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**MENTAL HEALTH CARE: TRENDS IN EUROPE AND
INTERNATIONAL PRIORITIES**

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Наведено результати аналізу тенденцій у сфері психічного здоров'я за останні роки. Вивчено питання регламентації права на охорону психічного здоров'я в країнах Європейського регіону ВООЗ. Узагальнено міжнародні стратегії, які спрямовані на забезпечення доступності лікування, сприяння одужанню і профілактику психічних розладів, а також виділено основні пріоритети ВООЗ щодо охорони психічного здоров'я та підвищення психічного благополуччя населення. Проведено оцінку особливостей організації, фінансування систем охорони психічного здоров'я, обсягів надання медичної допомоги населенню в європейських країнах. Проаналізовано внесок нервово-психічних хвороб у формування загального тягара хвороб в Україні і Європейському регіоні.

Introduction. Mental and behavioral disorders, due to their prevalence and caused by them diseases and disability, are in the WHO European Region one of the most serious public health problems. It is estimated that annually mental disorders, the most common of which is depression and anxiety disorders affect more than a third of the population. Individuals with mental disorders have an earlier mortality rate, and often such people die 20 years earlier, in comparison with average indexes, specific to the general population. One of the reasons is the high incidence of suicide. But the main factor is a considerable prevalence of such chronic conditions as cardiovascular disease, cancer and diabetes, complicated by access to treatment of these diseases in people with comorbid pathology, as well as low quality of care provided. On the other

hand, there is very high incidence of depression among people with chronic diseases. It is often not diagnosed and is accompanied by increased mortality [1, 3, 8].

For today the problem of the proliferation of behavioral disorders attracts the attention of a wide range of professionals. For the solution of the problem there have been developed and implemented plans and strategies at the world's international institutions, which are based on the results of various studies. At the same time, there is practically no relevant research of major trends in mental health care in less developed countries, and this is of particular importance for the process. Therefore, the **aim of the study** was to identify major trends in mental health and a review of international approaches to ensuring the availability and quality of treatment of patients with mental disorders.

Materials and methods. The study is based on material obtained from public sources of information. Analysis, synthesis and comparison are the methods which were used in the research.

Results and Discussion. Each year the question of mental health is receiving the increased attention, as evidenced by the substantial number of reports and discussions, adopted declarations, covenants, resolutions, draft action plans and strategies in the global of international institutions. Since 2002, mental health care is the priority task of the world health care system. The decision was adopted by the World Health Assembly. In 2005, the European Declaration and the Plan of Action on Mental Health care were adopted at the conference in Helsinki by the States members of the WHO European Region. They were also signed by the European Commission and the Council of Europe and approved by the Regional Committee.

In 2008 the European Regional Bureau of WHO, with financial support of the European Commission had published the report which reflected difference in the condition of the system of mental health in Europe. The same year, the European Commission adopted the European Pact on Mental Health and Welfare, which was focused on the following five priority areas: mental health of young people and students, depression and suicide prevention, mental health of older people, promotion

of social engagement and reducing of stigma, strengthening of mental health at the workplace.

In 2008 came into force the United Nations Convention on the Rights of the disabled. Now it is ratified by most states - members of the European Region of WHO and the European Union of disabled persons. According to the Convention people with intellectual disabilities have the right for complete and meaningful participation in the life of the society without any stigma and discrimination.

In 2010 the WHO Regional Office for Europe and the European Commission completed a co-funded project for the strengthening of measures aimed at the empowering people with mental health disorders and their families. Service users and their families took part in the project. In June 2011, the Council of the European Union, chaired by Hungary published the findings which contain an appeal to the states – members to consider mental health care and improvement of mental well-being as one of its priorities. The European Commission was asked to continue taking measures on mental health care and well-being and provide assistance to EU States in conducting of scientific researches in the field of mental health care and its determinants. Common results elaborated by WHO and the Organization of Economic Cooperation and Development in this sphere have been taken into consideration. The Project of Joint Action on Mental Health and Welfare started in 2013, one of the sources of funding of which was the EU Programme on health care. At the worldwide level the number of activities aimed at promoting proper clinical practice is performed. The basis for this was the implementation of the Programme on filling the gaps in the field of mental health. It summarizes all the most reliable scientific data confirming the effectiveness of interference in the field of mental health. The program covers a range of mental disorders and is the basis for the implementation of measures to scale up assistance to people with mental health.

United Nations General Assembly in its resolution “Global public health and foreign policy”, which was adopted at the sixty-fifth session in 2011, found that mental health problems are of great importance for any society and it is an essential factor

increasing burden of disease and leads to reduced quality of life and to huge economic and social costs. The World Health Assembly in its resolution which was adopted in 2012 instructed to develop a comprehensive global plan of actions on mental health. It should cover services, policies, legislation, plans, strategies and programs aimed at providing treatment, recovery and prevention of mental disorders. The plan was adopted by the World health Assembly in May 2013. The above-mentioned plan provides the implementation of interlinked, inseparable activities that reinforce each other in three directions:

- the increase of mental well-being of the population and the reduce of the burden of mental disorders, giving particular attention to vulnerable population, determinants and risk behaviors;

- respect of the rights of people with mental health problems and ensuring of equal opportunities to achieve the highest quality of life, and struggle against stigma and discrimination;

- providing affordable, safe and effective services to meet the mental, somatic and social needs and expectations of persons with mental health disorders and their families [6].

The European plan of actions contains seven objectives (four specialized and three related), which taken together, cover the whole scope of the field. To solve each of these tasks States-Members and WHO are encouraged to undertake measures which will provide to obtain measurable results concerning policy and/or implementation.

The priority of such measures should be installed in accordance with the needs and resources available at the national, regional and local level. Four specific tasks are formulated as the provision of the following conditions:

- all people, especially the most vulnerable or those at risk, have equal opportunities to support mental well-being during the whole life;

- people with mental health problems are citizens whose human rights are valued, respected and protected;

– mental health care should be available at affordable price and can be obtained by place of residence in accordance with necessity;

– people have the right for safe and effective treatment with respectful attitude towards them.

Three related, multidisciplinary objectives presuppose the ensuring of the following conditions:

– health care system provides everyone who needs a high quality general medical and psychiatric care;

– work of mental health system is well coordinated in partnership with other sectors;

– strategic leadership and practical measures of mental health care are based on quality information and advanced knowledge.

It should be noted that one of the vital conditions for stable health care and social policies in the European region in the long term is to provide adequate funding for mental health sphere.

Most countries - members of the European Union spend on mental health services from 4% to 8% of their total health budgets. Some countries give more than 12% (France, Luxembourg and the United Kingdom) and Norway expends 18%. The costs of this branch are the lowest in Bulgaria and the Czech Republic. Relevant data is not received or is unknown from such countries such as Austria, Lithuania, Romania, Slovakia, Slovenia and Croatia. Part of the funds spent in the system of mental health care on inpatient care, remains high for some EU countries. According to WHO, Malta, for example, spends 96,8% of its budget for the mental health inpatient treatment. Despite the lack of hospitals for a long stay, Poland spends on 73,0% of its budget for the in-patient treatment mental disorders. There are some long stay hospitals in Portugal, their share makes 45,0%. It should be noted that the costs associated with the provision of mental health care make up only 40% of the total costs associated with the disease. Significant expenses fall for social welfare of patients with mental disorders. Therefore, one of the world's major strategies is to reduce social

spending by ensuring the availability and quality of treatment of this category of patients.

Across the European Region, neuropsychiatric disorders made the second largest contribution to the burden of disease (measured indicator DALY – number of years of life lost with the restrictions of life), they account 19% of the total burden. In this respect there exist significant differences related to unequal socio-economic conditions in different countries. Among the components of disease burden in many Western European countries with high income level mental disorders ranked first, while in some countries with low income they are in fourth or fifth place, despite the high prevalence of perinatal and cardiovascular diseases. For mental disorders, this figure is slightly less than 40%, far ahead of other chronic conditions, which affected the European population. The share of unipolar depressive disorders in the severity of disability accounts 13,7%, and it, therefore, ranks first among chronic conditions in Europe. In the second place, with a small gap (6,2%) are disorders associated with alcohol use. The seventh position is occupied by Alzheimer's disease and other types of dementia (3,8%); the eleventh and the twelfth places are occupied with schizophrenia and bipolar disorder (accounting for 2,3% of the total index YLD). In a significant percentage of people receiving social assistance or disability pension, the primary disease is a mental disorder. This increases the financial burden caused by mental health disorders, which falls upon the country. In Denmark the share of mental disorders account 44% of the total amount of social assistance and disability pensions; in Finland and Scotland it makes 43% and 37% in Romania. In the Republic of Moldova which is one of poorest countries in Europe – the share of mental disorders accounts 25% of all expenditures related to the payment of social security benefits and disability pensions. Such differences may also reflect the level of discrimination and exclusion from the scope of the employment of people with mental health disorders in different countries. Employment rates among persons with mental disorders in Europe range from 18 to 30%. The numbers vary depending on the diagnosis (the lowest

figures are observed among persons with psychotic disorders), as well as depending on the country [4].

In all countries, most mental disorders are much more common among the most vulnerable and low income groups of population. Even in countries with progressive models of health systems, there are difficulties in providing patients with modern treatment. So, only 60% of Americans who are prescribed neuroleptic drugs to treat schizophrenia or other mental illness get the drugs of the last generation with reduced side effects; in Spain and Germany the newer drugs take only 20% and 10% of patients, respectively.

In the structure of morbidity in Ukraine in 2015 the first place was taken by indicators of mental and behavior disorders due to use of the substance (F10-F19) (58,41%), the second place was occupied by the indicators of organic, including symptomatic, mental disorders (F00-F09) (13,7%), the third place was performed by neurotic indicators, stress-related and somatoform disorders (F40-F49) (9,36%). According to the structure of the prevalence of mental and behavioral disorders in 2015 the first place was occupied by the disease of F10-F19 (41,62%), second place was taken by F00-F09 disease (15,98%), the third by F70-F-79 (13,63%), the fourth by F20-F29 (10,3%), the fifth by F40-F49 (7,71%). One of the important indicators of the quality of medical care is an index of primary disability for mental disorders. In Ukraine, in 2013 it was 26,1% per 100 thousand population (11837 persons); in 2015 this figure decreased by 8,8%, and composed 23,8% per 100 thousand population (10179 people). The same trend was observed among the indices of patients with mental and behavior disorders that had a disability. In 2015, it accounted 604,3 per 100 thousand population (258375 individuals). In comparison with 2013 index decreased by 5,0%. The contribution of primary disability in the population of persons with disabilities for mental and behavior disorders in 2015 was 3,9% (in 2013 it became 4,1%). The proportion of persons with disability due to mental and behavior disorders in 2015 accounted 26,3% of the number of persons with mental and behavior disorders

that were under observation in the neuropsychiatric institutions of Ukraine by the end of the year [1].

There exists a proven relationship between mental disorders and suicides. According to WHO, each year more than 800 000 people in the world commit suicide. 75% of suicides are committed in the world in low- and middle-income countries. For every completed suicide there is considerably larger number of people who carry out suicide attempt. In 2012, suicide became the second leading cause of death among young people aged from 15 to 29. In comparison with other regions, rates of suicide in the European region are very high; the average incidence of suicides here is 13,9 per 100,000 population per year, with significant variations between countries. Nine countries with the world's highest rates of suicide belong to the European region. Men commit suicide in Europe almost 5 times more often than women. It is important to note that the number of deaths due to suicide exceeds those killed in wars and as a result of violent death. Risk factors for suicide are depression, alcohol abuse, unemployment, debt and social inequality, and they are all closely interrelated [7].

The recent economic crisis in the European region has been accompanied by rising unemployment and, as a consequence, lack of funding in the countries of the European region has forced to reconsider the expenditure on social security of persons with disabilities, including disability payments. Since, according to WHO, about 20-40% of people who receive disability benefits suffer from mental disorders. This group, according to the estimation of experts, has suffered financially most.

WHO experts have emphasized the importance, in terms of inadequate funding to protect the policy on mental health that is held in most European countries over the last decade. This is the reason why governments of several countries are faced with forced reductions in funding in the health care sphere. Social support provided to persons with mental disorders in the community, is under the influence of economic crisis. Capital investments and fixed costs in this area have always been relatively low. This poses a threat of the lack of creation of mental health care institutions on the

continent. This has already led to a reduction in the range of services provided to consumers of psychiatric care at the community level.

Conclusions. 1. Mental disorders are a leading cause of disability that can be considered as an indicator of social burden of society. Worldwide, mental illness is constantly kept on one of the first places among the reasons of disability. According to the data of the World Health Organization, mental disorders cause 11% of the disability of population and 1% of mortality in the world.

2. Every year more and more attention is given to the issue of mental health. This is evidenced by the number of presentations and discussions, adopted declarations, covenants, resolutions, draft action plans and strategies in the global international institutions.

3. The European Pact on Mental Health and Wellbeing identified the following five priority areas: mental health of youth and students, prevention of depression and suicide, mental health of older people, promoting social engagement and reducing stigma, to promote mental health in the workplace.

4. WHO adopted an action plan on mental health which involves: improvement of mental well-being of population and reduction of the burden of mental disorders; respect of the rights of people with mental health problems and insurance of equal opportunities to achieve the highest quality of life; the fight against stigma and discrimination; providing of affordable, safe and effective services to meet the mental, somatic, physical and social needs and expectations of people with mental health disorders and their families.

5. Today there are policies and legislation relating to mental health in most countries. Many of them are successfully creating services to assist people with mental health disorders at the level of local communities.

6. The growth of expenditure on the health care system is common to all countries and leads to budget deficits, raising taxes and reduction of social benefits.

Therefore, one of the conditions of stable functioning of the system of Mental Health in the European Region is ensuring of proper financing.

7. Countries with the most effective health care systems achieve results due to the elimination of centralized state control and rely on the market mechanisms (competition, financial discipline, separation costs, market prices and freedom of choice for consumers). Thus, a departure from the centralized government control and transfer to the health care system market mechanism is a real worldwide trend.

8. Mental disorders, due to their prevalence and the consequent burden of disease, disability and stigma are one of the most serious health problems in the European region and in Ukraine. Therefore, dynamics of mental health care should be taken in consideration in the development of priorities in the reforming of mental health care system in Ukraine.

9. One of the mechanisms to provide care to patients with mental health disorders in Ukraine is the development of programs for the reimbursement of the cost of drugs. The main condition is checking the effectiveness of drugs on the results of pilot projects.

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