Mental health services in Albania and in the countries around – Comparative reflections on workforce

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Abstract

The aim of this article is to present the gap in mental health human resources in Albania through a comparison with the countries around. Published data of the World Health Organization were selected and analyzed in order to provide a picture that describes challenges and possible directions for the future. The issue is closely related with the present and long-term developments in educational and academic area where the Faculty of Medicine in Tirana is expected to play an essential role.

As presented in the article, the gap is huge and even requires cross-sectoral efforts in a concerted action within the reforming process of mental health care system in Albania.

Moreover, fulfilling the existing gap would most probably require a specifically developed agenda of the type of Human Resource Development Strategy for Mental Health in Albania.

Keywords: comparative analysis, mental health, workforce.

Introduction

Mental health is an important driver of labor market outcomes and thus affects economic growth and future developments (1). Services in Low and Middle Income Countries (LMIC) are often poorly resourced, being frequent the struggle to provide care (2). Caring for someone with a mental health problem can be hugely draining, both emotionally and financially (3). In LMIC, there is very little research in the field of mental health systems and services (4). Clearly, this situation is also evident in transitional Albania.

The last two decades have seen important changes in policy and practice of mental health services in Albania. The years after 1990-ies were heavily influenced from the concepts of establishing and making operational new types of services and facilities as well as new approaches dominating international discourse – community mental health services. Rapid changes were needed in relation to: typology and practice of services, education of newer generations of medical and non-medical professionals, refreshing education and training for the existing workforce, mobilization of service-users direct and indirect advocacy, life-long education system, human rights approaches in implementation practices and documentation, production of data towards evaluation and monitoring and a lot more.

Mental health system of care developments in Albania

By mid 90-ies the first document of reforming the system was produced by the Psychiatry Service at TUHC, launched on the occasion of an International Conference organized in Tirana, the first of its kind until then. A Mental Health Act was designed and approved on 1996 and a National Steering Committee established, as a direct result of the attempts for securing legal safeguards on the application of new, modernizing approach. Postgraduate training curricula was radically reformulated, as well as the undergraduate related courses. Excellent textbooks for students (of Oxford University Press and American Psychiatric Association Press) were translated and published in Albanian. Some hundred library titles of latest publications were made available through American Psychiatric Association. Many days of training organized throughout the country. The developments got revitalized after Kosovo Crisis, on 2000 when WHO established a Mental Health Office in the country seriously devoting energy and resources on designing and piloting Community Mental Health types of services, as well as advancing on National Policy and Strategy design and implementation. The discourse of last decade has been focused mainly on the operation of Community Mental Health Centers in Tirana and other cities, design and shape of the so-called Balanced Community Mental Health System of Care, human rights practice safeguards on in-patient wards, deinstitutionalization, forensic psychiatry, inclusion of non-medical professionals (psychologists, social workers, occupational therapists) within workforce in mental health, continuing education for staff and adoption of a new Mental Health Act.

There are advancements and gaps in mental health services during this period in Albania and worldwide. More than once developments in Albania are considered 'success story' in WHO organized regional and European activities. Comparing the situation with what was happening before 90-ies is simply pointless.

Comparing it with other countries in the European region provides an opportunity for looking ahead. There are a number of international documents (mainly produced by WHO) offering a broader picture. It might be a good exercise trying to extract data and make comparisons initially with neighboring countries, not only for the sake of comparison, but also for the fact that our co-nationals are often in intensive relation with services in Greece, Macedonia, Montenegro and Italy.

There are two main documents serving as a basis for this comparison. A 2008 publication of WHO

Europe "Policies and Practices in Mental Health Services" (5) and a 2011 Atlas of Mental Health Services (6) which is accompanied with Countries Profile annexes (7).

On 2008 WHO publication is offered a comprehensive definition of 'Scope of Mental Health Policy and Practice': Promoting mental well-being, tackling stigma, discrimination and social exclusion; Preventing mental health problems; Providing care for people with mental health problems and providing comprehensive and effective services and interventions, offering service users and caregivers involvement and choice; Rehabilitating and including into society the people who have experienced serious mental health problems.

There are a number of conclusions drawn in 2008: "There is a striking variation in staff numbers, differences in education and a lack of reliable information available from countries in many areas. In much of the eastern part of the Region GPs are actively discouraged, sometimes even by legislation, from becoming involved with mental disorders. All countries take the training of psychiatrists seriously, although the time invested in undergraduate training varies considerably, which is likely to reflect the competencies of GPs and other physicians. At a time of vast change in service delivery and knowledge, continuing education is important".

Scope and Methodology

The scope of this article is to evaluate the position of Albania mainly on human resources in mental health system of care component to neighborhood countries based on published Country Profiles the WHO webpage offers through downloading each Country Profile (7).

The 2011 publication represents an excellent source of reflections as the data are produced to ease the comparison between countries describing indicators basically on the rate for 100.000 population. It offers the opportunity to see where each country stands compared to countries around, larger regional areas (who European Region or EU, in our case) and globally.

To date, it remains the only reliable source of information which provides data for each country in the way that comparison and analysis can be made from researchers, academicians and/or policymakers of respective countries according to locally shaped interests.

Summary tables were designed after downloading country-profiles, based on human resources data. Governmental expenditure for capita is added to help contextualize the analysis and conclusions.

Comparing Albania with its neighboring countries for selected indicators

The comparison in this article is made through web published Country Profiles of Albania (8), Bosnia and Herzegovina (9), Greece (10), Italy (11), Montenegro (12), Slovenia (13), Macedonia (14), Bulgaria (15).

A superficial comparison shows that the number of beds for 100.000 population is as follow: Albania 24, Greece 18, Italy 8, Montenegro 49, Macedonia 74. This figure represents the combined rate of psychiatric beds in community psychiatric inpatient units, units in district general hospitals and mental hospitals. As mentioned in the publication: "the variation across countries reflects differences in both the organization of mental health services and investment. In Italy and the United Kingdom, having few beds indicates post-deinstitutionalization, while having few beds in Albania and Turkey indicates low investment and absence of service infrastructure" (7). The median rate for the European region is 72 (7).

Per capita government expenditures in health (in US$) is as follows: Albania 142, Bosnia and Herzegovina 340, Macedonia 444, Montenegro 516, Slovenia 1490, Greece 1580, Italy 2031.

Differences are on the number of facilities and the offer each country provide on outpatient and inpatient modalities. As for the overall number of beds presented above, the discussion on the data on types and modalities of facilities, number of

admissions and the percentage of long-term residents needs being cautious without having deep knowledge of design and operation of each system of care.

Workforce for mental health care

For over 30 years, international organizations have been recommending that countries increase their mental health workforce (16).

The presence of a national workforce strategy, addressing the numbers and competencies of mental health staff to deal with the challenges of mental health development, indicates the state of reform (6). The WHO European Ministerial Conference on Mental Health held in Helsinki on January 2005 produced the Mental Health Declaration for Europe, "Facing the Challenges, Building Solutions" (5), where is required to all countries to introduce human resource strategies to build up a sufficient and competent mental health workforce. Fewer than half the countries have a national workforce strategy. The variation in numbers, skill mix and training of the workforce is considerable, even within countries, raising questions about quality across the Region and consistency in treatment and care practices (5).

Comparing the data on Workforce for mental health based on data presented in 2011 Atlas is an easier job on the exercise of this article considering the completeness of what is presented from most of the contributory countries. It brings chances for calculating a probability of each person on society for meeting a specialist working in mental health in each country. Further it offers a perspective on accessibility, future trends and possible plans tackling service design and operation and education challenges.

Table 1. Distribution of workforce categories

Per 100.000	ALB	MAC	B-H	MNG	IT	SLO	BG	GR
Psychiatrists	1.83	9.98	4.95	7.03	7.81	7.06	6.75	12.88
MDs	0.63	0.69		1.12		1.14	35.93	
Nurses	6.18	26.92	18.49	17.27	19.28	69.68	43.01	
Psychologists	1.29	1.47	1.36	2.24	2.58	4.54	0.91	26.83
Social Workers	1.1	0.83		1.12	1.93	3.75	0.36	
Occ. Therapists	0.09	0.59		0.32	2.18	1.28		
Total	11.12	40.48	24.8	29.1	33.78	87.45	86.96	39.71
$ per capita	142	444	340	516	2031	1490	421	1580

Categories of professionals in mental health described for each country are: psychiatrists, medical doctors working in psychiatric facilities without specialization in psychiatry, nurses, psychologists, social workers and occupational therapists. While a 'basket' category – others – is mentioned, it clearly doesn't count for a specific weight on the overall picture.

The data for each category show that on the number of psychiatrists, number of nurses and number of psychologists, the differences are huge. Albania is standing far back each of the countries around. The difference rates in per capita government expenditures and/or number of beds, number of facilities and other indicators are not going in parallel.

Number of psychiatrists per 100.000 population in Albania is 1.83, while in Bosnia-Herzegovina (the second worse) is 4.95, followed by Bulgaria 6.75, Montenegro 7.03, Slovenia 7.06, Macedonia 9.98 and Greece 12.88.

Number of nurses in Albania is 6.18, while in Montenegro 17.27, in Bosnia-Herzegovina 18.49, Macedonia 26.92, Bulgaria 43.01 and Slovenia 69.68.

Number of psychologists in Albania is 1.29, while is

Table 2. Workforce in mental health in Albania compared with WHO and WB rates

Per 100.000	ALB	WHO (Eu)	WB (U-M)
Psychiatrists	1.83	8.59	2.03
MDs	0.63	1.14	0.87
Nurses	6.18	21.93	9.72
Psychologists	1.29	2.58	1.47
Social Workers	1.1	1.12	0.76
Occ. Therapists	0.09	0.57	0.23
Total	**11.12**	**43.9**	**29.1**

not low compared to countries like Bosnia-Herzegovina 1.36, Macedonia 1.47, Montenegro 2.24, and somehow Slovenia 4.54, but quite far from Greece 26.83.

All countries have similar rates of social workers (around 1 per 100.000) while Slovenia 3.75. Occupational therapists although presented in low rate numbers in each country – Montenegro 0.32, Macedonia 0.59 and Slovenia 2.18 – when it comes to Albania is strikingly low, 0.09, reflecting a many-folds lower rate.

Conclusion

Worldwide, the human resources in mental health are considered being scarce, even for quite developed countries, where a good percentage of people suffering from mental health cannot get the needed services as a number of WHO and other international agencies are frequently showing. Albania is a case where the gap in human resources is evident. No other country in Europe is comparable.

Lack of human resources has clear potentials to undermine the reforming attitude and practices on the modernizing path of mental health system of care in the country as "unless staff are available in sufficient numbers and are educated and trained in the required competencies, mental health services cannot operate satisfactorily and efficiently" (6).

Producing additional needed workforce for the mental health system in Albania on the today conditions of high education system in the country doesn't offer particular hope for filling the huge existing gap. It should lead towards considering enrollment of nurses, psychologists, social workers and occupational therapists on a different way compared to the current mental health institutions in the country.

Albania needs huge investments in infrastructure, but especially in human resources. The actual rate of postgraduate training in psychiatry doesn't promise fulfilling the gap.

The school(s) of nursing in the education system in the country should reconsider the educational curricula(s) with a specific focus on mental health.

One compensatory short-term step for empowering GP's would be extending the undergraduate curricula of medical students. A simple comparison of the number of hours between Tirana School of Medicine Program and Vienna curricula shows huge discrepancies on the number of hours and credits a student in Vienna has compared to Tirana.

The most striking difference on the services received in Albania and the surrounding countries has to do with what happens with the patient when he/she leaves the hospital. The majority of the patients in Italy have the option of rehabilitation services and residential possibilities for a number which is 33 times higher than in Albania. A similar situation is evident in Greece. Macedonia uses the hospital-type services to have patients receiving some form of continuing service. Albania has already made the decision

to follow the path of Italy and Greece, but in any case it requires investments in facilities, and especially in human resources.

Conflicts of interest: None declared.

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