

Inpatient Psychiatric Care in Eastern Europe

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Mental health systems in Eastern Europe started to develop separately in 1990.

Inpatient care mainly concentrates in hospitals. There is still domination of separate psychiatric clinics. But patients with the neurotic spectrum disorders are admitted to the general hospitals, other patients receive inpatient care in psychiatric clinics. The main trend in inpatient care is deinstitutionalisation with decreasing number of beds and increasing number of daily stay facilities, rehabilitation centres, etc. Number of inpatient beds per 10 000 populations varies from 4,3 in Serbia to 12,9 in Latvia.

Duration of hospitalisation in psychiatric departments has been reduced, but this sometimes leads to the vicious circle of multiple re-hospitalisations. Governmental residential facilities where disabled people may stay for longer periods are insufficient or lacking and if commercial ones exist in the country relatives of psychiatric patients very rarely can afford the expenses. One of the positive changes is the access to a much wider variety of medicines in psychiatric units. Sometimes in the hospital treatment with an expensive drug may be initialized, which may be unaffordable in outpatient care.

The principle of multidisciplinary teamwork including involvement of a psychotherapist in the treatment process has been implemented in many hospitals. The main challenges for the inpatient care are: lack of financial resources, adaptation to the changing mental health system and brain drain.

Reforming mental health in our countries we need to bear in mind that it should be effective to the patients and comfortable for the doctors to work in.