

A SYSTEMIC APPROACH TO MENTAL HEALTH ISSUES THROUGH A NEW FOCAL POINT: THE NATIONAL CENTRE FOR MENTAL HEALTH AND DRUG ABUSE CONTROL



Interview with Ms. Cătălina CONSTANTIN, psychologist and Executive Director of the National Centre for Mental Health and Drug Abuse Control

Date of birth:
Born on October 3,
1971 in Șirna, Prahova
Romanian citizenship

Ms. Cătălina Constantin has extensive managerial and clinical experience, from which we mention the most relevant professional milestones:

June 2021 – prezent:

Executive Director of the National Centre for Mental Health and Drug Abuse Control

February 2013 – June 2021:

President of the Association for the support of patients with multidrug resistant tuberculosis.

March 2018 – present:

Project Manager on behalf of the Association for the support of patients with multidrug resistant tuberculosis, project "Organisation of programmes for early detection (screening), diagnosis and early treatment of tuberculosis, including latent tuberculosis", EU funds.

May 2015 – July 2018:

Project manager, Global Fund project "Support network for MDR-TB patients" within the Association for the support of patients with multidrug resistant tuberculosis.

May 2015 – July 2017:

Project coordinator in project RO 19, funded by the Norwegian Financial Mechanism, implemented by the Association for the Support of Patients with Multidrug Resistant Tuberculosis in partnership with the LHL International Tuberculosis Foundation.

February 2015 – April 2020:

Psychotherapist at *The Mind Clinic*, Bucharest, Romania (private clinic of psychiatry, psychotherapy and personal development, specialized in addictions), coordinator of the therapy program for addictions and eating disorders.

February 2013 – March 2015:

Project Manager, Global Fund project "Support network for MDR-TB patients" within the Association for the support of MDR-TB patients.

July 2011 – January 2015:

Clinical psychologist, psychotherapist, *Psymotion Clinic* (psychiatry and psychotherapy services, specialized in addictions). Coordinator of treatment programs for tobacco addiction, computer addiction and eating disorders.

May 2006 – January 2012:

Psychotherapist, National Program "Stop Smoking", National Counseling Center for Smoking Cessation, "Dr. Marius Nasta" Institute of Pneumology, Romania.

March 2006 – September 2012:

Coordinator of the Psychotherapy and Social support Programme for MDR-TB patients in Bucharest and Ilfov county, a programme run by the Romanian Red Cross in partnership with "Dr. Marius Nasta" Institute of Pneumology, Romania

February 2005 – January 2008:

Psychotherapist within the Psychotherapy and Social Support Programme for TB patients in Bucharest and Ilfov County, a programme run by the Romanian Red Cross in partnership with "Dr. Marius Nasta" Institute of Pneumology, Romania.

Member of:

Alumni – International Visitor Leadership Program, USA - 2018

National College of Psychologists in Romania - 2007

Romanian Association of Hypnosis, Relaxation and Ericksonian Psychotherapy – 2006

Reporter: *Ms. Cătălina Constantin, you have recently become the Director of the National Centre for Mental Health and Drug Abuse Control. To begin with, please tell us a few words about the mission of this organization and its current activities.*

Cătălina CONSTANTIN: The National Centre for Mental Health and Drug Abuse Control (the "Center") operates under the Ministry of Health, coordinating the entire activity of mental health institutions in Romania, based on the governmental decision no. 1424 issued in 2009. Specific, we are in charge of ensuring the coordination, implementation and evaluation of mental health policies at national level, providing technical

assistance and management of the National Program for Mental Health and Prevention in Psychiatric Pathology and many other tasks, including:

- sets the priorities in the implementation of specific measures;
- provides training for the staff working in the national mental health network; development of appropriate skills for mental health professionals for their current practice as well as organisation and management of mental health services
- disseminates the mental health practice guidelines;
- ensures the collection, processing and interpretation of mental health data
- monitors and evaluates mental health services;
- establishes and maintains the National Psychiatric Registry.

Since you became the new director, have you managed to outline a vision for the development of the Center for the upcoming years? What are your priorities as director and your main lines of action?

Together with my colleagues, we have managed to draw up an organizational development strategy for the next 5 years, whose action plan is already being implemented. The strategy is built on 5 strategic goals:

1. To be recognized as the reference institution in terms of public mental health policies in Romania, nationally and internationally;
2. To have the operational capacity to ensure the highest level of professionalism, efficiency and representation of mental health issues.
3. To be able to ensure self-financing at a minimum of 30% of its budget.
4. To develop mechanisms to address mental health issues in a systemic manner.
5. To be able to manage addiction issues according to its legally regulated tasks.

We proposed the first goal because we found that, although this institution has, in theory, the same importance as the National Institute of Public Health, not many people know of its existence; also the work of the Center is, yet, at the beginning and less visible compared to the tasks and purpose of its existence.

The second goal is also extremely important, because it is crucial to have high standards in mental health.

The third goal is very necessary, because only the historical budget does not help us to develop, but is just enough to keep us at a survival level. That is why we must ensure self-financing, which is a challenge for an institution at this stage of development, with the extremely limited resources that we have. Up to date, we have managed to fundraise a small amount of money to procure a few computers and we are about to receive another donation which we are going to use for licenses.

The fourth goal is driven by the fact that mental health impacts a person on all her/his levels of life: physical, psychological, social, and she/he is influenced by factors within the same dimensions, which requires a systemic approach to be cost-effective in managing the issue.

The fifth goal follows from the name of the institution, which includes "drug abuse control". Although addiction is

a mental health problem, addictions to psycho-active substances, and not only, are a public health problem which, at the moment, is underserved; in this respect, there is a great need to create an appropriate framework, train the professionals, and develop adequate services for appropriate prevention and management of addictions.

Therefore, the main areas of action are:

- Institutional development by increasing the number of professionals as staff, budget, visibility, specific activity according to the regulations in force.
- Increasing self-financing through services (provided for a fee), donations, sponsorships, according to the law (trainings, specialized consultancy for public or private clients, and access to grants).
- Mapping and analyzing the system resources and needs, setting up an inter-institutional working group to propose solutions. We have already made working visits in 12 counties, where we met professionals with whom we discussed the current situation, following 4 directions: infrastructure, human resources, services, communication with the institutions involved in the management of patients with mental health disorders.

R: What are the main difficulties you foresee in implementing this vision and how do you propose to overcome them?

CC: The main difficulties are in the field of funding, legislation and human resources. Mental health is the area of health in which there has been very little investment over the last 20 years. The Centre has an extremely small budget, the funding of the National Mental Health Programme is low, and very few people have access to free mental health services at the moment. There are very few professionals in the field, they need training, interventions and motivational measures to stay in the system and not to emigrate, they also need proper working conditions and legislation that allows them to quit defensive medicine.

We have submitted to the Ministry of Health a proposal to amend the legislation establishing the Center in which we adapt some of the tasks, the organization chart will increase from 10 to 48 employees, and the budget will be adjusted according to the new responsibilities and needs; so we will start from a different budget in 2024, to which we will add sponsorships, donations, access to non-reimbursable funds through applications submitted to various national and international programs, either alone or in public or public-private partnerships.

The legislation needs to be aligned with new realities but also with the European legislation (i.e. the regulations in force should not be in contradiction with each other, those in the social protection legislation with those regulating aspects of health care with those in the field of public health and so on). A mapping of the legislation and its analyses by an inter-ministerial working group (ministries of health, education, labour, justice, public, finance) can lead to visible results and we would have a coherent legislative context in the interest of both patients and professionals.

The human resource of the Center will be organized according to criteria of professionalism, appropriate conduct, will benefit from general skills development

training (communication, stress management, time management, conflict management, first aid in situations of physical distress, first aid in situations of emotional distress), as well as training appropriate to each vocation.

At national level, we plan to identify the need for training of staff working in the field of mental health and to start programs to provide this training. So far we have identified training needs in the areas of addictions, occupational therapy, effective communication with the mental health patient and caregivers, inter-institutional communication, other personnel such as supervisors, nurses, nurses without appropriate training and competences for psychiatric wards, social care staff, community health care, and psychological care.

A great need for training has been identified among people who come into contact with and provide services to people suffering from a mental health condition and who need to know how to manage such people while providing these services: educators, school counsellors, school nurses, staff working in social assistance and child protection departments, etc.

R: After all, one of the major challenges of the mental health system in Romania is a poor representation of community services. What would be the necessary steps to create new community services and what role the Center could play in this process?

CC: I actually have a lot of experience working with the community. I have learned that the vast majority of community investment is in infrastructure and too little in people. If you look at the websites of the municipalities you will see money invested in streets, parks, sports fields, buildings. There is nothing bad in doing this, but it would be useful to prioritize: to know who the vulnerable population is (the vast majority of municipalities do not have a record of them) and which measures should be taken to reduce vulnerability. Local public authorities have rarely been seen to invest effort and money in this direction. In order to have effective and sustainable community health

services, we first need to empower communities: to have a coherent development strategy that includes a good plan to address vulnerable populations (including people suffering from mental health disorders) as well as a strategy for education and prevention of health problems. When these issues are accomplished, the state will know what and how it funds, monitors, evaluates and supports services on cost-effective, evidence-based criteria.

There is an initiative to build community centres that can have a mental health service component. Accessing this funding is not easy and requires qualified staff and resources that are often not available at community level, which is why funds are not accessed at the optimal level.

There is also the possibility of mobile services, whose existence is regulated by recent legislation and which is starting to be organized in a coherent way; our colleagues from Campulung Moldovenesc have an excellent initiative in this respect and we wish to replicate it throughout the country.

R: Is there anything you would like to add, perhaps the answer to a question we did not ask in this interview but you consider relevant?

CC: The community is responsible for its people. When the strong members of the community care about their vulnerable fellow human, in fact they invest in their own quality of life: to live in a place where they have access to decent services, to feel safe, to have their children educated and therefore protected. Humanity becomes a virtue and the chances of a happy and healthy life increase.

The state has to support the community where it cannot cope alone. We are all responsible for our own wellbeing but we also have a duty to contribute to the good of the community we belong to.

Without education, effort, responsibility and accountability, there can be no good. Our Center strives to support mental health as a value that we all care about, invest in and work hard for, knowing that without a healthy mind, life cannot be easy and beautiful.