

A comparative study of patient satisfaction with mental health services in Armenia and Moldova

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By

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Acronyms and Abbreviations

AMD – Armenian Dram

CHSR - Center for Health Services Research

GDP – Gross Domestic Product

RA - Republic of Armenia

RM - Republic of Moldova

Abstract

Introduction: Mental health is as important as physical health to the overall well-being of individuals, societies, and countries. It is accountable for 12% of the global burden of disease, whereas health budgets of the majority of the countries allocate less than 1% of their financial resources to mental health care. Morbidity rates for psychiatric diseases in the Republic of Armenia have increased from 228 per 100,000 general population in 2006 to 244 in 2009. The prevalence of mental and behavior disorders among the population of the Republic of Moldova grew from 2,599 per 100,000 people in 2006 to 2,649 in 2009. This qualitative research study examines and compares patient satisfaction with mental health care services in Armenia and Moldova.

Methods: An exploratory qualitative study on patient satisfaction with mental health care services was conducted in Yerevan and Chisinau. The study collected data via mainly in-depth interviews. The study population included caregivers of 18 to 65 years old mentally ill patients. A semi-structured in-depth interview guide was developed in English, and translated into Armenian and Romanian. A trained interviewer conducted 21 in-depth interviews and one focus group discussion in Armenia; the student investigator conducted 24 in-depth interviews in Moldova. Detailed notes were taken during the interviews and later transcribed in English. The transcripts were coded by words, phrases and ideas, and analyzed by hand.

Results and discussion: Four domains expressing the main concerns that the participants had, that influenced their patients'/caregivers' satisfaction and revealing information that would be more helpful to improve the quality of care in mental health were: financial access, commodities in hospital, medical staff qualifications and attitudes, and overall satisfaction of patients and relatives. Part of the similarities between Armenia and Moldova was the fact that participants and patients were overall satisfied with the services, despite the shortage of drugs at times, additional expenses it caused and uncomfortable conditions within the hospitals. Main findings include rating professionals as highly qualified, even though informal payments were still present.

Recommendations: Based on the results of the study the following recommendations were made:

- I. Conduct regular patient satisfaction assessments in the mental health care sector
- II. Use patient satisfaction assessments to inform mental health care policy and legislation development
- III. Use the assessments of patient and caregiver satisfaction with mental health care as part of the overall evaluation of the sector to improve and maintain service quality
- IV. Train mental health care providers on basic human rights/patient-provider communication
- V. Control/improve the basic conditions for patients at the mental health care hospitals/dispensaries, including food, bedding, and recreation time
- VI. Increase patients'/caregivers' awareness of their rights and standards of care
- VII. Ensure social protection mechanisms for people with mental health disorders.

I. Introduction

1. Background Information and Literature Review

Mental health is as important as physical health to the overall well-being of individuals, societies and countries [1]. Worldwide 450 million people suffer from various mental or behavior disorders and yet out of this large number only a small minority receives treatment. We know that mental and behavioral disorders have a basis in the brain and that it affects people of all ages in all countries causing suffering to families and communities as well as individuals. Mental health is accountable for 12% of the global burden of disease whereas the majority of the countries allocate less than 1% of their total health expenditure to mental health care [1].

The World Health Organization (WHO) identified access to mental health care as a key principle of quality and stressed that the care should be affordable, equitable, geographically accessible, and available on a voluntary basis [2]. Quality is fundamental to both established and developing mental health services systems. Even in countries where resources for mental health care are scarce and/or used inefficiently, building the quality of mental care can support future service development. Further advantages of quality improvement are presented in Appendix 1 [2].

Donabedian's framework for quality of care provides a good basis and example for quality assessment and quality improvement activities [3]. This framework offers an overview of the structure of the health care system and the process of care including patient's interaction with the health care system. Patient satisfaction is a key aspect of quality of care [3]. The importance of understanding and adequately measuring health care quality from a patient's perspective has been documented by numerous studies. Donabedian's framework is followed by health care researchers and administrators in many countries in order to readdress and improve

quality of services on all levels. It is particularly useful for the countries where quality assessment using patient satisfaction as a tool is still a developing trend.

Different perspectives need to be accounted for to improve the quality of mental health [2]. For people with mental health problems the perception of quality of care comes through the services they receive, and the improvement of their quality of life. From the family members' perspective, quality can mean the support and help offered to keep the family's integrity and functionality. From the service provider's perspective, quality is effectiveness and efficiency, clinical progress, and service being delivered. The policy makers see the issues of quality as the key to the improvement of mental health services [2].

2. *Situation in Armenia*

Republic of Armenia (RA) is located in the South Caucasus and has about 3.2 million population. The health system in RA has the old remains of Semashko model that guarantees free medical assistance and access to a range of primary, secondary and tertiary care for the entire population or certain population groups. Between 2000 and 2004 government health spending as a share of the gross domestic product (GDP) rose from 1.0% to 1.4% [4]. Morbidity rates for psychiatric disease increased from 228.0 per 100,000 general population in 2006 to 243.6 in 2009 [5].

Currently mental health receives only 3% of health care financial resources provided by the government and most of it (88%) goes to mental hospitals due to the structure of the system [6]. There are eleven mental hospitals in RA, three day treatment facilities, and five outpatient facilities, but unfortunately no community-based psychiatric inpatient units or community residential facilities. Mental health in RA provides services to 1,311.5 users per 100,000 general

population which include those who are treated in outpatient facilities, those who are under dispensary observation, and those who are involuntary treated [6].

Since RA gained independence, the legislation for mental health has undergone changes. In 2009 the amendments have been made to the Law on Psychiatric Care, initially adopted in 2004. This law regulates involuntary treatment, civil and human rights protection of people with mental disorders and other mental health related issues. But law alone is not sufficient to ensure complete regulation in mental health in RA, especially when mental health policy is still not well developed [6].

The Department of Health Care of the Ministry of Health in RA is responsible for assessing the quality of mental health care [6]. There are initiatives to develop strategies to improve the quality in mental health; however, there is no clear protocol on how the quality of mental health care is currently being measured.

3. *Situation in Moldova*

Republic of Moldova (RM) is situated in Eastern Europe. RM is the most densely populated country of the former Soviet Union with a population of approximately 4.2 million [7]. The volume of health expenditure in RM in 2005 was calculated to be 10.2% of GDP [8].

There is an overall increasing trend in the number of mental health patients in RM. The prevalence of mental and behavior disorders among population has grown from 2,599 per 100,000 people in 2008 to 2,649 in 2009 [9]. Mental health care system in RM contains three psychiatric hospitals, 48 mental health facilities, eight residential facilities, two community-based psychiatric inpatient units, and three day treatment mental health facilities. Overall, they

serve 79,740 users according to the 2006 WHO-AIMS Report on Mental Health System in the Republic of Moldova [10].

Currently the policy on mental health in RM is implemented by the National Program on Mental Health for the years of 2007-2011 after adopting the amendments of the law regarding mental health in 2008. In the current setup of mental health 80-85% of the funds are being spent on psychiatric hospital services with short term help , which is the medication based type of treatment to take the patient out of critical condition [9].

According to the recent study on the feasibility of the development of mental health services in RM in 2010, the beneficiaries of the services are highly satisfied with the care they receive. The evaluation of the quality of mental health services showed that on the scale from 1 to 10 where 1 means very low quality and 10 means high quality, the services of psychiatric consulting rooms in polyclinics were rated at 8.65, the services of psychiatric hospitals at 8.55, and the services of community mental health centers at 8.67 [9].

4. Rationale for Research and Research Question

The main rationale for this research was to fill the gap in the knowledge of the levels of patient satisfaction with mental health care in Armenia and Moldova. There are many misconceptions about mental health care among those who seek the care in Armenia and Moldova mostly because of the stigma associated with mental health diseases in the former Soviet countries . There is also an anecdotal evidence of high level of dissatisfaction with mental health care services among patients and caregivers in Armenia and one evaluation of satisfaction in Moldova that shows quite high satisfaction rates. This qualitative research study examines and compares patient satisfaction with mental health care services in Armenia and Moldova. The main research question for the study is the following:

What are the key factors that influence patient satisfaction with mental health care services in Armenia and Moldova?

The research project has two specific aims:

1. To assess the opinions of caregivers about the quality of mental health care services received in Armenia and Moldova.
2. To describe and compare the main contributing factors to patient satisfaction levels with mental health care services in Armenia and Moldova.

II. Methods and Materials

1. Study Design

The study utilizes the qualitative research approach with the focus groups and in-depth interviews as the primary data collection methods. The final product of the research study is a description and analysis of patient satisfaction with mental health care in Armenia and Moldova, and the comparison of the situation in these countries.

2. Study Population and Settings

The study population was limited to caregivers of 18 to 65 years old mentally ill patients who were residents of Yerevan and Chisinau metropolitan areas. The participants had to be fluent in Armenian (for the study in Armenia), Romanian (for the study in Moldova) or Russian (for both). The study involved a heterogeneous group of informants coming from a variety of mental health care settings from across urban population in Yerevan and Chisinau. The outpatient sections of mental health hospitals within Yerevan and Chisinau constituted the setting of the study. The reason behind choosing caregivers as a study population was to get the point of view of patients who might not be able to express their opinions of care due to their illness. Caregivers are usually closely connected to patients, can tell about their care experience, and are important stakeholders in the mental health care systems of Armenia and Moldova.

3. Sampling

The study participants were recruited from the outpatient sections of mental hospitals in Yerevan and Chisinau using convenience sampling approach. The study involved the caregivers of the patients that have been discharged from the mental hospital for at least two months before

the study. The reason for choosing the records of patients discharged for at least two months ago was to make sure they passed any critical condition they were admitted for, and caregivers could therefore assess their satisfaction. The student investigator was not provided with an access to medical records; district psychiatrists informed the patients/caregivers about the study and referred interested caregivers to the interview location. Data saturation was achieved at the twenty-fourth participant.

4. Instrument and Data Collection

The instrument used for the study was a semi-structured in-depth interview guide. The guide was translated from English into Armenian and Romanian (Appendix 2). The guide consisted of 11 open-ended questions and took 15-30 minutes to administer. One trained interviewer and a note taker assisted the student investigator in conducting the interviews at the Psychiatric Dispensary in Yerevan for the data collection in Armenia. All interviews were conducted in Armenian. The note taker recorded the interviews, and took notes, which were later transcribed into English. In Moldova the student investigator conducted all in-depth interviews at the Municipal Polyclinic of the Psychiatric Hospital in Chisinau. A note taker assisted with taking notes in case if participants refused to be recorded by the tape recorder. The note taker transcribed the notes in Romanian and translated into English.

After the potential participants were informed by the district psychiatrist about the study and expressed their interest, they were directed to the room provided by the facility administration where the student investigator and the moderator (for the data collection process in Armenia) were located. The focus groups and in-depth interviews started after the informed consent statement was provided to them (Appendix 3). Focus group and in-depth interviews were performed until major themes were revealed and saturation of data was reached. Overall,

21 in-depth interviews and one focus group of six caregivers were conducted in Armenia and 24 in-depth interviews were conducted in Moldova totaling 51 participants for the study. Majority of participants were women in RA and RM.

5. *Data Analysis*

The moderator of the interviews translated the raw data for Armenia into English. For Moldova the data were translated by a translator who was trained about the nature of the subject, after which the student investigator performed coding and further analysis. The transcribed and translated interviews were coded, analyzed, and sorted manually into the main domains. Table 1 presents the domains for each country. The translation and coding process included two participants, which allowed comparing codes and supported the rigor of the study. Participants were coded according to the interview date and their order of participation. After in-depth interviews were performed both in RA and RM, the student investigator initiated short debriefing sessions with the moderator and/or note-taker to discuss the reactions, answers, and topics touched upon during the interviews. Ten key domains emerged during the data analysis as common themes for RM and RA: in-hospital services, polyclinic services, financial access, commodities in hospital, medical staff qualifications and attitudes, basic human rights, confidentiality, overall satisfaction of patients and relatives, quality of mental health, and recommendations for improvement. In order to be able to concisely portray the most important results, these ten domains were analyzed further and four domains, which were most commonly discussed by the majority of the participants, were isolated.

6. *Human Subject and Ethical Consideration*

Three ethics committees reviewed the research protocol for compliance with accepted standards and approved it: the American University of Armenia's Institutional Review Board (IRB), the State University of Medicine and Pharmacy "Nicolae Testemiteanu" from Moldova and Bioethics Committee of the Clinical Psychiatric Hospital in Chisinau. The additional review of research application by Bioethics Committee of Clinical Psychiatric Hospital in Chisinau was solicited by the hospital administration and a legal consultant to ensure protection of patients' rights.

III. Results

Findings are presented according to the major analysis domains that were identified for RA and RM. Participants' direct quotes support the findings where appropriate. Table 1 summarized the findings.

1. Financial Access

Armenia

Most of the participants stressed how important the government support is for the adequate functioning of mental health institutions. One of the participants mentioned that due to the limited funding the hospitals do not have appropriate furniture and cannot provide high quality meals to patients. Other participants talked about the necessity of providing bigger pensions for handicapped people so that they could afford buying medication and appropriate nutrition for patients.

The dissatisfaction of relatives with the amount of compensated drugs they receive at the health care facility emerged as another common theme. The majority of participants emphasized the discomfort of having to come to the dispensary every 14 days to pick up the medication. Sometimes the dispensary does not have sufficient amount of medicines to give out for free for the whole month. This brings overall discomfort and extra spending, and might aggravate the state of the patient. Even though medication is either fully or partially compensated in Armenia, drugs are still very expensive. If the patient does not receive fully compensated drugs, it puts a financial strain on the family taking care of the patient.

Most of the participants agreed that access to mental health care services was satisfactory. Hospitalization, medication, and treatment they received at the facilities were accessible to all

patients, and most of the caregivers knew that these services should be provided to their relatives free of charge.

The aspect of bribes was briefly discussed by several participants, who said that the doctors were not interested in treating the patient, and they cared about earning money. They might even directly ask for informal payments.

“Only State financing is not enough. On the second floor there are four chairs for 20 patients. Some people eat standing. I am not even talking about quality of meals.” (2404)

“The negative thing is that they give the drug for 14 days only, it [the dispensary] is very far... It is difficult to come and go if we consider financial condition.” (2303)

“I never paid, everything was free including treatment, and they serve as much as they can.” (2104)

“Please report, I am not afraid; it is not normal thing to request the money from patients for staying at the hospital.” (1501)

Moldova

The medication prices were mentioned by most of the participants. The medications are too expensive and only partially compensated. After the modification of the law only patients with epilepsy and schizophrenia can get free drugs; the caregivers of patients with other mental health conditions were very dissatisfied with this policy.

The majority of participants viewed the services as highly accessible, except for the patients with multiple disabilities. One participant stated that her grandson could not be hospitalized in mental health institutions due to being severely handicapped needing constant monitoring.

Another theme that was touched indirectly by some participants was the presence of informal payments of the health care system in general. Two of the participants said directly that

they were either asked for informal payments, or were forced to pay in order to get a better care for their ill relatives.

“The cheaper drugs are offered for free, but more expensive drugs have to be paid for.”(2002)

“There aren’t enough drugs and when a sick person has a reoccurrence he is forced to pay for these drugs on his own.”(1201)

“Some [drugs] are more accessible than others but in general they’re all accessible.”(1901)

“Well the last time she spent at the hospital they asked for 20lei because they were fixing up the hospital. How can they ask money for such things from patients? I paid this sum on more than one occasion. The doctor called me to her office and said that they’re fixing up the hospital and that this sum is necessary. I would like for this kind of things to change.” (1202)

2. Medical staff qualifications and attitudes

Armenia

Most of the participants expressed their satisfaction with the help, treatment and support they received from medical workers. The most important factor for the majority of them was the psychological support and continuous advice they received from the doctors. Most of the caregivers appreciated doctor’s efforts and understood that the lack of free drugs at the facility was not solely dependent on doctors.

There was one participant that stated her extreme dissatisfaction with doctor’s attitude, which negatively affected the patient. This participant found it unacceptable to have this kind of cruel behavior towards the patient considering his disease and his lack of ability to function as healthy and active society member.

“They [the doctors] are very remorseless, cruel, vulgar, they are not psychologists, their approach to the patients is cruel.”(0001)

“It was excellent, thanks to the doctor my son recovered with the help of his advices and attitude. I am thankful to the doctor and his staff, they approached my son not as a patient, but as a human being. Because it is a very difficult disease, if they aproach as a patient and ignore as a man it will be very bad.”(2701)

“The staff was very friendly; they gave us good advice about how to approach the patient. I am very pleased. There were very good doctors and nurses. It is not even a question for discussion. The quality very much depends on their service.”(2003)

“I don't have complains, but they (the staff) don't give drugs, we don't receive drugs on time, I received only 10% of all drugs, but their attitude is good.”(1506)

“The doctors are good, my son has had the disease since 1983... they show very attentive and caring attitude.”(2005)

Moldova

The majority of participants agreed that the doctors were highly qualified and professional. Some participants strongly believe that a doctor's advice could directly impact a patient's health, because of the strong trust they have in his judgment. Moreover, they had not described any negative experiences, even though they acknowledged that the current system was still influenced by the older soviet system from the building arrangement to treatment methods. The memories of the old system were sometimes positive and sometimes negative for different patients; however, all of them saw the conflict of the old ways and the new changes.

There were some participants that specifically stated that nurses and janitors were less polite towards the patients than doctors.

A very important aspect of hospitalization for caregivers was the ability of patients to go outside their hospital room, and to walk in a less controlled environment. There was a couple of participants who mentioned that this was more common during the soviet times when they had different outdoor activities, while currently it was less frequent, especially for those who were seriously ill.

“I consider myself lucky because my son has a very good doctor. The nurses aren't as good as the doctors.” (2002)

“The staff had a professional and understanding behavior. There weren't any factors that created discomfort. They worked professionally and helped in a qualified way.” (1302)

“We’re satisfied with the staff and consultations we received. Perhaps others didn’t receive the same services but we’ve never had any disappointing experiences. I’ve never complained about the quality of the services that they offered here. They always kept me informed and answered all my questions.” (1301)

“Some of the staff [nurses] are somewhat brutal with patients. Sometimes they use foul language, but never the doctors, it’s usually the janitors. I’ve seen them pushing patients around sometimes.” (1404)

“The staff is very good. They’re polite and kind hearted but they can’t do much. The whole hospital system is still soviet. It’s understandable that not all patients should be allowed to go outside whenever they want, but they can’t just keep the patients locked in all the time like they do.” (1405)

3. Commodities in Hospital

Armenia

Most of the caregivers did not stay in the hospitals with their patients and therefore could not describe or assess the state of hospital commodities in details. Caregivers were allowed only to visit the patient and have weekly meetings with the doctor in charge of the patient outside the ward; but they had very little or no access to the ward. Based on their understanding of their relatives’ opinions, the participants portrayed hospital conditions as comfortable and safe or of average quality.

Some participants were able to recollect soviet times memories about hospital commodities, saying that at that time it was “clean and good”. This observation was more typical for older participants who lived most of their lives during the soviet times.

“[Conditions] Average, it was not comfortable on the second floor, I don’t know, but every time I come here, I go back in a bad mood.” (2105)

“Yes, it was comfortable.; I did not enter the hospital and I don’t know what the conditions are... we bring clothes from home, but they sleep there, take a shower etc. “ (2403)

“I’ve never been in foreign countries to compare; however, the hospital was comfortable, I am pleased, because now there is such a situation in the country, you can not demand a whole ward from the State or hospital.” (2003)

“Yes, that time it was comfortable, I am talking about Communist time, everything was clean, the clothes were normal, it was good.; If he was not safe, he would complain... no, he was safe.” (2104)

Moldova

Most of the participants described the situation in hospitals as being uncomfortable. The majority of the participants were dissatisfied with the quality of meals at the hospital. Relatives did not have much access to the hospital once the patient was hospitalized, but they know that basic needs like food, treatment and showering were assured for them even though they were not sometimes of the best quality. The opinions of some of the participants were contradictory; even though they said they were satisfied, they mentioned a lot of things related to hospital conditions and food that they did not like. One of the participants was highly dissatisfied with the conditions in one of the departments at the hospital, including sleeping accommodations and quality of meals. This same participant mentioned how patients could fight each other over food, how bedding supplies were in very bad conditions, and how hospital staff treated them bad at times. Another participant confirmed these findings by saying that they had to bring food from home for the patients, because the provided food was not good enough.

“She [the patient] likes the staff but the conditions are horrible for her. It’s not comfortable at all.” (1404)

“The conditions are really bad. He is free to walk around and although the food isn’t the best, he doesn’t just starve there.” (2002)

“I don’t know much about the conditions here. It’s not that easy to have an access to this kind of information. The things they do for my brother are sufficient; they feed him, wash him, and treat him. Sometimes it’s cold in the hospital. Of course this hospital is still a scary place for humans. I’m not sure of everything that’s going on in the hospital but they do treat the patients.” (2005)

“Some patients fight for food. It once happened that he had his food taken away from him. Sometimes the attitude of the staff isn’t as good as it should be. You can see that the patients’ mattresses are rotten when they take them outside. The pillows and beddings are dirty as well.”

(1402)

“The food is horrible; people have to bring food from home. The showers are horrible as well. In some departments they can’t go out to smoke whenever they want, and not all of the departments have a smoking room.” (1404)

4. Overall Satisfaction of Patients and Relatives

Armenia

One of the hardest part of the assessment was to obtain both the patients’ and the caregivers’ satisfaction. Mainly because none of the participants found that their satisfaction was appreciated or even taken into account in order to improve mental health services. The main contributors for overall satisfaction as stated by many participants were doctors’ understanding and guidance for both the patient and caregiver. Even in cases when there were no changes in the patient’s condition, the caregivers were satisfied with the care and attention they got from the hospital. Sometimes patient satisfaction depended on the mere fact of not being hospitalized, because it was the worst thing possible for them no matter what the conditions were it was still stressful for the patients. One of the participants stated that they were satisfied with the services they received even though they hated to be in the hospital.

In cases when the disease could not be cured and hospitalization offered a stress relief and would take the patient out of critical situation, satisfaction seemed to be very high among the majority of participants.

“I am pleased, he had been at the hospital, but there are not any changes in his condition. I did not notice any negative things in the hospital, or anything extremely inappropriate. They provide the medicine on time. We saw a good attitude towards him. However, the patients are not treated; they just help them to come out of crisis.” (2105)

“I understand that in some cases there are no drugs and we should buy them, but not every month. If a patient needs 50 drugs, why they provide only 25. I am displeased, if he is their patient, he should get all the necessary medication.” (2104)

“When he [the patient] was at the hospital he was displeased at first, but started to feel better afterwards... They don’t want to go to the hospital they think they are not mental patients. Yes, of course, I am pleased that they helped as much as they could.” (2403)

“Yes, I am pleased very much as a parent. Many parents have the same opinion, because not everybody can work with this kind of patients.” (2102)

Moldova

The overall satisfaction with care among participants was high, because from their point of view the doctors were addressing their patients’ needs. Caregivers’ and patients’ satisfaction very much depended on their doctor’s attitude, especially in cases when the patient’s condition was not curable.

However, there was a couple of participants who stated that they preferred not to use hospital services at all, because they felt they could take better care of the patient in their own home and come to the hospital for medication only. One participant said that an important factor that influenced his satisfaction level was lack of counseling during hospitalization for the patient and the caregiver himself.

“He is very satisfied with his new doctor. He does everything the doctor tells him and he couldn’t be any happier with the doctor.” (2002)

“Sometimes she reaches a state that I cannot help her with, and that’s when I seek urgent medical help. After treatment she always comes back home in a more stable/normal state.” (1302)

“I’m satisfied with the doctors that treat my son. My son was hospitalized for 3 weeks last year and throughout the treatment my son was quite happy.” (1801)

“We are satisfied with the doctors.” (2004)

“They don’t offer too much counseling to the patients and their relatives.” (2005)

“I didn’t take her to the hospital since 2007. That is not because I’m not satisfied with something there, but because it’s just senseless. Her mother takes care of her at home because she is retired, and can be with her all the time. And I just have to sustain them.” (1303)

IV. Discussion and Recommendations

1. Strengths and Limitations of the Study

Due to the lack of available resources and time constraints, the interviews were conducted in the dispensary section of the mental health care facilities in both countries using the space provided by the administration. The participants were interviewed in the mental health care facilities where their relatives were treated, and this could influence their answers. The selection bias could not be ruled out, because the study participants were selected by physicians and nurses who could have informed about the study the patients/relatives who were relatively satisfied with care. In Armenia the interviews were periodically interrupted by nurses, who came into the interviewing room to take or return medical records creating discomfort for the participants, since the room that was assigned by the administration for the interviews was an office of a doctor who was on a sick leave. The need to translate the interviews could have resulted in misinterpretation or loss of some information. However, every effort was made to clarify/retain the important information through working with the translator and making sure the results were interpreted correctly.

One of the main strengths of this study was that it utilized a different approach towards identifying the level and main components of satisfaction among patients by exploring the patient satisfaction with mental health care revealed by relatives / caregivers, who were aware of and in some cases, could better describe patients' experiences at the mental health care facilities. This was the first study that examined the quality of mental health care in Armenia and Moldova through the assessment of the caregivers' perspective. The fact that the investigator was not employed in the health care sector, and came from the academic institution might have made it easier for respondents to open up and reveal sensitive information.

2. Discussion

The similarities between Armenia and Moldova start from their common health system history, as both were part of the Semashko model that still influences health care in all post-soviet republics to this day. Since both Armenia and Moldova are developing countries with health care system still in transition and reforms, legislation and policy for mental health is still a new concept for them. RA is still working on a better structured legislation for mental health, whereas RM is concentrating the efforts to enforce their mental health policy which is fairly new.

The four domains that provided most of the relevant information for the study included financial access, commodities in hospital, medical staff qualifications and attitudes, overall satisfaction of patients and relatives. These domains expressed the main concerns that participants had with care, and that influenced their patients'/caregivers' satisfaction the most. They also provided the information that was most helpful for the improvement of the quality of care in mental health care in both countries.

Due to the similarities in overall country profiles and mental healthcare systems, most of the findings were similar for Armenia and Moldova. The financial aspect seemed to be similarly viewed in both countries, with equal importance attributed to the state support and free medication. Informal payments were mentioned as a problem during the in-depth interviews in both countries. This could be explained by the low salaries offered to the hospital and dispensary personnel and the stressful working conditions the doctors and administrator were working under.

Qualifications and attitudes of the medical personnel were considered to be at quite high level in both countries. The participants from Armenia and Moldova agreed that it was a very important factor for the well-being of patients and the satisfaction of both patients and

caregivers. The caregivers from RA were particularly concerned with the patients not being treated by doctors as normal society members. RM participants expressed similar concerns; however, they were mainly dissatisfied with nurses and janitors. There was a lot of recollection of memories from old soviet times (mostly in RM) about how the conditions back then allowed patient to have more freedom/outdoor activities.

Another domain that was intensively discussed in both countries was hospital commodities. In RA the majority of the caregivers stated that their patients' and their own satisfaction with hospital conditions was high, even though they did not have direct access to the wards. On the opposite, RM caregivers were very skeptical about hospital conditions, particularly the quality of meals and bedding. Still, RM participants felt a certain level of satisfaction knowing that their relative/patient received some care in the hospital. Older participants from RA were nostalgic about in-hospital conditions that were "clean and good" during the soviet times.

Overall satisfaction with care in patients and relatives was one of the most important findings of the study. Surprisingly, despite all the inconveniences experienced by caregivers and their patients, they considered their overall satisfaction level as high. This might be partially explained by the caregivers and patients not having big expectations from the institution and the doctors, mostly due to the absence of any experience or knowledge of better care. This finding applied to both countries, and to patients with all types of disorders, including incurable disorders. The main difference between the countries in this respect was that in RA caregivers considered hospitalization mostly as a stress relief for both patients and caregivers, whereas in RM participants reported that they tried to avoid hospitalization, because they think they could offer a better environment for the patient at home.

Although patient /caregivers satisfaction should normally be an essential part of quality assessment of mental health care, in both RA and RM little or no efforts to collect their perspectives were ever initiated. The quality of mental health care has been always discussed by and presented from the perspectives of administrators or health professionals. Patients' satisfaction as part of the assessment of the mental health services' quality can be used to understand and improve the services to better address the needs of this population. Other studies performed in RA also found high patient satisfaction with, for example, primary healthcare services, because of fear to report low satisfaction which might influence services provided for them or low expectations [11].

Since in RA it was possible to have a focus group discussion along with in-depth interviews, it gave the researchers a good chance to compare the effectiveness of these two ways of data collection for this particular topic. It appeared that although a group discussion provided the participants with higher confidence to express their opinions, they were keener to focus on their own experiences within the healthcare system, speaking at great lengths and making it difficult to keep the discussion under control. Therefore, in-depth interviews seemed to be a better option for collecting the information on the caregivers' experiences and opinions on the mental health care services received.

The fact that the information was collected from caregivers as proxies of patient satisfaction could represent an information bias. Patients whose relatives were involved in care giving were usually more satisfied with services and quality of services was perceived to be higher [12]. The patients whose relatives were not at the visit were left out of the study and may have had different opinions about care.

3. Recommendations

Based on the results of the study the following recommendations are made:

- Conduct regular patient satisfaction assessments in the mental health care sector
- Use patient satisfaction assessments to inform mental health care policy and legislation development
- Use the assessments of patient and caregiver satisfaction with mental health care as part of the overall evaluation of the sector to improve and maintain service quality
- Train mental health care providers on basic human rights/patient-provider communication
- Control/improve the basic conditions for patients at the mental health care hospitals/dispensaries, including food, bedding, and recreation time/facilities
- Increase patients'/caregivers' awareness of their rights and standards of care
- Ensure social protection mechanisms for people with mental health disorders.

The current study is the first qualitative study exploring patient satisfaction with mental health care services through the opinions of patients' caregivers in Armenia and Moldova. Future studies should take into consideration that administrations of mental health institutions were not willing to participate in studies related to quality of care, as they considered these studies as evaluation of their treatment methods and they were expecting that punishments could be imposed on them as a result of participating in the study. Therefore, one of the recommendations would be to approach the management of the institution and health providers with care and detailed information on the purpose of the study and how it would be conducted and that they would not be punished.

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Tables

Table 1 Main findings of patient satisfaction with mental health care services in Armenia and Moldova by domains

Domains	Themes	Armenia	Moldova
<i>In-hospital Services</i>	Range of services	✓ Temporary relief	✓ Different services provided during hospitalization
	Improvements after hospitalization	Resignation with getting a cure for the disease	✓ Minor discomforts
		✓ Inefficiency of treatment	✓ Provision of all necessities
		✓ Drugs only treatment provided	
<i>Polyclinic Services</i>	Drug prescription	✓ Inconvenient queues	✓ Consultations only
	Accessibility	✓ Only drug prescription	✓ Accessible to come for doctor visits
		✓ Polyclinic treatment not efficient	✓ Free drugs
<i>Financial Access</i>	Insufficient funds for accommodation	✓ Government funding insufficient	✓ Big waiting lines
	Insufficient compensated drugs	✓ Bigger pensions for patients ✓ Amount of compensated drugs	✓ Expensive medication
	Satisfaction with access	✓ Satisfactory access to services	✓ Compensated drugs only for specific disease(epilepsy, schizophrenia)
	Bribes	✓ Informal payments requested	✓ High accessibility
		✓	✓ Corruption
<i>Commodities in Hospital</i>	Safety	✓ No access to check conditions inside the ward	✓ No access inside the ward
	Comfort	✓ Average quality	✓ Uncomfortable conditions
	Food	✓ No comparison with other foreign countries	✓ Low quality of meals at times
		✓ Recollection of old soviet times	✓ Bad bedding conditions
<i>Medical staff</i>	Doctors	✓ Treatment and support	✓ Highly qualified and

Domains	Themes	Armenia	Moldova
qualifications and attitudes	qualification		professional
	Attitude towards patient	✓ Doctor's negative attitude	✓ Conflict of the old ways and the new changes
	Changes in time		✓ Nurses and janitors are less polite towards patients
Basic Human Rights	Communication	✓ Humble approach	✓ Fundamental rights not respected everywhere in the RM
	Physical integrity	✓ No knowledge about human rights	✓ No evidence that rights are being infringed
	Respect for human being	✓ Not physically aggressive towards patient	✓ Rights are protected
Confidentiality	No disclosure	✓ No information is disclosed	✓ Discretion of doctors is present
	Divulge level of handicap		✓ Handicap information leaks
Overall Satisfaction of Patient and Relative	Doctor's understanding	✓ Understanding and guidance of the doctor	✓ Doctor's attitude
	Improvement in patient's condition	✓ Stress relief out of critical condition	✓ Counseling during hospitalization
	Rating satisfaction	✓ High satisfaction	✓ High satisfaction
			✓ Not using hospital services
Quality of mental health care	Bad general conditions	✓ No innovation in treatment	✓ Satisfied with treatment
	Quality=treatment=good	✓ Bad conditions in hospital	
		✓ No other social options for mentally ill patients	✓ Conditions are poor, even doctors agree
		✓ Received treatment means good quality	✓ Low development

Domains	Themes	Armenia	Moldova
			✓ Generally speaking, quality is good
<i>Recommendations for improvement</i>	Staff retraining	✓ Retrain and organize	✓ Government funds for hospital improvement
	Recovery centers	✓ Creating centers	✓ Rehabilitation centers
	Financial assistance	✓ Financial help	✓ Sorting the patients by degree of their illness
	Basic necessities	✓ Good alimentation and carefulness towards patient	✓ Qualified staff, good medicine and preventive health checks
	Sufficient drugs	✓ Drugs on time	

Appendices

Appendix 1. Advantages of quality improvement for mental health [2]

1. A focus on quality helps to ensure that resources are used properly.

In most systems, resources are not used optimally. Some systems overuse many services, i.e. services do not result in improvement or even cause harm. Other systems underuse services, i.e. systems fail to provide what people need. In either case the lack of a focus on quality results in resources being wasted. Quality improvement provides the opportunity to use resources efficiently.

2. A focus on quality helps to ensure that the latest scientific knowledge and new technologies are used in treatment.

In the last decade, major scientific breakthroughs have occurred in medications and treatments for mental disorders. The World Health Report (World Health Organization, 2001a) documents treatments that work, but also points out that there is a huge gulf between the knowledge base and what is implemented. A wide variety of community-based services are of proven value for even the most severe mental disorders. A focus on quality helps to change the old way of operating and could even propel the system forward by taking advantage of the new treatments and technologies that have emerged.

3. A focus on quality helps to ensure that people with mental disorders receive the care they need.

Good quality is vital for people with mental illnesses. Psychiatric and neurological conditions account for 28% of all years lived in disability. Statistically, this represents the aggregate burden of persons with mental illness. At the individual level it indicates the disproportionate burden borne by persons with mental illness. This burden is exacerbated by the stigma, discrimination and violation of the rights of persons with mental illness in many parts of the world. Traditional beliefs about the causes and remedies of mental illness still hold sway, resulting in reluctance or delay in seeking care. In the USA, for example, the majority of people who need treatment do not seek it (United States Department of Health and Human Services, 2000).

4. A focus on quality helps to build trust in the effectiveness of the system.

Satisfactory quality builds societal credibility in mental health treatment. It is the basis for demonstrating that the benefits of treatment for mental disorders outweigh the social costs of having such disorders. Without satisfactory quality the expected results are not obtained. Funders, the general public and even persons with mental illnesses and their families become disillusioned. A lack of quality helps to perpetuate myths about mental illness and negative attitudes towards people with mental disorders.

Appendix 2: Focus Group Discussion Guide

American University of Armenia

College of Health Sciences

Master's Program in Public Health

A comparative study in patient satisfaction of mental health in Republic of

Armenia and Moldova

Guide for Focus Group Discussions

1. What do you think about mental health care in Armenia/ Moldova (in general)?
2. What can you say about quality of mental health care services and what are the main factors that influence it?
3. What do you think about (during the last stay in the hospital of your relative):
 - Friendliness of the staff
 - Qualifications of the staff and its efficiency
 - Confidentiality and discretion
 - Comfort within hospital
 - Safety within hospital territory
 - Efficiency of treatment received during hospital stay
 - Affordability of the services
4. What was the best thing about your experience at this mental healthcare facility or mental health care services in Armenia/ Moldova in general? What was the worst thing? Why?
5. What do you think about (during the last visit/appointment at the hospital):
 - Friendliness of the staff

- Qualifications of the staff and its efficiency
 - Confidentiality and discretion
 - Affordability of the services
6. What does the hospital offer for your relatives that have received care at a mental hospital and what needs does it cover? Probing: Do you consider this sufficient and what else do you expect from the hospital services?
 7. How would you classify the satisfaction with the services your relatives have received in the hospital? Probing: How did or would your relative classify their satisfaction with the services received in the hospital?
 8. Do you think their basic human rights are protected (or violated in any way) when they get care? Why/why not? (hospital staff's attitude towards the patients, treatment methods, accommodation in the hospital)?
 9. Are you satisfied with the help you get in difficult situations from the hospital? Please explain your answer? Probing: What kind of help have you received that you considered most valuable for your relative's mental health?
 10. Have you seen any changes from the times you first started being a caregiver, if yes, then what changes, please describe?
 11. In your opinion, what should be done to improve the quality of mental health care services?

Appendix 3: Informed Consent

American University of Armenia

College of Health Sciences

Master's Program in Public Health

Consent to Participate in a Research Study

*A comparative study in patient satisfaction of mental health in Republic of
Armenia and Moldova*

Purpose: The purpose of this study is to assess the differences of patient satisfaction with mental health care in Armenia and Moldova. The study uses interviews with groups of caregivers aged over 18 to understand what they think about patient satisfaction of mental health care services and how they can be improved.

Who is doing the study: This research study in patient satisfaction of mental health care services is being done by a graduate student in public health at the American University of Armenia. The student Domnica Balteanu is working under the supervision of faculty at the University and the study is a student master project and results of it will be shared with the public or published.

Why you are invited to participate: You are being asked to participate in this study as a caregiver of a mentally ill person over the age of 18, and residing in Yerevan, Armenia. Your name has been selected from the records in consultation with your district psychiatrist from the mental hospital as a caretaker of a patient.

Procedures: Participation involves only one interview in a small group depending on your availability and willingness to participate in focus group discussions.

Risks: There is minimal risk of discomfort in discussing patient satisfaction in mental health care.

Benefit: There are benefits that might result from this research, in order to improve the quality of care in mental health and increase patient satisfaction.

Confidentiality and Anonymity: Your participation is confidential. Your name and any characteristics that identify you will not be associated with your interview or with the results of this study. Brief quotes not attributable to you may be used in the results of this study.

Alternatives to participation: You are free to decline participation at any time even after the discussion.

Voluntary nature of the study: Your participation in this study is voluntary and you are free to refuse participation without any consequences to you or your relative and the care your relative is receiving from the hospital now.

Right to withdraw at any time: You may withdraw from the study at any time and any data collected from you will be destroyed should you withdraw from the discussion.

If you feel you have not been treated fairly or think you have been hurt by joining this study, please contact Dr. Hripsime Martirosyan, AUA Human Subjects Administrator at (374 1) 51 25 61. If you consent to participate, we can start.