MENTAL HEALTH POLICY (MHP) OF THE REPUBLIC OF BULGARIA  
(YEAR 2004 – 2012)

Priority of the health policy described below is the introduction of civil society values into the language of mental health practice and service culture. This means that efforts should be directed towards achievement of change in structure, governance and management as well as on the training of personnel who would be able to work under new organizational conditions and adopting new professional roles.

1. Introduction

Health reform in Bulgaria aims at improving health status of the Bulgarian citizens through development of modern institutions for delivery of medical services, their funding, and quality assurance. Substantial part of this reform is the reform in the field of mental health that is carried out in accordance with the National Mental Health Policy. Subject of the NMHP are those individuals who are severely socially disabled due to their mental-ill health.

2. Evaluation of the current status of the system for provision of mental health services to the citizens of Bulgaria.

Psychiatric health care in Bulgaria is provided through traditional institutional model that includes big hospitals and dispensaries and also a small number of outpatient services (individual or group psychiatric practices).

Territorial distribution of these structures is uneven without taking into consideration migration processes that took place during last decade and changed socio-political conditions. Most of the hospitals are isolated places build according to the principle for isolation characteristic for the midst of the last century. Placement of these buildings outside living areas is not in line with the territorial division of the country and do not follow naturally emerged areas for health care services. As a result, patients who are treated and placed in these institutions very often are far way from their homes which disrupts their connections with families and undermines their resocialization. Hospitals serve several geografical regions which makes their effective management and funding difficult.

The nature of mental illness suggests much more prominent social disfunction than other medical conditions. On the other hand psychiatric care in Bulgaria is based predominantly on the biological understanding of mental illnesses. This leads to the dominance of medical interventions and lack of psychosocial rehabilitation. There is no concept as to how to incorporate the contribution of non-medical professionals into the treatment process.
The management of the system is not based on health-economical analyses and that makes it unviable in the market conditions. Psychiatric services offered are not grounded on the needs assessment of the population and there is no system for efficacy assessment.

3. Strategic goals of MHP

The main goal of MHP is to **preserve and improve** mental health of the population and also to bring mental health out from professional, organizational, and political isolation and to integrate it into the public health care system. In order to achieve this it is necessary to develop multifunctional and community based mental health care services. The introduction of **public health approach** should provide for the integration of these services into the network of health services and for intrasectorial coordination with other sectors, i.e. social care, education, employment etc. This goal could be achieved through active involvement of local authorities into the process of service planning, funding and management.

Provision of mental health services is based on **patients’ rights** observation, on the needs assessment and on making provisions for the freedom of choice.

A principle of evidence-based services would be introduced. Evidences would be collected through **systematic research**.

Future system of mental health care should be **adequately financed** and economically effective. Quality of services would be assured through introduction of **continuous monitoring** and feedback based on nationally adopted quality standards and good clinical practice standards.

There should be **changes in legislation** in order to achieve these strategic goals.

4. Mental health policy principles

**Community services. Deinstitutionalization.**

New health technologies give opportunities to provide services for severely mentally ill in the community allowing maximum participation of the patients in the natural human societies without isolating them. This would be achieved through opening of day care centers for psychosocial rehabilitation, sheltered homes, acute psychiatric wards in the general hospitals.

**Human rights**

The observation of human rights of mental health care consumers is a basic principle of the mental health policy. This would be achieved by keeping the
balance between human rights observation and protection of the societal interests.

**Quality of services**

Quality of services is guaranteed by development of rules, clinical recommendations, procedures and assessment criteria that constitute algorithms for mental health services. All this is necessary in order to provide continuity and complexity of mental health care.

**Integration of users in the process of treatment and rehabilitation. Generation of informal users’ groups**

The integration of users could be achieved through creation of possibilities for their active participation in the service planning, carrying out of preventive and rehabilitative activities as well as in their own treatment plan. Patients’ participation in the management of services should be encouraged and initiatives for formation of informal groups of users and other involved in the process of treatment and care individuals should be supported.

**Integral approach**

It is necessary to redefine the package of services practiced by the primary care doctors and to introduce to this package a set of mental health services taking into consideration the level of their training and abilities for preventive and promotive activities. There must be fair attitude toward mentally ill patients paying attention to their relatively higher needs for care in comparison to other patients.

Psychiatric services would be provided in a complex way and mental illness would be regarded as a problem both for the individual and for the community he/she lives in. For this purpose general and specialized medical recourses would be mobilized as well as social and human recourses in the communities. Mental health care teams would be developed through involvement of non-medical and paramedical specialists.

**Evidence-based policy**

Mental health care facilities distribution in the community would be based on systemic research of mental health status of the population.

Mental health system profile would be defined on the basis of identified needs of mentally ill. They will have the freedom to choose among different services.

A practice for practicing activities per se would be ceased. Service provision would be tied down with the outcome assessment and data collection.
Prevention and promotion

Promotive activities would become a substantial part of the process of treatment and rehabilitation. They would concern not only groups in need of mental health services but also society in general. High prevalence and disability, premature mortality, and years lived with disability of mentally ill would be reduced by development and implementation of programs and services for early detection and intervention not only in cases with severe mental illness but also in cases with common mental disorders.

Stigma and discrimination due to mental illness

Psychiatric stigma in Bulgaria is strong, unrealized, and has economical impact. Mentally ill are socially discriminated. It is believed that mentally ill themselves are guilty for their doom and they should not expect society to share burden of disease with them.

5. Tasks of mental health policy

Long-term tasks
- To engage politicians in the country with mental health problems and to convince society in the need for change.
- To ensure adequate funds for carrying out the reform
- To integrate efforts of different institutions and agencies and to subjectn them to the above mentioned principles for mental health care.
- To guarantee sustainability of newly adopted mental health services model through changes in legislation.
- To involve specialists from different fields in the process of reform.
- To ensure sustainable management of the reform by introduction of intra-sectorial cooperation on all levels.
- To elaborate long-term system for human recourse planning, training, and education in the field of mental health

Short term tasks
- To elaborate action plan based on the priorities already declared
- To assess already existing activities in the field of mental health in the country
- To assess population needs for mental health care.
- To develop programs for prevention and early intervention in prodromes of psychosis.
- To introduce case management programs and programs for psychosocial interventions in the community.
- To develop organizational basis, procedures and legal provisions for provision of modern mental health care.
- To provide conditions needed for integration of mental health care services with hospital and outpatient health services trough integration
of a defined number of psychiatric services in the package for general practitioners and ambulatory services.

- To elaborate plan for encouragement of favourable conditions for community psychiatric services.
- To elaborate plan for development of day care centers in the frames of specialized group psychiatric practices, medical an diagnostic-consultative centers and dispensary wards for people with social dysfunction.
- To set up psychiatric wards in general hospitals
- To assess, reformulate, and develop profiles of specialized psychiatric hospitals and to make a plan for closing down of those which are perspectiveless.
- To plan and govern general practitioners education and to include in it specific components for making them more aware of mental health problems.
- To develop and implement standards for work with mentally ill patients in hospital and specialized outpatient care. To define clinical paths for outpatient and hospital care and follow-up of the patients.
- To develop and implement standards for good clinical practice
- To develop and implement new concept for data collection and informational exchange with regard to mental disorders incidence.
- To set up regional programmes for further development of outpatient psychiatric services which are based on data for their current status, catchment area, and also studies in certain regions.
- To set up structure for community residential care facilities that could meet different needs of people with social dysfunction.
- To develop a system for registration of individuals with mental disorders.
- To develop and implement normative basis for psychiatric patients rights as part of future patients rights chart.