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Consultation–liaison psychiatry and psychosomatic medicine in the Republic of Bulgaria

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After the fall of the iron curtain in 1989, the Republic of Bulgaria has quickly developed and became a member of the European Union in 2007. Until recently the main way of providing psychiatric healthcare in Bulgaria was the “institutional model” of dispensaries and hospitals with a few outpatient clinics.

The National Politic for Mental Health in the Republic of Bulgaria 2004–2012 is the main tool for developing modern psychiatric care. Its fundamental priorities are to ensure equal access to psychiatric care, to create a system of services for people with psychiatric problems and social dysfunction, to form strategies for prevention, and to promote mental health and a campaign against psychiatric stigmatization and discrimination [1].

Psychiatric disorders in somatically ill people have been treated in general hospital wards for the past four decades where specially prepared rooms were used to maintain the security of the sick. The attempts at treating these patients in psychiatric wards resulted in unfortunate complications and fatalities from physical illness due, in part, to lack of laboratory equipment. The increase of psychiatrically ill people with physical comorbidity and the complex needs of their treatment led in the 1950s to the formation of a special outpatient unit (“consulting room”) for border states of psychiatry with internal medicine in the National Institute of Neurology, Psychiatry, and Neurosurgery. The specialists in internal medicine participated as cotherapists in the treatment of somatic disorders of mentally ill patients. Since 1980, the “consulting room” has conducted many research activities, as well as clinical work [2].

In recent years, the psychiatric departments of the Medical Universities of Sofia, Plovdiv, and Varna have been particularly active in teaching and research work.

Practical exercises and lectures in consultation–liaison (CL) psychiatry are included in general psychiatric specialization courses.

The problems of comorbidity and cotherapy and psychosomatic interrelations were the main focus in the scientific studies of the general psychiatry ward at the “Saint Naum” Specialized Hospital of Neurology, Psychiatry, and Neurosurgery in Sofia. These lasting interests formed in the field of psychosomatic medicine and liaison psychiatry contributed to the foundation of a Society of Psychosomatic Medicine. Its first national conference was held in 1992 [2]. Every second year the society holds a national conference and every third year it organizes a congress of psychosomatic medicine. The Society also publishes its own journal, *Psychosomatic Medicine*. The works of L. Perlmutter (USA), R. Meyer (Strasburg), Spidel (Germany), Norel (UK), and Burlachuk (Kiev) have all been published in it, while P. Salkovskis (Oxford), S. Ziegler (Basel), M. Roglev (Plovdiv), P. Petkova (Sofia) are all members of its editorial advisory board [3]. The journal has published articles on contemporary problems in psychiatry, cardiology, endocrinology, and oncology, and articles devoted to pain syndromes, psychosomatic problems in some ethnic groups, as well as the works of the impact of psychiatry in general practice and somatic hospitals, have been very well received [3]. The very first Bulgarian manual of CL psychiatry was published in 1992, edited by Ts. Tsonev and I. Natsov.

Since 2001, we have at our disposal a National Program for Reforms in the Mental Healthcare System of the Republic of Bulgaria. Some of the program goals are the replacement of institutional care with a complex of services in urban areas, the introduction of psychiatric wards in somatic hospitals, and the development of outpatient psychiatric departments

within the framework of policlinics, general practices, and health centers [4].

The National Frame Contract determining the status of psychiatrists in outpatient healthcare enabled 427 psychiatrists to sign contracts with the National Health Insurance Fund (NHIF). This equals 1 psychiatrist per 18 200 citizens [5]. The National Frame Contract also certified 5485 general practitioners. These events created real prerequisites for addressing the psychiatric morbidity in the community. Across all medical universities, there are departments of psychiatry which provide a total of 617 beds. Psychiatric wards were established in 15 somatic hospitals, providing 338 beds [5]. These structures all form part of a CL service. Unfortunately, the NHIF has not financed these structures to date.

The reform in the public health services of Bulgaria aimed to optimize the forms of ownership, structure, management, and financing of the service, and the system of NHIF provides a possibility for fulfilling the mission of CL psychiatry in many places in the country. This is not only by providing structures situated in hospitals, but also by outpatient ones on the basis of individual and group practices, diagnostic and health centers

working in close relation with the somatic hospitals and emergency units. Further development of CL psychiatry in Bulgaria is expected.

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