

Timetable of Implementation of the Strategy of Reform of Psychiatric Care

Activity	Deadline
Approval of an action plan for prevention of stress and mental health by the Ministry of Health	30.4.2015
I. Thematic field: Creation of standards and methodologies	
Creation of standards of Mental Health Centers	1.1.2015
Approval of standards of Mental Health Centers and their publication in the bulletin of the Ministry of Health	30. 9. 2015
Creation of standards of emergency inpatient psychiatric care in general hospitals	1.1.2015
Approval of standards of emergency inpatient psychiatric care in general hospitals	30.9.2015
Creation of standards of simple and extended psychiatric outpatient care	30.6.2015
Approval of standards of simple and extended psychiatric outpatient care	30.9.2015
Creation of standards of subsequent and long-term psychiatric care (psychiatric hospitals)	30.9.2015
Approval of standards of subsequent and long-term psychiatric care (psychiatric hospitals)	31.12.2015
Creation of methodology of life quality of people suffering from mental illness	31.12.2015
Economy of mental health –methodology	31.12.2015
Standard qualification of a developed environment at providers of psychiatric care, transformation plans of psychiatric hospitals	31.12.2015
Methodology of the measurement of the rate of stigmatization, beginning of a longitudinal study (gathering of data)	31.12.2015
Creation of the methodology of education of specialists in Mental Health Centers	31.12.2015
Education of the specialists of Mental Health Centers	1.1.2016-31.12.2019
Creation of the methodology and design of primary, secondary and tertiary prevention	31.12.2015
Implementation of programs on primary, secondary and tertiary prevention	1.1.2016-31.12.2019
Creation of methodology of controls of care in psychiatric hospitals	31.12.2015
II. Thematic field: Development of a net of psychiatric care	
Support of the system of Mental Health Centers (MHC)	1.1.2016-31-12-2019
Support of alternative types of care for people suffering from mental illness	1.1.2016-31.12.2019
Development of a net of emergency psychiatric departments in general hospitals	1.1.2016-31.12.2019
Establishment and operation of authority center for the implementation of the Strategy of Reform of Psychiatric Care	30.5.2015-30.5.2020
Definition of holistic net of care for people suffering from mental illness (children and youth, addictology, gerontopsychiatry)	31.12.2015

III.	Thematic field: Methodology of primary, secondary and tertiary prevention	
	Creation of methodology of primary, secondary and tertiary prevention	31.12.2015
	Implementation of preventive programs	1.1.2016-31.12.2019
IV.	Thematic field: Destigmatization and communication	
	Creation of destigmatization and communication strategies	30.9.2015
	Implementation of destigmatization and communication strategies	1.10.2015-31.12.2019
V.	Thematic field: Education and development	
	Creation of educational programs, methodologies and research intentions	12/2015
	Implementation of educational programs, methodologies and realization of research projects	1.1.2016-31.12.2019
VI.	Thematic field: Legislative changes – creation of an act on mental health	
	Analytical work related to creation of an act on mental health	1.6.2015-31.12.2016
VII.	Thematic field: Sustainable financing	
	Definiton of a new model of financing of psychiatric care (MHC and other pillars of care)	31.12.2015
VIII.	Thematic field: Interdepartmental collaboration	
	Definition and continuous implementation of the recommendations arising from overlapping department responsibility in the system of care for people suffering from mental illness	continuously, 31.12.2020

In modern Czech history (since 1993) there have already been several attempts to reform the psychiatric care system. Although none of these attempts succeeded in structural change implementation, they managed to carry through some changes. In several Czech regions there are reasonably well working NGOs networks providing people with mental health problems mostly social care (**Fokus**), this cannot be described as a systematic coordination of health-social care though. That is one of the weaknesses or characteristics of psychiatric care system in the CR – insufficient coordination of health-social care and elements or pillars in the system of psychiatric care (psychiatric hospitals – founded by the Ministry of Health, acute psychiatric beds of general hospitals – founded by both regional governances and the Ministry of Health, ambulatory specialists – private persons, NGOs providing social care – supported by purpose international grants, regional budgets and the Ministry of Labour and Social Affairs).

Important advance in this field and a promise for the future is the **Strategy for Reform of Psychiatric Care adopted** in 2013. All key stakeholders involved in the matter of mental health were participants in the process of its development: Ministry of Labour and Social Affairs, medical insurance agencies, regions (multi-level governance), NGOs, users, Czech Psychiatric Society and Czech Nurses Association. The Ministry of Health acted as a coordinator and discussion moderator, and its role was to ensure that the resulting **Strategy** would be a document providing consensual, compromise and desirable solution for all stakeholders involved. This was the main difference compared to previous efforts, because past drafts were written almost exclusively by professional psychiatric community members and there was no health care users' consensus, who participated on these past drafts only marginally or not at all. Second significant driver of the whole process were pre-approved funds from the European Structural and Investments Funds (ESIF) for transition phase of the planned reform in the final amount of 177 550 000 USD. ESIF will fund structural change of the system (equipment, education, destigmatization and educational programmes, pilot operation of community centres, innovated types of field and relief services), not the operating costs themselves. Due to the long-term sustainability the operating costs have to be funded from national resources – from the new and suitable model of psychiatric care funding.

The aim of the reform of the psychiatric care system is to systematically establish and set up community pillar of the care, so called Centres of Mental Health. These centres are

based on community, field-based and multidisciplinary team of health-social workers providing health-social interventions to people with severe mental health problems in their natural environment whenever possible. Primary target group of Centres of Mental Health are persons with SMI (Severe Mental Illness) who are in case of inadequate care threatened by chronification of their illness, recurrent hospitalizations and social exclusion.

Centre of Mental Health acts as an interlink between primary care, including ambulatory care, and hospital care, both urgent and specialized. Its main function is to prevent or shorten hospitalization and to help with reintegration of long-term hospitalized patients into normal community (majority society). Centre of Mental Health creates necessary programmes and secures functional interconnection between ambulatory and hospital care in its catchment area for this purpose. Centre of Mental Health team works in the form of case management in which it provides flexible and individualized service to all required patients in the catchment area without unnecessary waiting.

Target value defined by the Strategy is to establish 1 Centre of Mental Health for catchment area of 100 000 inhabitants, total number of Centres of Mental Health should be therefore 100 (considering local usefulness). Mostly due to progressive transformation of institutional care (process of deinstitutionalization of psychiatric hospitals), training of necessary personnel (psychiatric nurses, clinical psychologists, social workers, case managers, etc.) and incremental increase of cash flow into the system, the indicator was set to establish 30 Centres of Mental Health until 2020. Other requisite target groups – children and patients with addictologic and gerontopsychiatric diagnoses – should also be integrated into this service network or there should be parallel service network coordinated with Centres of Mental Health and other care pillars.

There are some other necessary interventions connected to the establishment of Centres of Mental Health defined in the Strategy: Creation of standards and methodics (norms of all pillars of the care), methodics for transformation process evaluation (quality of life, extent of stigmatization, cost-effectiveness of interventions), support and systematic realization of primary, secondary and tertiary prevention, communication and destigmatization, establishment of acute beds network in general hospitals, education of necessary specialists and follow-up professionals from public institutions (expert opinion doctors, judges, police officers, etc.) and last but not least support and promotion of research (neurobiology of aging, addictions and severe mental illnesses, planning in the field

of mental disorder epidemiology, national electronic system of mental health and brain state monitoring, sleep disorders, circadian rhythms of neuropsychiatric illnesses, applied electrophysiology of the brain, etc.).