ECONOMY OF PSYCHIATRY, PSYCHOLOGY OF MEDICAL ECONOMY

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Abstract: *Economy of psychiatry, psychology of medical economy. Nowadays lack of human resources has become sensible on every level of medical treatment systems. In certain specialities, e.g. on treatment levels of psychiatry it shows such critical low numbers and preparedness, that even safe medical attendance is endangered. Additional to migration of qualified workforce the increase of the average age of physicians and medical employees is typical. The demand for psychiatric treatment is always more on every treatment level, some psychiatric diseases and disturbances can be considered as endemics. Due to financing anomalies and lack of human resources biological and medicinal treatment generate much higher costs, the increase of the number of untreated patients leads to overdue payments to the state budget and reduction of GDP respectively. What kinds of solutions are offered for the treatment of this crisis? Based on its professional specifics psychiatry provides the opportunity to re-consideration of competence circles additional to trainings and wage developments, involving also the activity of other service providers.*

Keywords: *economy of psychiatry, financing anomaly, human resources, migration*

INTRODUCTION

We assume that the state system and its changes give a sort of mirror image of psychiatric patients and mental illness in society. State care is examined on the one hand through changes in the institutional system created for their treatment and on social benefits provided by the state.

Nowadays lack of human resources has become sensible on every level of medical treatment systems. In certain specialities, e.g. on treatment levels of psychiatry it shows such critical low numbers and preparedness, that even safe medical attendance is endangered. Statistics and numerical data indicate an increase in the number of psychiatric patients, according to the WHO morbidity forecast due to the rapid increase in the number of patients, depression would be ranked second in the order of diseases leading to disability by 2020 and two more psychiatric illnesses can be expected among the first ten reasons.[12] The current debt crisis and the economic downturn have had a profound effect on European societies, not only financially but on the state of health care as well, especially on the field of medication. Turnover data of ambulant care and nursing centres in Hungary indicate an increasing demand for care.[2] On the contrary due to several reasons, the shortage of skilled workers and physicians is becoming increasingly large. Psychiatry is a special area of medical expertise; it is difficult to assess the extent of human resources and the current situation of certain areas of the supply system. Due to financing anomalies and lack of human resources biological and medicinal treatment generate much higher costs, the increase of the number of untreated patients leads to overdue payments to the state budget and reduction of GDP respectively. What kinds of solutions are offered for the treatment of this crisis and for the more objective assessment of the condition of the medical and social care system?

Globalization, social development has brought about the technical and technological changes in healthcare, of which the necessity of transforming healthcare systems is a necessity, a the ability to respond to change, finance and efficiency rethinking questions. The globalization of health is new technological processes, medicines are being systematized by physicians and other specialists in other countries migration of workers, the factors causing each crisis are in health care as well.[14]

In Hungary today there is a "schizophrenic" state in the field of psychiatry. Difficulties in defining the care demand arise because the service in many areas is compounded by the satisfaction of social needs. The number of psychological disorders increases proportional to the projection of the social and economic situation. With the changes of the infrastructure available in the country and the number of reduced psychiatric hospital beds the number of professional personnel of outpatient clinics has not increased parallel and proportionally in the past few year, the group of untreated patients has significantly multiplied. Beside the uncertain number of ones to be treated it is difficult to receive exact data about the number of the service providers. The data bases communicate different data related to the number of qualified physicians, it is difficult to receive objective data about the realistic number of active physicians, because they usually work in several jobs, are registered by several care centres, eventually they exercise their activity in several units, outpatient departments within one institute for economic reasons or professional consideration. Thus the assessment of the real lack of personnel becomes impossible. In order to obtain a professionally correct and permanent result the demand for human resource, the number of physicians, professional nurses and paramedical personnel constitute a significantly bigger volume on the area of psychiatry.[13] Resulting from the lack of human resources the complex treatment minimizes only to medication, the professional service providers are continuously criticized by the expenses of the high amount of prescriptions. According to the data of a domestic conference recently organized 480 million Xanax and Frontin tablets, 80 million Rivotril are consumed in Hungary in a year, an average Hungarian eats 60 tablets of sedatives, including babies, which means a cost of 6,4 billion for symptomatic treatment. The current social insurance financing supports psychotherapy with cents in the national supply system, it pays 1500-2000 HUF(5-6 Euros) for a session, which costs almost tenfold in a private ordination.[9] Regarding service provider and treated person there is almost exclusively possibility within the frame of private ordination, so the service is related to existential position, it has a limited availability due to the low number of service providers and existential reasons. The financing anomalism is the problem on national economy level, which can be classified as system-level negligence. In the wording of Dr. János Vizi, the senior physician of the Gyula Nyírő Hospital „ We tell a lie what kind of interventions we have performed and OEP tells a lie that it is enough what they give.” [3]

Ensuring the legal background the state defines the objective and personal minimum conditions for the service providers, so it has an influence on all medical service providers, independent from the proprietary structure. (decree no. 60/2003 (X.20.) ESzCsM about the professional minimum conditions required for medical services) In order to maintain the objective and infrastructural background appropriate performance data (e.g. bed exploitage) are required, which justify the local raison d'étre of the particular service.[5]The aging of society and the existential impoverishment generate a large number of medical, mainly hospital treatment related to social unservedness. Patients arrive at the hospital department for the sake of the need for healing but to receive free hotel services. Social care on the hospital bed generates significant costs; additionally it is clearly shown in over-care and withdraws significant professional and medical capacities from truly professionally justified cases. This type of daily care does not require real professional skills, but more frustration tolerance from the workers, doctors.

The initiated research did not provide any accurate data on the social care capacities of care institutions due to institutional conflict of interests. The other reason that may distort the results of the research is the special area of psychiatry, where social status predisposes to the disease, there are more homeless, alcoholic patients and with personality disorder in inpatient care. It is difficult to draw limits between justified and potentially professionally not justified treatments. The bad social milieu is antebellum of anxiety

disorders, mood disorder and of course the protracted and unjustified institutional treatment can deteriorate the psychic state of the patient.[8]

My objective is the complex investigation and mapping of the human resource situation of the psychiatric area, with special regard to the investigation and analysis of the professional attitude and non-specific (personal) factors of the employees working on this area.

MATERIAL AND METHOD

The processed literature provides an overview of the situation of the care system and psychiatric profession, the professional judgment of doctors and employees. The possible causes of the lack of specialists and physicians, motivational factors and potential solutions. The individual research examines the qualification, satisfaction level and motivation of the specialists in different service providing places of the professional area in a questionnaire. Investigation of the affected group of employees by narrowing the Q-method to examine non-specific factors and finally making deep interviews.

In the psychiatric areas beside a minimal need for instrumentation, a high level of qualified, well-trained team of specialists and a medical and paramedical team are required to provide quality care to achieve optimal results during a minimum nursing period. This can be called excellent efficiency. Referring to previously stated reasons, one of the most important tasks of human resource management is to define the exact number of service providers as much as possible, to optimize social input. The Hungarian system is made up of domestic training and physicians from other countries qualified here or immigrating. There are several processes contributing to the reduction of the number of active physicians since the connection to EU (1 May, 2004), one of the most important factors is foreign employment. The second most important factor is the retirement and death of physicians.[10] Relative few data are available on employment pause or leaving the field of activity, which result negligible losses compared to the previous. The decrease in the number of entrants, the increase in the number of outflows and the ratio of the two factors should be considered, depending on the capacity of the care system.

Interest for psychiatry has significantly reduced over the past decade, the number of psychiatric qualifications is continuously declining for many years and a shortage of profession has developed. (The trend can be observed throughout Europe.) Obviously, this fact is significantly influenced by the social judgment of psychiatry. It depends on the opinion about the importance of the task performed, the role of stigmatization and media is important, and social prejudices are also important for our patients.

Along with the decreasing rate of education and interest we must look at demographic changes, an increasing percentage of specialists and practitioners are in the age of retirement. The loss of foreign employees, a complete professional generation is incomplete; it means a bottleneck in medical care. The need for a realistic medical and vocational workforce can be determined by the frequency of psychiatric illnesses in the aging population, based on the relation of the available number of physicians, basically by treatment optimization. Over the past years, the most critical situation has arisen in a psychiatric department of a city hospital in Somogy County, where for a number of years the head of department was the only specialist. The regional distribution of the number of physicians is also unequal. There are no exact data related to the number of personnel and age groups, even for the number of active personnel, since a physician currently not practicing may also have an operation permit, but a significant number of them also have several workplaces. According to KSH data from 2015, the number of medical graduates from 2009 to 2014 (not exclusively graduated physicians) has increased by one and a half times to 1429.[1]

Considering that according to previous investigations every sixth among physicians with medical diploma chooses psychiatry as profession, it may appear in the system five years later, after the resident age. It is obvious that annual training does not cover the significantly larger number of retired people and employees working abroad.

In 2009, 1068 physicians have had psychiatric examinations, of which 271 were in the age of retirement. It exceeds 20% of all licensed physicians.

Figure 1 illustrates the generational physician deficit and the distribution of the number of physicians in the operating register by age group.

In a psychiatric department, conscious steps must be taken to ensure that people working together can work. The transfer of information between employees is the cornerstone of good team work. The leader needs to know the group and try to make it into a team. The conscious formation of organizational communication can improve patient care and result in a better collective relationship between employees.[15]

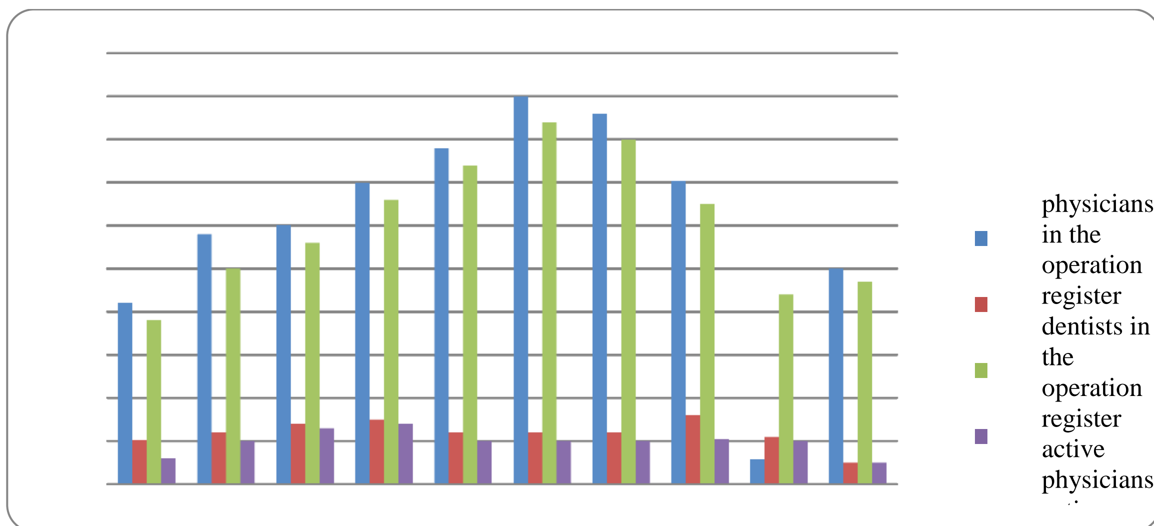

Figure 1. Number of physicians contained in the operation register and working in 2009

Source: KSH medical stat. almanac; Dr. Gyula Kincses: Medical HR deficit

Over the past few years the depart of skilled workers and assistants with the title of foreign employment has increased dramatically. According to surveys they are employed also in health care abroad in a high percent, they do not change their profession. The migration of healthcare workers is not only a domestic phenomenon, but in certain areas of expertise it is at a risk of endangering care. The study of Viszt study has drawn attention to the fact that in some areas a dramatic situation has emerged, but there are no tools for Hungarian health care to influence and re-seduce doctors and nurses.

A group of physicians leaves the country already as resident; others are leaving for a job abroad after a specialist examination. Among psychiatrists England, the Scandinavian countries, Germany and Switzerland are preferred.

The migration of medical experts is a global phenomenon; its importance is continuously increasing for individual countries due to the lack of domestic physicians. Some investigations examine the plans of residents, others the ideas and plans related to foreign employment in case of planned or realized foreign employment. The results revealed during the investigations can highlight the specific causes of departure, the chances and possibilities of return respectively.[1] The following table shows the ideas of those who wish to leave for work abroad.

Table 1

Migration among Hungarian physicians

Affecting factor	N	Average
Salary	437	4,65
Life quality	434	4,51
Prospects of Hungarian health care	432	4,49
Working conditions	430	4,34
Professional possibilities	436	3,98
Social reputation	434	3,97
Learning a foreign language	434	3,74
Family aspects	436	3,38
Workload	432	3,27
Organizational relations	425	3,24
Conditions of scientific work	433	3,14
Successful examples known	434	3,01
Adventurousness	433	2,99
Hungarian gratuity system	431	2,78

Remark: Question: How do the listed factors affect the willingness to work abroad? Respondents had to evaluate the individual factors on a scale of 5 degrees. N is the number of people answering each question.

Source: Statisztikai Szemle, Vol. 87, no. 7-8

CONCLUSIONS

In addition to the disadvantages listed, it is important to formulate important strategic steps and move on to improve the situation. There is a decrease in the social prestige of medical profession, characterized by market-oriented, service-type medicine. Working conditions, overload due to shortage of personnel, the rising monthly work time, burn out syndrome significantly undermine work efficiency.[6] The 2005 study by the Semmelweis University Institute of Behavioural Sciences found that suicidal thoughts and depressive symptoms of physicians appear to be most associated with increased workload and multiple workplaces.[7].

Psychiatry is a priority area based on aforementioned considerations, where non-specific factors and personality can be also evaluated as healing factors in addition to the learned, protocol-based procedures. Our person, mental health is a basic condition for quality care.

In order to improve the service, additional to the improvement of infrastructure and the appraisal of healthcare needs the objective is to collect data to obtain an overview of the current specialist personnel and physicians in the area, the levels of qualification and the capacity of each sector of the professional care system. [4]

Regarding the levels of psychiatric care, the extension of the "gate-keeper" function of the basic care system (family physician system) could reduce the burden of psychiatric outpatient care. One can think of preliminary screening, etc. Psychiatric care is also special for medical and other competences, because a significant part of medical operation is realized in a team, psychotherapeutic activity, educational activity and many therapeutic interventions are not associated with a doctor's presence. There may be a greater responsibility for the operation of civil organizations and community psychiatry with proper professional control and supervision.

With the questionnaire examination of currently operating professional care systems I wish to collect data on the motivations, attitudes of professionals and their ideas about illnesses, which can justify the re-planning of competence boundaries. Currently 250

questionnaires are being processed involving outpatient care facilities, nursing departments, hospital departments, rehabilitation departments and social institutions.

I intend to examine the social sensitivity of professionals, their relation to long-term, prolonged inpatient treatment, their attitude towards returning, swing-gate-system care with the Q-method.

My research aims to make more effective use and maintenance of existing human resources while performing quality work to prevent the physical and mental health of our doctors and our specialists.

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