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Psychiatric RESidential care Communities: Upgrading and Enhancing skills and competences for member of staff professional qualification”

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RESEARCH AND CONTEXT ANALYSIS

NATIONAL REPORT FOR LATVIA – EXECUTIVE SUMMARY

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The World Health Organization recommends to develop the community based mental health services as the most effective way to deal with complex mental health problems in Latvia. The Latvian mental health care system currently does not comply with these criteria. The major part of mental health care in Latvia is centralized, services are delivered in the large psychiatric hospitals, psychiatric consulting rooms in municipalities, but full-fledged out-patient care is not yet developed enough: day centres, out-patient clinics, chronic patients` care establishments or the so-called half-way home and other. The process of deinstitutionalization started immediately after the Restoration of Latvian Independence; however, it is especially rapid during the last 5 years. Latvia is on the way to mental health care system based on the community.

The Ministry of Health is liable for overall development of national policy on mental health, including provision of services, prevention, promotion, ensuring access to medicines. Mental health Legislation is a part of general legislation. Medical Treatment Law adopted on 1 October 1997, with the included Chapter XI “Psychiatric diseases”, currently regulates the mental health area in Latvia. This law provides the basic principles for ensuring treatment; it includes also the issues regarding forced treatment in a psychiatric hospital. As of 2003, no mental health plan in Latvia was present.

Assistance in cases of psychic and behavioral disturbances in Latvia is provided by:

- 9 psychiatric hospitals with the total number of 3197 beds including acute, chronic, forensic beds), what is 13,9 per 10 000 of population;
- 4 day in-patient treatment places at the psychiatric hospitals;
- 4 out-patient departments at psychiatric hospitals;
- 22 psychiatric consulting rooms in municipal primary care centres;
- 55 psychiatric private practice companies, from which 16 perform state orders.

Internists and neurologists treat large segment of patients with relatively mild mental disorders since such patients find out-patient treatment more appropriate and less stigmatising.

Both in-patients and outpatients are entitled to basic medicines and the compensatory system; however, due to limited financing free medicines are available only for groups with specific diagnoses that form 0.8 per cent of the total population (data of 2002). In 2005 the list specifying diagnoses with which the patient is entitled to free medicines and substantial allowances was considerably extended. Psychotherapy is not included in a register of the state subsidised psychiatric services, i.e. it is available only for solvent patients. Furthermore, there are not a sufficient number of psychiatric rehabilitation programmes, psycho-educational programmes and job placements, with the existing ones carried out mainly in hospitals and day care centres. The insufficient number of outpatient and social care institutions and the shortage of human resources are two other obstacles preventing a proper realization of mental health care in outpatient departments.

In out-patient departments patients can receive a consultation of psychiatrist, prescriptions for purchase of medications, if necessary – a confirmation on the health condition, as well as the psychiatrist prepares the necessary documents for work of expertise and other commissions. Besides a psychiatrist there is also a psychiatry nurse in out – patient establishments who mainly performs the documentation work, assists to the doctor, but is not independently working with patients.

In 2004, the proportion between the psychiatrists and nursing staff further deteriorated. In Latvia it is very low (1:3,4), which has an adverse impact on the quality of the physician's work and health care of patients; it is also one of the weakest points in ensuring the performance of the functions of medical personnel, including the quality assurance. Other specialists (psychologist, social worker, ergotherapist) involve in the work in episodes, more frequently in out-patient wards at psychiatric hospital because they have larger financial possibilities to involve additional specialists, as well as a possibility to involve in-patient specialists.

A number of normative documents have been drawn up in order to harmonize the Latvian legislation with the EU directives and enforce the EU medical education requirements. The centre of medical vocational education has been incorporated into the Vocational Education Centre of the Ministry of Education and Science. Coordinated training programmes ensure the quality of educational services. The Procedure of the Certification of Medical Personnel and The Standards of the Nurses' Professional Qualification have been ratified, as well as the Ministry of Public Health has drawn up job descriptions for medical personnel and minimum demands for the educational programme intended for those who wish to get the qualification of a doctor.

The most significant progress after regaining of independence in Latvia has been reached exactly in the improvement of personnel qualification and change of attitude towards patients, strengthening of knowledge about psychology, rehabilitation and ergo-therapy. This knowledge and materially different approach to patient's treatment have a possibility to realize minimum standards of human resources.