

Psychiatric Treatment in Estonia

Andres Lehtmets

Psychiatric Center of East Tallinn Central
Hospital

06.10.2011

Health Insurance

- Transition to a new system of health insurance was made in 1992. Since that time the basic principles remained unchanged: a certain portion (13%) of the social tax paid by the employer (33%) is forwarded to the health insurance fund. The system has demonstrated stability and its adequate reserves have helped to avoid the collapse of the health insurance system during the latest economic crisis.
- Today, health insurance covers 96% of the population.
- For the most part, funding for psychiatric services is performed by health insurance (with the exceptions of forensic psychiatry, prison psychiatry and certain types of dependency treatment therapy). Along with other specialties psychiatry competes for resources of health insurance.

Principles of Health Insurance

- The patient pays only a small fraction of costs for visits to medical professionals him/herself (the so-called self-financing) – (3.2 EUR). Visits to family doctors are free of any charge. When undergoing hospital treatment, the patient also pays a small fraction of costs in self-financing.
- Expenses in connection with medications for treatment of diseases associated with psychosis are compensated at 100% rate, the cost of most antidepressants - at 50% rate.
- Despite the above, the amounts that the patient him/herself pays for treatment (primarily because of dentistry expenses and purchase of medications), proportionally are among the highest in Europe (26%).



Health Care funding sources



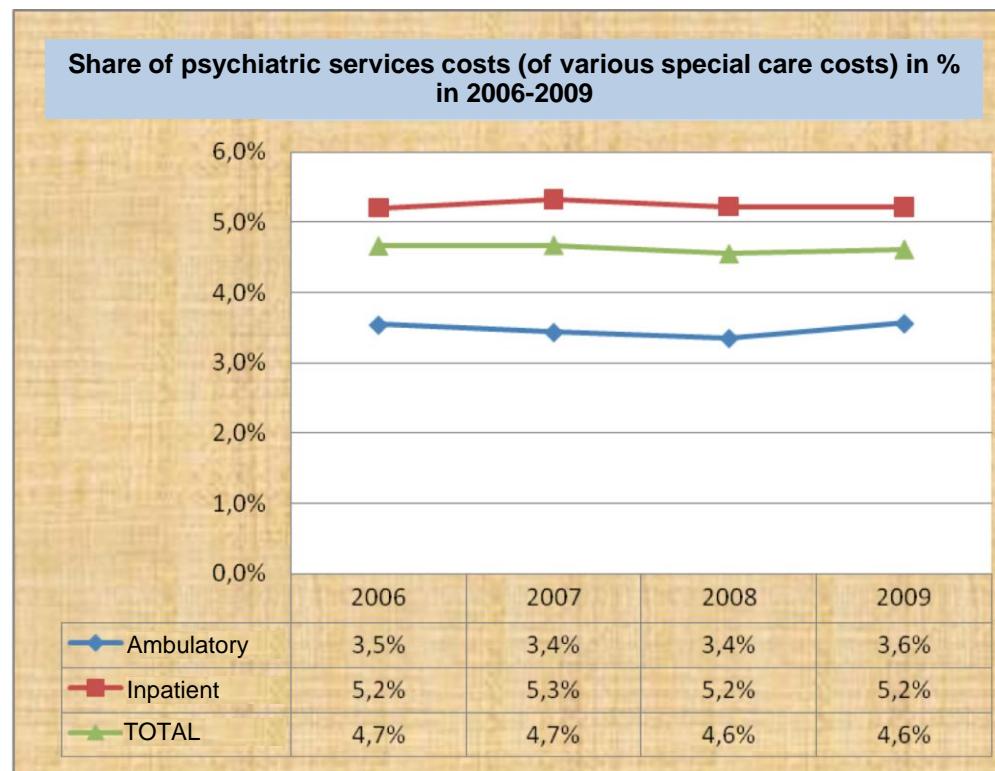
Source		2000	2006
General taxation		8%	9%
Local municipalities	Public	2%	2%
Health insurance		66%	62%
Private insurance	Private	1%	1%
Self-financing portion		20%	25%
Other		3%	1%
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% of GDP		5.4%	5.1%
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Legal Regulation of Psychiatric Services

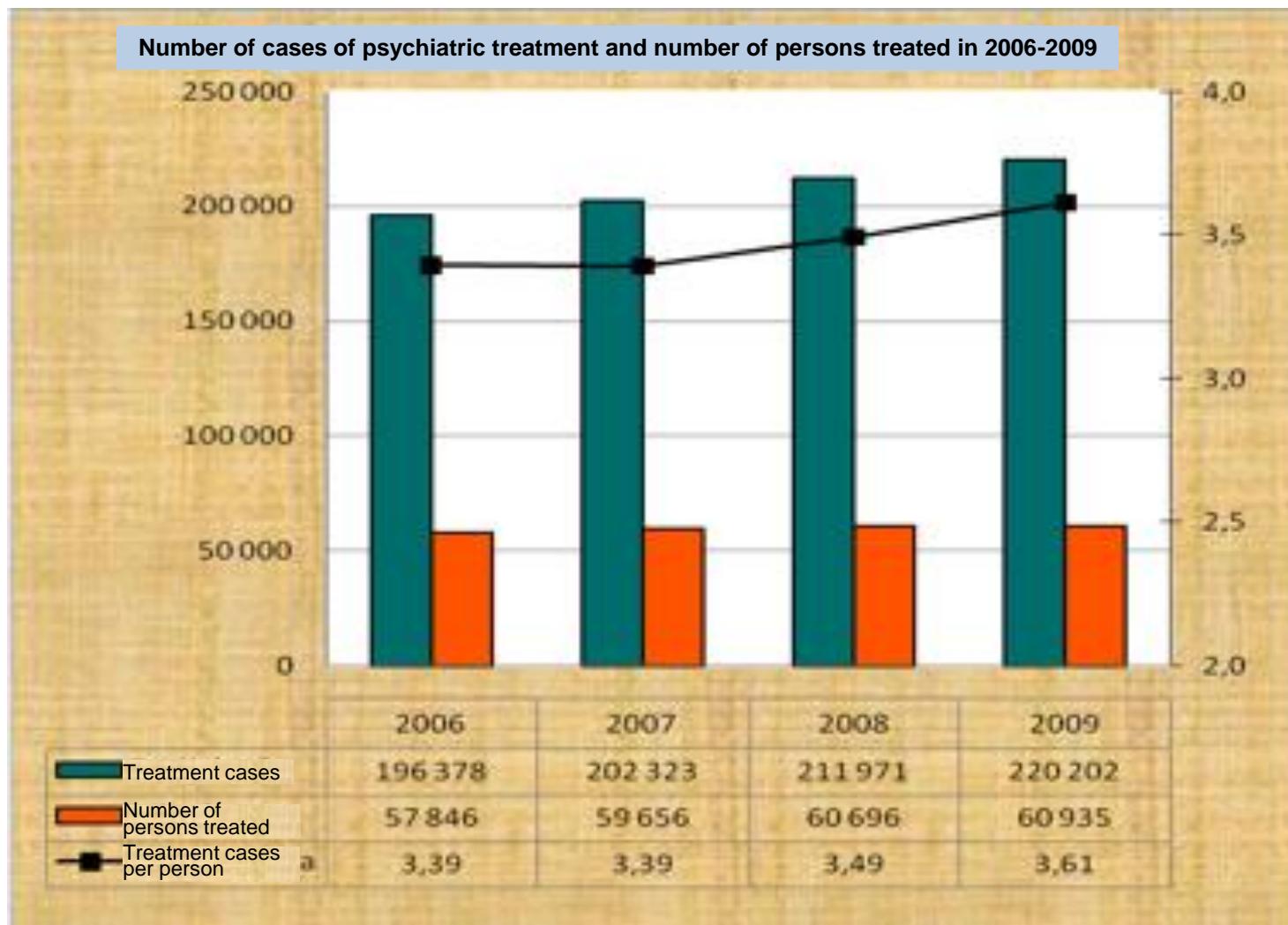
- The Psychiatric Services Act was adopted in 1997. The law regulates the general principles of psychiatric care and defines the criteria for compulsory patient treatment. Since 2007, the decision to provide compulsory treatment is made by the court within 48 hours after admission of the patient for treatment.
- In 2007 15% of hospitalized patients were subjected to compulsory treatment; in 67% of cases the court extended treatment to more than 48 hours.
- Forensic psychiatric examination and compulsory treatment in a psychiatric hospital are governed by various legal acts.

The share of psychiatric services costs (of various special care costs) remained stable during the past few years (accounting for 4.6-4.7%). It does not take into account the costs of forensic psychiatry and compulsory treatment, the system of special care and self-financing, which may be quite significant in certain areas (e.g. rehabilitation).

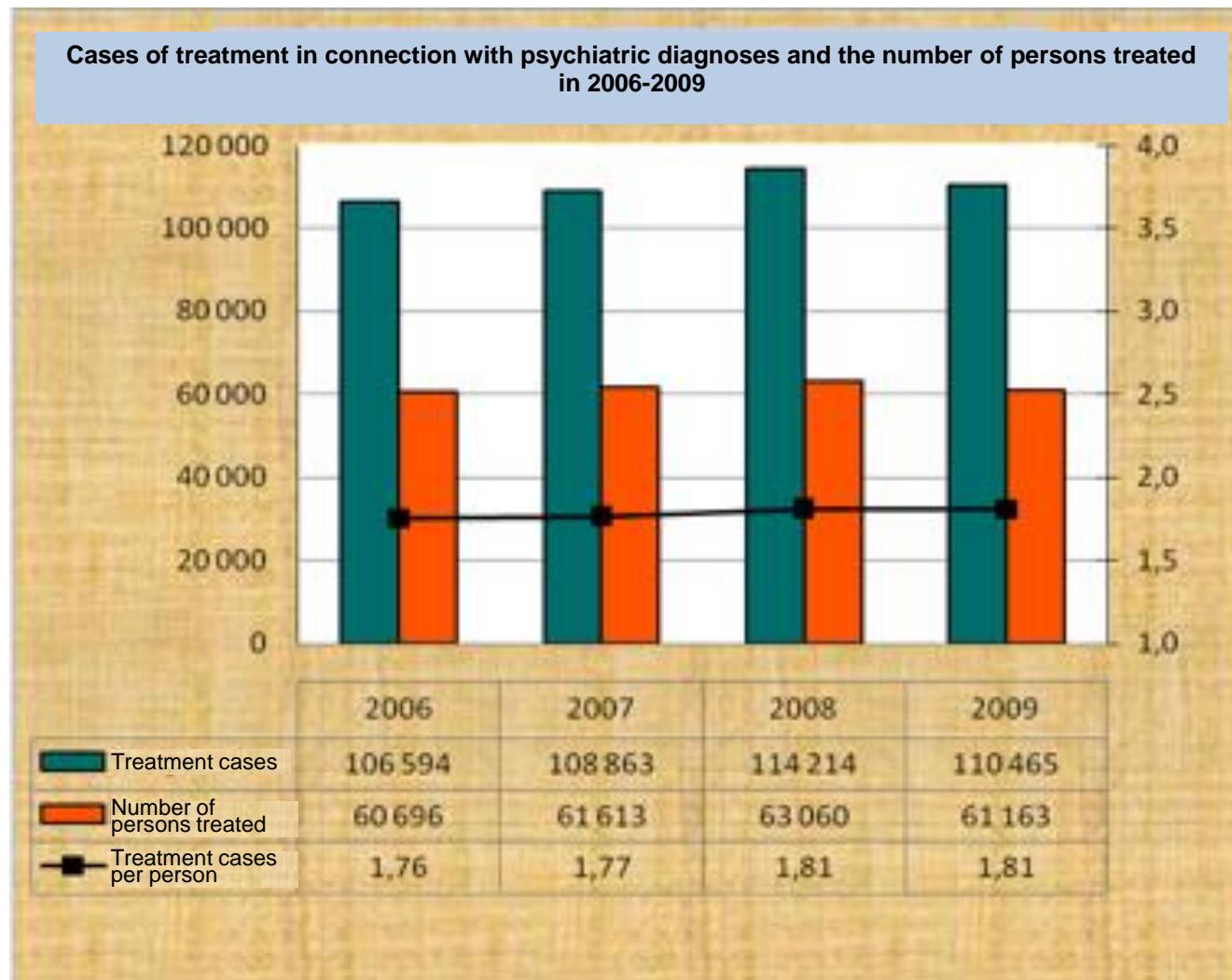
Costs of inpatient care account for 72% of total psychiatric services costs.



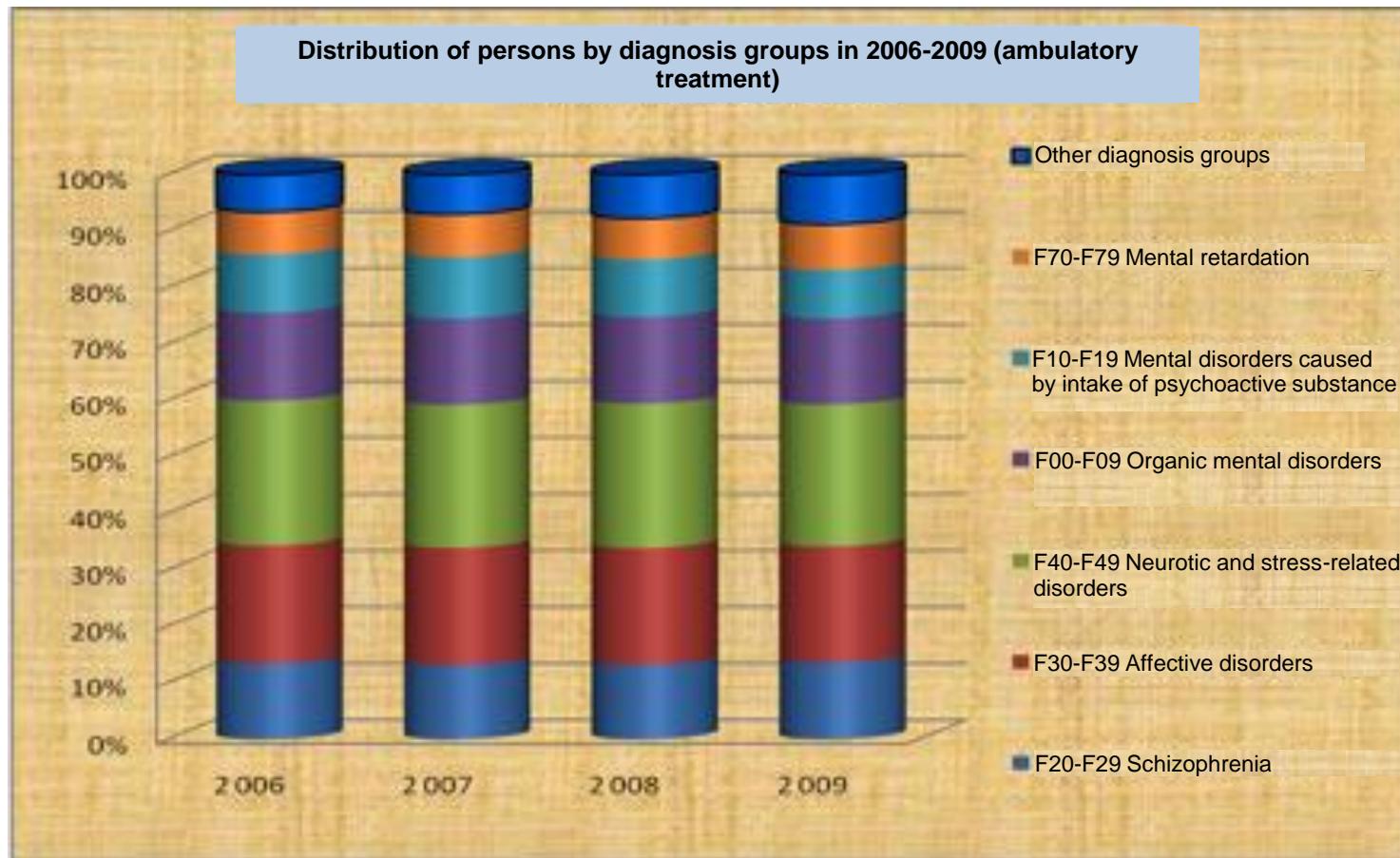
The number of persons the expenses for psychiatric care with regard to whom have not changed in recent years (the expenses were compensated by the Health Insurance Fund). The increased incidence of treatment reflects the change in the principles of settlements between the Health Insurance Fund and health care institutions.



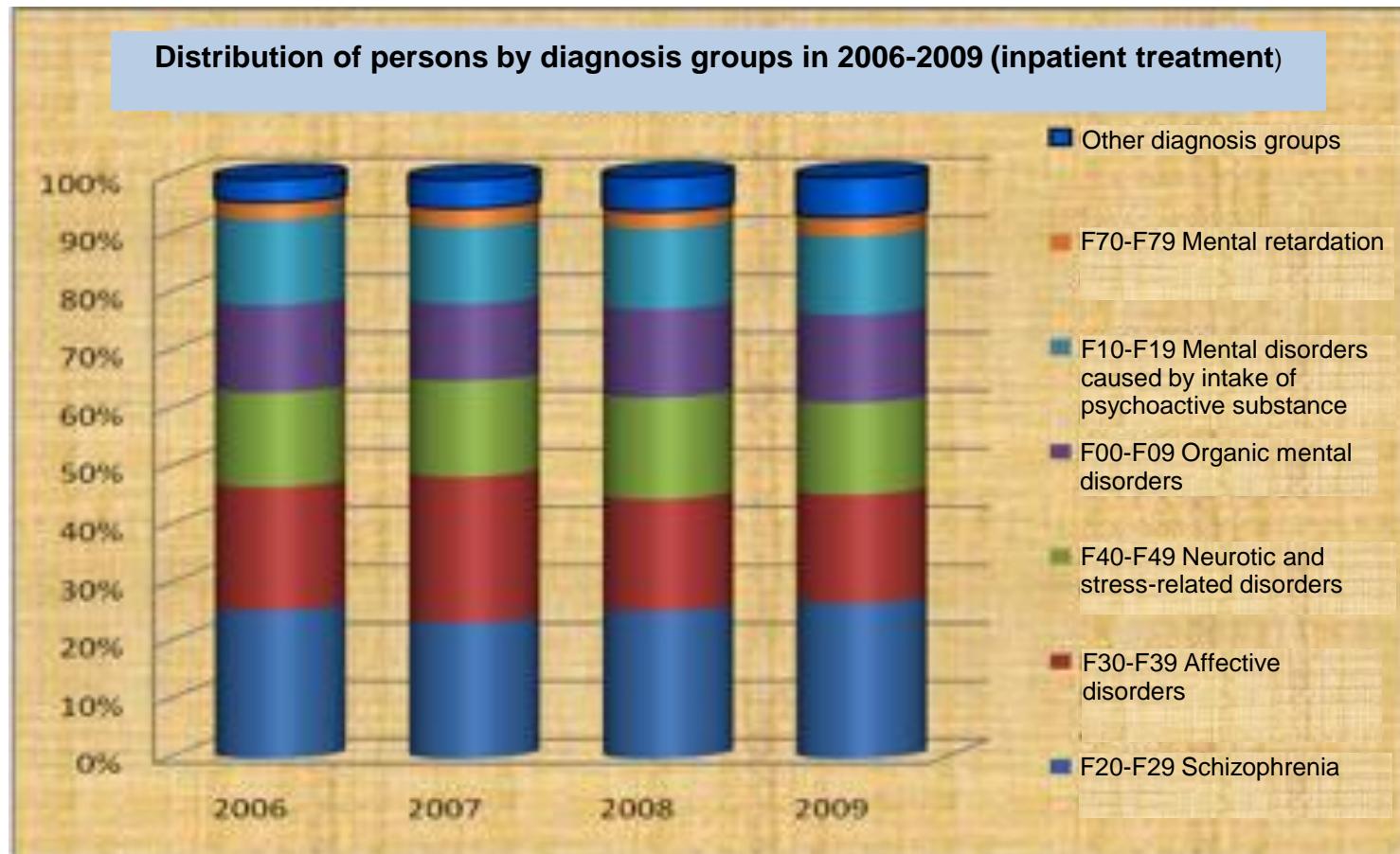
Each year family doctors provide care for 61-63000 persons with psychiatric diagnoses. This indicator remained stable during the past few years.



Three major types of diagnoses in ambulatory care: neurotic disorders (25%), affective disorders (21%) and schizophrenia (14%). All three groups are generally equal in terms of the treatment costs.



In inpatient treatment the most frequently encountered diagnosis is that of schizophrenia (25%), followed by mental disorders due to intake of psychoactive substance and affective disorders. In terms of treatment costs the most expensive group is that of patients diagnosed with schizophrenia (about 1/3).



Organizations providing ambulatory psychiatric treatment

In 2009 the Health Insurance Fund had 49 contractual partners. The biggest of those are (by the number of treatment cases):

Psychiatric Clinic of North Estonian Regional Hospital	19%
Psychiatric Clinic of Tartu University Hospital	16%
Psychiatric Center of East Tallinn Central Hospital	5%
Ahtme Hospital	5%
Narva Hospital	5%
OÜ Jaanson ja Lääne	5%
Pärnu Hospital	4%
Psychiatric Clinic of Viljandi Hospital	
Wismari Hospital	3%

60 935 insured patients applied for ambulatory treatment in 2009. Their treatment was paid for by the Health Insurance Fund.

Organizations providing inpatient psychiatric treatment

In 2009 the Health Insurance Fund had 12 contractual partners. The biggest of those are (by the number of treatment cases):

Psychiatric Clinic of North Estonian Regional Hospital	19%
Psychiatric Clinic of Tartu University Hospital	17%
Psychiatric Clinic of Viljandi Hospital	11%
Ahtme Hospital	11%
Psychiatric Center of South-Estonian Hospital	7%
Psychiatric Department of Narva Hospital	7%
Psychiatric Clinic of Pärnu Hospital	5%
Wismari Hospital	3%

The Health Insurance Fund has paid for 182 823 treatment days (20% of those for treatment of recrudescence). 7884 persons applied for treatment.