

COMPARATIVE ANALYSIS OF THE EVOLUTION OF MENTAL ILLNESS IN ROMANIA AND EU COUNTRIES

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Abstract: *World Health Organization data show that in Europe, neuropsychiatric disorders are the 3rd cause of disability (15.2 %) after cardiovascular diseases and cancers.*

In recent years, the number of registered psychiatric disorders in the medical discharge almost doubled. Romania ranks second in Europe in terms of the incidence of mental illness.

This is a study of mental diseases has followed developments in Romania and specific for Arad County and in the EU countries in the last 10 years. He conducted a survey of health mental health network, currently living in Arad County. Based on the results appreciated adapt legislation and health infrastructure and human capital specialists in mental health services in Romania in employment of people with mental disorders, their professional integration.

In conclusion, the research hypotheses were fully confirmed.

As a special feature for our country remain economic and human resources in the field of mental health are insufficient and the general mentality, people remain reluctant in relation to social burden of mental health disturbance, despite the improvement of care, legislation and policies force.

Keywords: *mental illness, health network, specialists, Romania, Arad, European Union.*

Presentation of the country

Romania is located in the geographical center of Europe (South - East of Central Europe), north of the Balkan Peninsula , halfway between the Atlantic coast and the Urals, inside and outside the Carpathians, on the Lower Danube (1075 km) and bordering the Black Sea. Total area of the territory is 238,391 km². Neighboring countries: Bulgaria, Moldova, Serbia, Ukraine and Hungary.

Demographic data on population

Population development in Romania between censuses. The population of Romania dropped by more than 2.6 million people in the last decade, reaching 19,043,767 people and thus reaching the lowest level in the last 35 years, according to the 2012 census, according to the National Institute of Statistics (NIS), similar to that recorded in the census of 1966 and is higher by more than 3.1 million people than in 1948 when Romania was stable population of 15,872,624 people. Most stable population over the last 64 years has been that of 1992, when the number reached over 22.8 million Romanians.

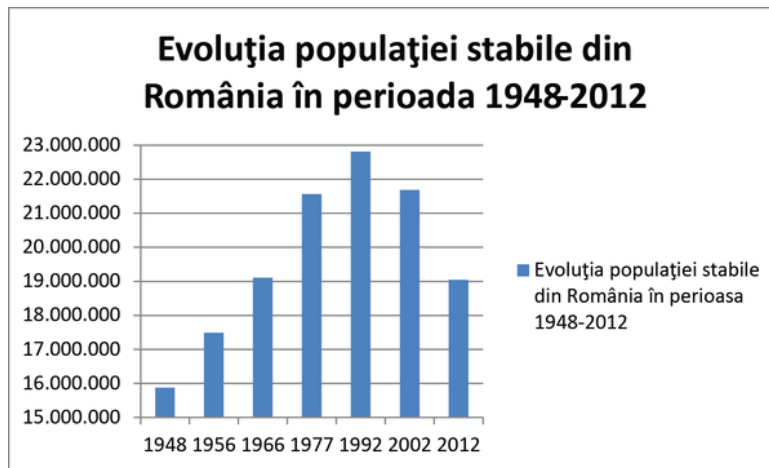


Figure No. 1 Evolution of stable population in Romania between 1984-2012 (Source: NIS)

The analysis of statistical data of the National Institute of Statistics (NIS) of Romania, through exhaustive surveys based solely on administrative data, it appears that the birth rate, death rate and natural population growth in the time from 1946 to 2012 show a population decline and birth in Romania. Between 1946-1990 the birth rate in Romania fluctuates pick recorded 2 sites in 1950 and 1970 about 30 births per thousand inhabitants, with a dramatic decrease in 1965 to 15 births per thousand inhabitants, as of 1990 births in Romania to present a downward trend until 2012, when there were 12-13 births/1.000 inhabitants.

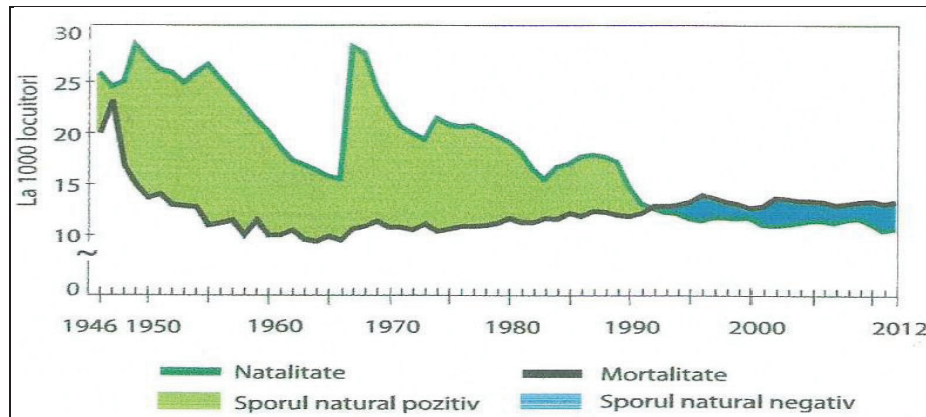


Figure No. 2 Birth, death and natural increase of population in Romania between 1946-2012 (NIS, Demography in Romania, 2013)

Presentation of Arad County

Arad is the westernmost county of Romania, on the border with Hungary. From the administrative point of view is part of the Macroregion 4 West, along with the counties of Timisoara, Caras-Severin and Hunedoara.

The main economic areas and their contribution to the local economy (source: primariaarad.ro):

- Production: 20 %
- Trade: 26 %
- Services: 28 %
- Import - Export: 20 %
- Construction: 6%.

Top Industries Arad: freight cars, passenger cars, vans, buses, trolleys, furniture and furniture accessories, lathes, machine - tools, garments and textiles, food industry, automotive, electronics, meters, footwear.

Employment in Arad, Arad City Hall according furniyate includes:

- Arad - total population: 461,730 inhabitants, the census of 2011 (412,235 residents, resident population);
- Arad population: 173,000 inhabitants;
- The population of the area (within a radius of 45 km from the city): 270,000;
- Employment (Arad County): 279,000;
- Employed population (Arad County): 193,000;
- Unemployment rate: 6-7%.

Concepts of human health and mental health (mental)

Health is "a state of complete well in terms of physical, mental and social and not merely the absence of disease or infirmity" (WHO, 2008). According to this concept, the individual is perceived as a whole: bio-psycho-social, and his health is complex balance between body and environment, allowing the body to adapt to the environment (homeostasis).

Social health status of a country is quantified by the human development indicator, measure of human welfare (Gavrilă, Gavrilă, 2011).

Well-being is a sum of positive perceptions about the quality of personal life. Occupational wellbeing is related to emotional wellbeing and represents a positive perception of work. For the employer it is of great interest to lowering costs and labor efficiency.

Mental health is a fundamental component of individual health is a state of complete well of mentally / psychologically and not merely the absence of mental illness or psychosocial disability (487/2002/2012 Law, Official Gazette of 21 December 2004 nr.1.228).

Research Objectives: is the comparative analysis of the development of mental diseases in Romania and the countries of the European Union (EU).

Research hypotheses: mental illnesses have an upward trend in recent years in the EU countries, but more sharply in Romania as an important public health problem.

The study: the study of mental diseases has followed developments in Romania and specific for Arad County and in the EU countries in the last 10 years. He conducted a survey of health mental health network, currently living in Arad County. Based on the results appreciated adapt legislation and health infrastructure and human capital specialists in mental health services in Romania in employment of people with mental disorders, their professional integration.

The research methodology: there has been an exhaustive statistical analysis of quantitative type on a 10-year period, through the collection of statistical information in existing literature.

The research results

Prevalența mental disorders in the EU

Mental disorders are by far the main cause of chronic diseases affecting the population of Europe. These are non-communicable diseases and represents 81.3% of the EU population disease burden (WHO / 2015).

As reported by the WHO data, last year in EU countries, 27% of the adult population has been diagnosed with one or more psychiatric disorders. Thus, 83 million people aged 18-65 years suffering from substance abuse disorders or foodstuffs, in various degrees depressive syndrome, anxiety and / or psychosis (WHO).

Each year, about 1 in 15 people suffer a major depressive episode in the EU countries of the region, and 4 in 15 people are affected by other forms of depression, including anxiety. The issues are complex, studies show that 32% of those affected had a mental disorder associated, while 18% had two mental illness, and 14% three or more diagnoses of mental disorders associated.

These psychiatric pathologies can lead by professional and social implications related to a real handicap years of life (WHO/2015).

Neuropsychiatric disorders are the third leading cause of disability in Europe and are 15.2%, 26.6% after cardiovascular diseases and malignant neoplasms (cancers) 15.4%. The top three causes of disability of life years as shown by the World Health Organization are: depressive syndrome, alcohol dependence and dementia (Source: Global Health 2014 Estimates Summary Tables: DALYs by cause, age and sex, by WHO Region, 2000-2012).

As a consequence of psychiatric pathology, WHO Report /2014 estimated that approximately 804,000 deaths worldwide in 2012 were as concerned suicide, at an annual rate of 11.4 overall suicide per 100,000 population (WHO 2014 report "Preventing Suicide: A Global Imperative"). In countries with increased human development indicator , suicide is in 90% of cases the etiology psychiatric pathology and in 22 % of cases of alcohol dependence . Studies have as age limits of 65 patients and psychiatric full range not being addressed (WHO/2015).

The estimated results show that the prevalence of mental illness is significantly higher in women compared with men Genli except substance use disorders (men : 5.6% , women 1.3%) and psychotic disorders (almost identical), (WHO/2015). The overall rates are 33.2 to 21.7 (WHO/2015).

Pevalence of mental disorders in Romania

In recent years, the number of registered psychiatric disorders in the medical discharge almost doubled. Romania ranks second in Europe in terms of the incidence of mental illness, to 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 press on

depression. Every year approximately 300,000 new cases reported, which puts us all in second place in Europe.

Psychiatric pathology in our country spans a wide range, from mild anxiety depressive disorders sphere (9 of 10 people WHO statistics), panic attacks, alcohol and substance addiction, the psychoses, endogenous disease, or emotional coloratura schizophrenia (WHO).

In Romania, the number of patients discharged with mental and behavioral disorders was 278,000 in 2012 compared to 222,000 in 2005 (an increase of about 25% in the number of patients). In 2011 there were 17,067 reported psychiatric beds and neuropsychiatry in our country and the incidence of mental disorders was 1330.58 inhabitants in ‰ (second in Europe), whereas the incidence of alcoholic psychosis was at 20.18 ‰ inhabitants (WHO).

Number of psychiatrists per 100,000 population varies widely: from 30 ‰ to 26 ‰ in Switzerland and Finland to 3 ‰ to 1 ‰ in Albania to Turkey. Psychiatrists rate in the 41 countries is 9 ‰ population (WHO).

Nursing staff in mental health care rate in Finland is between 163 to 4 ‰ population in Bosnia and Herzegovina and 3 ‰ in Greece (WHO).

Mental health network in Arad County

In Arad there are structures for mental health care, under state and private: private medical practices (Table 1).

Table 1. Structures of State for Mental Health in Arad (source <http://cnsm.org.ro/arad>)

Unit	Structures of Mental Health	Number of Structures
Mocrea Psychiatric Hospital	Chronic psychiatric ward	2
Arad County Emergency Hospital	Adult Mental Health Centre	1
Arad County Emergency Hospital	Laboratory adult outpatient mental health specialist	1
Arad County Emergency Hospital	Laboratory specialized outpatient mental health children	1
Arad County Emergency Hospital	Child Mental Health Center	1

Specialized medical personnel: psychiatrists, psychologists, personal environment: psychiatric nurses, other specialists: mental health social worker.

Labor law and mental health in Romania

According to mental health law and protection of people with mental disorders, Law 487/2002, republished in 2012, Article 1 and 2 provides that: mental health is a major public health policies in Romania. Sănătății Ministry is the competent authority for organizing and controlling the activities of the mental health care of the population of our country.

"Romanian Government, through its competent bodies, taking measures to promote and protect mental health, prevention and treatment of mental disorders." (Article 2. Law 487/2012). "The Ministry of Health develops national mental health program in psychiatric pathology and prevention requisite health of the population." (Art. 4, Law 487/2012).

In Romania, health care and psychiatric care are provided free of charge in the health insurance system by: the network of health services, predominantly through the family doctor, and mental health through specialized structures or reward by network Private health. Psychiatric patients monitored by ambulatory care system, regardless of social status they have, receive free medication borne by the National Fund for Health Insurance.

In our country operates the following types of structures providing specialist mental health services: mental health centers, medical psychiatric evaluation practices, psihologică therapy and counseling, psychotherapy, crisis intervention centers, care services home, psychiatric hospitals, outpatient; ward / department of general hospital psychiatry, recovery and social reintegration centers, workshops and protected housing, counseling centers on domestic violence, drug centers, rehab centers in use and substance abuse, psychiatric care centers complementary services: consulting , public information and education to people with mental disorders. (Art. 22, 23, Law 487/2012)

Among patient rights belong accessibility to mental health services and the right to privacy, except as provided in this law: if there is a legal provision to that effect, if it is established vinovăția for an offense prescribed by law or if necessary knowledge of diagnosis psychiatric and personal background of the individual to exercise a profession, provided that the anonymity of the person concerned. In these cases, may be sent copies of files and medical records between different hospitals, on demand or on transfer, if the patient accepts the transfer (Art. 33, Law 487/2012).

According to the Universal Declaration of Human Rights, any person suffering from a mental disorder has the right to exercise all civil, political, economic, social and cultural rights recognized unless required by law. It is not allowed any discrimination based on mental disorder. Any person suffering from mental disorder has the right, in its capacity function far overdue, to live and work in the community (Art. 35). Local government, through the competent bodies, ensure integration or reintegration in professional activities appropriate health and social reintegration and professional capacity of people with mental disorders.

WHO action and policy directions in mental health for EU countries

As shown in the statistical analysis presented highlights a real gap between the different countries of the European Community , especially in the South-East Europe , where falls and Romania.

WHO is developing health policies and strategies to reduce these differences and inequities interstate regarding the latest discoveries of science in mental health , etiology and treatment of mental illness .

Conclusions

Research hypotheses were fully confirmed.

As a special feature for our country remain economic and human resources in the field of mental health are insufficient and the general mentality, people remain reluctant in relation to social burden of mental health disturbance, despite the improvement of care, legislation and policies force.

The challenge is to present therapeutic integrated approach to patient psychiatric case work on mixed teams of psychiatrists, clinical psychologists and psychotherapists. It also emphasizes rigorous assessment of the effects of therapeutic intervention and patient assessment of all aspects of his health: bio-psycho-social. The team of specialists who monitor the patient includes: doctor, specialist in obstetrics and gynecology in pregnant psychiatric patients, mental health social worker, involved in socio-professional integration and reintegration of patients with mental disorders, along with doctor occupational medicine. It is directly involved in determining fitness specialist with mental disorders that work and/or make recommendations to adapt to workplace climate socio-professional health needs of the person remaining assets.

However, the occupational physician is one who makes recommendations for change of job or profession, through retraining, if unfitness to work, job/position held by the psychiatric patient. These recommendations comply with labor legislation in Romania HG 355/2007, as amended HG 1169/2011. These laws stipulate clearly incompatible professions permanent or

temporary psychiatric pathology (eg traffic safety and management decision-making positions, etc.).

A special place is occupied labor if the pregnant woman at work, the more so as it is at high risk of developing a mental disorder transient, especially where psychosocial risk factors overlap of individual vulnerability . Maternity protection at work is regulated by OUG 96/2003 Romania, with OUG 537/2004.

Currently, patients are part of the working population in employment and who are diagnosed with a psychiatric disorder or recurrent depressive bipolar disorder by modern psychotropic medication and therapeutic alliance with a solid and lasting closely monitored with family and prescriber may decide to become mothers. It appeals to the principle echității and dignity, his freedom of choice, enter the patient's rights. This approach needs to be done mentally ill patient medical staff triad-families.

Registry application standardized therapeutic protocols for the diagnosis and treatment of major psychopathological disturbances should be increased confidence in experts in the field, achieving greater confidence in approaching the patients and non-discriminatory treatment of patients and effective cost/benefit for mental health.

One of the priorities in mental health policies in Romania for the period 2014-2020 is to promote integrated services to treat mental illness, in which it is an important public-private sector partnership in providing specialized services. A goal in the treatment of mental disorders in our country, is the integration of mental health services throughout the health system: public, private and non-governmental, combating resistance related stigma and promoting holistic approach to individual and therapeutic act with social reintegration of people with mental health problems in Romania.

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