

Foreign reports

Seminars in social psychiatry in Romania

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For more than a decade there has been no opportunity for formal post-graduate training in psychiatry in Romania. In February 1992, as part of a World Health Organization (Regional Office for Europe) initiative, we travelled to Romania as WHO temporary advisers to give seminars on: (i) the role of primary health care services in providing mental health care; and (ii) the development of community-based services for the mentally ill and disabled. Our seminars were designed to complement the biological and clinical elements of a developing psychiatric training programme.

We visited Bucharest; the capital, Timisoara, where the revolution began in December 1989, and where the repercussions are still keenly felt; Cluj, in Transylvania – the “Heidelberg” of Romania and an ancient university town; and Iași, a former capital in the Moldavian region, which largely escaped the extreme excesses of the Ceaușescu regime.

Romanian health care

In Romania most GPs are based in villages and towns, rather like in the UK, but some GPs are also based in factories and large organisations such as the railways, so that a person might have more than one GP. There are also different GPs for adults and children, so that each family may be cared for by two or more practitioners.

GPs refer patients to a Policlinic where a number of medical specialists, including psychiatrists, are based. Policlinics provide out-patient care, and further care is provided by hospital services if required. We saw little evidence of day hospital care or domiciliary services. In Iași there was a ‘mental health laboratory’ – in a pleasant domestic setting – providing community psychiatric services for adults and children on a multidisciplinary basis. This centre had taken part in the *Mental Health Services in Pilot Study Areas* project (World Health Organization, 1987).



The ward sister on the children's ward in Iași.

Psychiatric hospitals

All the psychiatric hospitals that we visited were overcrowded. In those hospitals deemed as teaching hospitals the general environment was clean and cared for, as were the patients who tended to wear pyjamas (‘it would be too expensive to launder their clothes’), but had few personal belongings or privacy. In other hospitals lacking the commitment to, or the stimulation of, teaching the general environment was one of long-standing neglect, physical deterioration, gross overcrowding and failure to provide basic needs for patients.

In every hospital it appeared that many patients had little alternative to spending all day cooped up on the wards, lacking space and without any external means of diversion or stimulation.

Everywhere there was a shortage of nursing staff. A ward of 50 acute psychiatric patients had five nurses to cover the 24 hour day. There is no specialist training in psychiatric nursing in Romania.

The range of mental health professionals within the community that we are accustomed to does not exist. There are some social workers and clinical



A male ward in Iași.

psychologists, but almost no community psychiatric nurses, health visitors, and occupational therapists.

The majority of patients in the psychiatric hospitals are detained under the existing legislation which requires only that relatives or next of kin authorise in writing the detention of the patient in hospital. Urgent attention is being given to the early introduction of revised mental health legislation, taking account of the United Nations standards for the rights of mentally disordered patients.

While some patients are admitted to hospital essentially for social reasons, many are detained for long periods beyond their treatment for social reasons and because of the absence of any supportive social infrastructure in their homes, in their communities or in their work places.

Despite all of this the staff that we met were committed and caring, but frustrated by the limitations of the meagre resources available to them.

Social provision

One of the most remarkable features was the virtually complete lack of social provision within the community.

Currently unemployment benefit lasts for only six months, as unemployment was deemed to have not existed under the old regime. There is little point in suggesting that a patient leave home – there are no

other suitable options. From what we were told there were no social services, voluntary agencies, or self-help groups for people with mental disorders.

In December 1990 the Romanian Mental Health League was formed. On 20–22 May 1992 this group hosted (jointly with *Medecins du Monde*) an 'International Congress of Humanitarian Psychiatry' in Bucharest.

Training in psychiatry

We were impressed by the enthusiasm shown by the psychiatric trainees – now in their first and second years of specialisation – and by the senior clinical and academic staff who were eager for professional stimulation.

Training in psychiatry is basic but outdated as the majority of trainers' contact with new developments ended around 15 years ago. Library facilities remain inadequate and audio-visual facilities are in need of replacement and improvement.

There seemed to be much reliance on psychopharmacological approaches – though few psychotropic drugs are available. In one of the hospitals we visited there was no chlorpromazine – or any other oral neuroleptic medication. The medicine cupboards were generally bare and often contained glass syringes and non-disposal needles. This put into

context an unexpected question concerning the type of straightjacket used in the UK ('long or short').

Trainees showed great interest in psychotherapy (dynamic, cognitive, and behavioural) which was being carried out tentatively as there was virtually no training available in such methods.

Most teaching at present is didactic and, initially, it did not prove easy for us to engage trainees in interactive small group work, with which they were unfamiliar. Until recently it has not been wise to speak thoughts and opinions or to offer comment. Once the ice was broken, trainees responded well to learner-centred methods.

Urgent needs

Materials

We took some books and journal articles with us which were avidly read by the trainees – a surprisingly high proportion of whom speak or read English. They are using copies of English and US postgraduate textbooks for their examinations and more copies of recent editions of the commonly used textbooks for both undergraduates and postgraduates would be gratefully received.

Contact

The trainees desperately want to find out how trainees in other countries study, learn and work. They would benefit from opportunities to correspond and to receive copies of journal articles and papers.

Know-how

Many training opportunities that we take for granted are not available in Romania. For those who have the opportunity and financial backing, a period of training in the West would be an opportunity to take back skills and strategies in order to provide the necessary innovation at home. It is not simply a question of money, but of knowing what money can buy and what the best models of service delivery are so that pressure can be put on the relevant government agencies. Opportunities for such training are required immediately.

Allegations of political abuse of psychiatry

Late in 1991 national press reports in Romania and international press reports in France, the United Kingdom and USA recorded alleged instances of political abuse of psychiatry during the dictatorship of the Ceauşescu regime.

Coinciding with our visits a UK Parliamentary Human Rights Group visited Romania. Site visits to psychiatric hospitals were made and evidence received from alleged former political prisoners, from Romanian Human Rights Groups, from the Association of Free Romanian Psychiatrists, and other governmental and non-governmental groups.

While the UK Group concluded that there was no existing evidence of ongoing political abuses of psychiatry there was overwhelming evidence of the longstanding neglect of the needs of mentally ill patients, in terms not only of their human rights but also the dearth of basic resources for their adequate care and treatment. (A ward scene in one rural hospital prompted the phrase 'heroes with rags on').

The UK based Relief Fund for Romania will pursue the means of providing external assistance to the national initiative to rehabilitate psychiatric care, namely the Task Force on Mental Health.

Addresses for correspondence and book donations

We can provide British trainees who would like to correspond with their Romanian counterparts with contact addresses. Please write to us if you are interested.

For sending books to Romania:

Relief Fund for Romania, 54/62 Regent Street, London W1R 5PJ.

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Reference

WORLD HEALTH ORGANIZATION (1987) *Mental Health Services in Pilot Study Areas. Report on a European Study*. Copenhagen: World Health Organization Regional Office for Europe.