The Psychiatrist : Clinical and Therapeutic Journal

Extended Abstract OMICS Open Access 2020 Vol.3 No.2

Formation and work of Mental Health Centers within the reform of psychiatry in the Czech Republic

Monika Dudova

Charles University Czech Republic, Email: talkingtorenee@gmail.com

The reform of psychiatry in the Czech Republic began in 2013, and it divided psychiatric care into four pillars. The first one contains psychiatric hospitals, the second pillar is the psychiatric wards in general hospitals, the third pillar is a network of outpatient psychiatrists, and the fourth low-threshold pillar comprehends Mental Health Centers (MHC). Research describes the development and current work of five MHCs, which were launched in the mid-2018, two in Prague, one in Brno, Prerov and Havlickuv Brod. In 2019 15 new MHC should be established. There is a plan to create 100 MHCs equaly distributed throughout the whole Czech Republic during next few more years. The MHC function team represents a close collaboration of professionals: psychiatrists, (clinical) psychologists, psychiatric nurses, social workers, peer consultants, or eventually other specialized specialists. Poster describes multidisciplinary teams and their current work, e.g. the assertive case management, CARe method, crisis intervention, psychotherapy and other specialized and leisure activities, which can ensure better recovery in the natural environment of the individual. This research shows the main function of MHCs ??? to provide a comprehensive communitybased social and health service to people with severe mental illness, to prevent or reduce hospitalizations, to recognize development of mental disorder, to rehabililate and help to reintegrate into community. Nevertheless, the MHC funding system, the ability to detect all potential clients, the missing link network and other community-based MHCs have not yet been fully resolved. This work was supported by the European Regional Development Fund-Project ???Creativity and Adaptability as Conditions of the Success of Europe in an Interrelated World???

Mental health services in the Czech Republic are not as well financed as those in Western European countries, with their funding being comparable with that in Eastern European countries, although GDP in the Czech Republic is substantially higher In 2006, the share of mental health expenditure out of total health expenditure was estimated at only 4.14%. Moreover, 52.4% of these resources were allocated to mental hospitals In EU15 countries, this share is estimated at 7%, and in Eastern European countries at 3.3%.

The current status of care, with inadequately developed community services and the prevailing care in mental hospitals, might explain some recent alarming findings. In 2012, the average length of in-patient treatment for schizophrenia spectrum disorders was more than 100 days, which was several times higher than in high-income countries. Moreover, nearly 15% of those patients who were in hospital for more than 1 year between 1998 and 2012 were readmitted to hospital within 2 weeks of discharge.During the 4-year research period, 402 out of 137 290 in-patients died by suicide during their hospital stay or within the 2 months after discharge.. These findings are mirrored by the attitudes of society. The prevalence of reported intentional stigmatising behaviour towards people with mental health problems in the Czech Republic is worrying and is much higher than in England.

Efforts to change mental healthcare has for many years been solely advanced by NGOs and the Czech Psychiatric Association. Only recently has the interest of the Czech government been instigated in relation to the new programming period of EU Structural and Investment (ESI) funds. The Czech Ministry of Health has decided to use 2014–2020 ESF funds partly for psychiatric care. The Ministry of Health, assisted by teams of mental health professionals, experts and patients, created the Strategy for the Reform of Psychiatric Care, which was issued in October.The global aim of the Strategy is to improve the quality of life of people with mental illness, and its strategic aims are to reduce stigmatisation, to increase the satisfaction of patients and the efficacy of psychiatric care, to increase inclusion of patients into the community, to improve the linkage between health and social services, and to humanise psychiatric care. As the main instruments for attainment of these goals, the Strategy proposes destigmatisation programmes and educational programmes for public and mental health professionals. In relation to services, besides the enlargement of out-patient psychiatric care and in-patient care in psychiatric departments, the Strategy introduces a new element, Mental Health Centres . According to guidelines endorsed by the Ministry MHCs should be developed for catchment areas of 100 000 inhabitants and offer community services for severe mental illnesses . An MHC multidisciplinary team should be staffed by nine psychiatric nurses, nine social workers, two psychiatrists and one psychologist.Although the first plans for the transformation of hospitals are already included in the current Reform, more effort will be needed for deinstitutionalisation of large hospitals in future, in order to prevent parallel care and to recruit the necessary staff for new services. Regarding community services, more attention should also be paid to target groups other than SMI, e.g. children and adolescents with mental health problems, and elderly people with dementia.