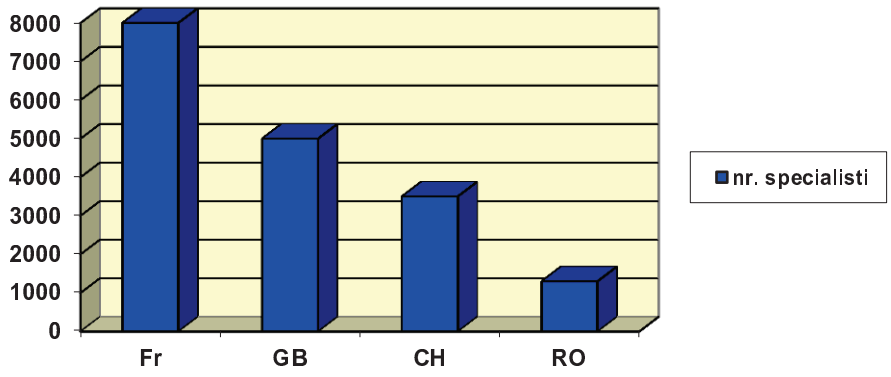

Figure 4. Number of specialists in the field of mental illness

According to specialists, community support services, psychiatric departments in general hospitals and connectingwith the major university

clinics, pychogeriatric services, forensic psychiatry services and crisis centers are required.

The international experience can provide a number of examples, such as the creation of micro-enterprises in which people with mental disorders to be active in the mixed labor force or finding opportunities contracts subsidized by the health insurance budget for providing jobs for people with mental disorders (Warner, Mandiberg, 2003). A further example can be found described in the employability program implemented by the City of Toronto (Mills, 1996) through cooperation with professional teams in providing jobs for people with mental disorders. These examples can be developed in partnership between local institutions and non-governmental organizations already active in this field (as cited. Micluţia, Jurjan, Smith, 2004).

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