Deinstitutionalization of care for mentally ill - Transition to community. Psychiatric care reform in the Czech Republic - Example for other countries?

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Deinstitutionalization - CR MH Reform - Example

- Deinstitutionalization
- The Czech Republic MH Reform
- Example for other countries?
- Conclusion & recommendations
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Community Mental Health Care - Definition (1)

“A treatment philosophy based on the social model of psychiatric care that advocates that a comprehensive range of mental health services be readily accessible to all members of the community.”

http://medical-dictionary.thefreedictionary.com/community+mental+health

“Community mental health is a decentralized pattern of mental health, mental health care, or other services for people with mental illnesses. Community-based care is designed to supplement and decrease the need for more costly inpatient mental health care delivered in hospitals. Community mental health care may be more accessible and responsive to local needs because it is based in a variety of community settings rather than aggregating and isolating patients and patient care in central hospitals.”

http://www.minddisorders.com/Br-Del/Community-mental-health.html
Community Mental Health Care - Definition (2)

- Community mental health care can be defined as “comprising the principles and practices needed to promote mental health for a local population by:
  - Addressing **population needs** in ways that are **accessible** and **acceptable**
  - Building on the **goals and strengths** of people who experience mental illnesses
  - Promoting a **wide network of supports**, services and resources of adequate capacity
  - Emphasizing services that are both **evidence-based** and **recovery-oriented**”

Thornicroft et al. World Psychiatry 2016, 15:276-286
Community based mental health services: Values and objectives

There are today many reasons why the development of community-based mental health services is central to improving mental health systems. Community care contributes to improved access to services, enables people with mental disorders to maintain family relationships, friendships, and employment while receiving treatment, so facilitating early treatment and psychosocial rehabilitation.

*Community mental health care is associated with continuity of care, greater user satisfaction, increased adherence to treatment, better protection of human rights, and prevention of stigmatisation.*

Community mental health care aids the establishment of a structured collaboration with primary healthcare services, which plays an important role in the identification and treatment of people with mental disorders. These collaborative models of care are particularly effective in the treatment of people with mental and physical comorbidities.

Developing Community Mental Health Services in Europe

In a mapping of long-term care for people with severe mental illness across Europe, Mental Health Europe (2012) found *nine countries* have a deinstitutionalisation strategy or programme in social care:

*Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Slovakia, Moldova, Romania and Ireland*, with Lithuania preparing their strategy;

and *four countries*: *Hungary, Romania, Latvia and Slovenia* are investing in the infrastructure of psychiatric hospitals or social care institutions which is counterproductive to transferring to community care.

*Closing institutions and developing community mental health services take time. They require good planning, financial investment and other resources, long-term political commitment and coordination between health and social services. Inevitably certain challenges will arise both before, during and after the process of transition.*

WHO European Mental Health Action Plan 1

4 Core objectives:
• Everyone has an equal opportunity to realize mental wellbeing [...] 
• People with mental health problems are full citizens whose human rights are valued, protected and promoted. 
• Mental health services are accessible and affordable, available in the community according to need. 
• People are entitled to respectful, safe and effective treatment, and to share in decisions.

3 cross-cutting objectives:
• Health systems provide good physical and mental health care [...] 
• Mental health systems work in well coordinated partnerships with other sectors. 
• Mental health governance and delivery are driven by good information and knowledge.

http://www.euro.who.int/__data/assets/pdf_file/0004/194107/63wd11e_MentalHealth-3.pdf
WHO European Mental Health Action Plan 2

Aim:
Development of a comprehensive plan that covers mental health care services, policies, legislation, plans, strategies and programs ...

... for the treatment, recovery and prevention of mental disorders
... for the promotion of mental health
... for the empowerment of people with mental disorders

Scope of key interventions:
• Improvement of mental wellbeing
• Respect for peoples’ rights
• Establishment of accessible, safe and effective services

http://www.euro.who.int/__data/assets/pdf_file/0004/194107/63wd11e_MentalHealth-3.pdf
Deinstitutionalization - CR MH Reform - Example

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Reform of Mental Healthcare in the Czech Republic

• The CR has no national policy of mental health care approved by the Government. The lack of political interest together with insufficient funding result in poor availability of basic psychiatric care, outdated network of inpatient facilities and a critical lack of community care facilities (Ministry of Health 2013).

• The Ministry of Health is currently working on plans for implementation of the new Psychiatric Care Reform Strategy which addresses the above mentioned problems. The implementation of the reform depends on various factors, both within and outside the field of psychiatry. In this respect, the CR could learn from the experience of other countries.

• Current reform strategy began in late 2012. The reform responds primarily to the UN Convention on the Rights of Persons with Disabilities of 2008, which was ratified by the Czech Parliament and the President of the Czech Republic, incorporated in the Czech legal system, and the European Mental Health Action Plan (2013).

Mental Healthcare in the Czech Republic

• Inpatient care is divided into acute and after-care services. Theoretically, acute care should be provided in psychiatric wards in general hospitals and after-care in psychiatric institutions. However, in practice, 80% of psychiatric beds remain in institutions where care is still provided.

• In terms of community mental health services, 50% of day clinics are located in larger inpatient facilities and provide treatment for mental illness. These facilities are generally situated in larger cities. Other available services include psychiatric rehabilitation services provided by NGOs. Crisis centres are insufficiently developed.

• There is an imbalance in the distribution of facilities and provision of mental health services with a bias towards larger cities.

• There is a general lack of psychiatric wards for acute care. During the past decade, 510 beds are reported as being closed with no substitute provision of psychiatric wards or community services.

• The Czech Republic employs a system whereby schools have an obligation to create dedicated programmes for primary health prevention, either themselves or through external contractors, which is built into the school curricula. These have a wide focus including drug and alcohol use, eating disorders and bullying. Apart from a wide range of prevention and promotion activities in schools, there are a myriad of activities directed towards older people and the general public.

Developing the Czech Republic Mental Healthcare (David et al. 2006)

- **Until 1989**: mental healthcare provided by centralised regional institutes (catchment area around 100,000), State-financed

- **Trends after 1989**: Decentralisation, privatisation of outpatient services, financing through health insurance corporations

- **In 2002**: less than 3.9% of the health care budget allocated to mental healthcare

- **Deinstitutionalisation** stopped since 2002, 1 psychiatric hospital per 1,000,000 inhabitants (distance up to 200 km)

- High number of psychiatric beds (WHO Atlas 2011: 91.6 per 100,000)

- Psychiatric hospitals lack funds (infrastructure, drugs, staff)

- Lack of community-based facilities

- Lack of mental healthcare research

- Lack of prevention programmes

*J Public Mental Health 2006;5:43-47.*
Developing the Czech Republic Mental Healthcare (Höschl et al., 2012)

- Frequent changes in health policies since 1989 negatively influenced MH care
- Increase of general health expenditure as %GDP due to a reduction of the GDP
- State financing of healthcare replaced by public health insurance in 1993, but under-financing of the MH care sector due to overreliance on functioning of free markets
- A national programme of MH was still being developed in 2012 → Lack of a mandatory mental health plan: major obstacle to a well-performing MH system
- Fragmented and poorly coordinated MH system, lack of interlinking services, under-developed social psychiatry
- Overloaded outpatient services (waiting times 1-6 wks) and lack of access in crises
- Help seeking for mental disorders primary through general practitioners (73%)

*Int Rev Psychiatr 2012;24:278-285*
Developing the Czech Republic Mental Healthcare (Höschl et al., 2012)

Main recommendations:

- Need to reform mental healthcare from institutions towards community-based services
- Adopt a national MH Plan & integrate MH into national research & development strategy
- MH Plan should identify key priorities, objectives and actions for implementation
- Funding for psychiatric research shall be increased
- Physicians must gain core psychiatric skills
- High quality educational programs shall be available for the training of psychiatric nurses, social workers, psychiatrists and clinical psychologists
- Negative attitudes towards psychiatry must be addressed (anti stigma campaigns)
Antecedents of the reform

2009  
Czech Republic ratified the UN Convention on the Rights of Persons with Disabilities, which became a part of laws as of February 2010.

2011  
New laws were enacted: Health Services Act, Special Health Services Act, Emergency Services Act.

2013  
The Ministry of Health of the Czech Republic approved the strategy for reforming psychiatric care.

2013  
The WHO European Mental Health Action Plan adopted by the Member States with the goal of closing down large institutions and fostering community-based services.
### Key events in the development of mental health policies in the Czech Republic

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1992–2000</td>
<td>Informal work group was appointed in 1992 to create the Framework of Psychiatry. The Framework of Psychiatry was published by the Psychiatric Association in 2000</td>
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<td>2002</td>
<td>The national strategy Health 21 was acknowledged by the Czech Government; the Framework of Psychiatry was acknowledged by the Scientific Council of the Czech Ministry of Health</td>
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<td>2004</td>
<td>The Ministry of Health appointed the Framework of Psychiatry Implementation Committee</td>
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<td>2005</td>
<td>Several members of the Implementation Committee published a document titled Mental Health Care Policy – Roads to Implementation</td>
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#### Active involvement of the Czech Psychiatric Association

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<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2007</td>
<td>The National Psychiatric Programme was created by the Committee of the Psychiatric Association in collaboration with the regional WHO office</td>
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<td>2008</td>
<td>The Congress of the Psychiatric Association endorsed the Revised Framework of Psychiatry</td>
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<td>2012</td>
<td>The Czech Minister of Health established a team to produce a new Psychiatric Care Reform Strategy</td>
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<td>2013</td>
<td>The Psychiatric Care Reform Strategy was adopted as a part of the National Reform Programme</td>
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*Responding to earlier strategic documents and UNCRPD & WHO EMHAP

Cornerstones of the reform

The Reform Strategy focuses on 4 Main Pillars:

• Supporting *outpatient care* by psychiatric and clinical psychological outpatient departments

• Extending the care system with *new Mental Health Centres* which are sets of interrelated services provided by one or more organizations for people with *Severe Mental Illnesses* (SMI) in one particular region so that care can be provided locally in the patients’ own social environment (*locally organized, low-threshold 30 mins. access, 1 center per 100,000 inhabitants, 2 psychiatrists per 100,000, 24/7 multidisciplinary services; includes psychiatric, social and rehabilitative services, implement programs for families and user organizations)*.

• Support *psychiatric departments of hospitals* for acute inpatient psychiatric care as providers of counselling services for the hospital.

• Support *mental institutions/hospitals* as in-patient medical facilities providing comprehensive psychiatric care for hospitalized patients with or without consent (as stipulated by the law).

*English translation of selected parts of the 2013 “The Strategy for the Reform of Psychiatric Care” (in Czech)*
Objectives of the reform

The central objective of the Psychiatric Care Reform Strategy is to improve the quality of life for people with mental illness. To do this, it will be necessary to:

• improve the quality of psychiatric care through a methodical change of the mental health care system;
• moderate the stigmatization of psychiatric patients and the field of psychiatry in general;
• improve the satisfaction of patients with the provided psychiatric care;
• increase the efficiency of psychiatric care via early diagnosis and pro-active identification of hidden cases of mental disorders;
• support the integration of people with mental illness in the society (especially through better employment conditions, education, housing, etc.);
• improve the communication between healthcare and social services and other related services;
• make the psychiatric care in the CR more humane. (Ministry of Health 2013)

Administrative procedures of the reform

The Psychiatric Care Reform Strategy (PCRS):

• specifies the basic assumptions and lists the consensual proposals for changes in the psychiatric care system for the next decade
• is co-authored by a vast majority of key stakeholders: Ministries of Health, Social Affairs, health insurers, professional associations, representatives of healthcare facilities, the Association of Regions in the CR (funding of social services is governed by regional authorities), patients and NGOs
• assures in its implementation plan a close collaboration between various stakeholders (especially Ministry of Health and Ministry of Social Affairs)
• foresees the later stages of implementation to be managed on the Governmental level and coordinated by the Ministry of Health because of various responsibilities, eg the Ministries of Regional Development, Justice, the Interior, Culture, and Finance
• expects the transitory costs to be covered by the European Structural and Investment Fund (ESIF), whereas the further costs during the process need to be determined on the basis of economic analyses requiring agreement with public health insurers

WHO Recommendations for the Czech Republic Reform Agenda

- Need for a mental healthcare strategy and implementation plan
  - Primary care services as gate keepers
  - Provide outpatient care in general hospitals and community centers
  - Establish community teams to prevent hospitalisation and facilitate early discharge, to offer case management in close cooperation with social care services
  - Position such community teams in centers also providing rehabilitation, and recovery-oriented services
  - Hospital beds as therapeutic places of last resort

- Community care in accordance with the UN Convention on the Rights of People with Disabilities (development of local services, improvement of social services and budget transfer to social services)

- Include community centres operated by social services in the mental healthcare reform agenda

- Integrated leadership to prevent fragmentation and competition between services (particularly unite management of community services and hospital beds)

- Review staff roles and education

- Review financing system, which currently is based on hospital bed occupancy

WHO Mission Report, November 2014
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Mental Health Budget or Expenditure (% of total health budget or expenditure) in EU countries

CR Psychiatric Beds per 100,000

World Health Organization: World Mental Health Atlas 2011

N/A = not available
Plan to increase the number in the Czech Republic from 12/100,000 to 25/100,000

WHO Regional Committee for Europe – 63rd Session: Fact Sheet Mental Health
Data Source: World Mental Health Atlas 2011
### Types of community-based mental health services by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Primary MH care*</th>
<th>Day centres/hospitals</th>
<th>Outpatient services</th>
<th>Mental health centres</th>
<th>Domiciliary care/Home visits</th>
<th>Residential care/Sheltered homes</th>
<th>Mental health/vocational rehabilitation</th>
<th>Specialist community MH services (e.g. assertive outreach)</th>
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*Source: Country profiles and WHO Mental Health Atlas (2011)  * For common mental health problems
Mental Health Service Reforms in Europe

Mental Health services reforms implemented to promote the transition from institutional care to community care

<table>
<thead>
<tr>
<th>COUNTRY</th>
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Closing down of Mental Hospitals

Countries that have closed down mental hospitals/psychiatric hospitals

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<tr>
<th>COUNTRY</th>
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Components of Mental Health Service Reforms in Europe

Contents/components included in the relevant strategic documents (strategies, policies or plans) adopted in the area of mental health
Developing Community Mental Health Care: Achievements

Achievements in Europe (% of high achievement)

Joint Action on Mental Health and Wellbeing,
http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP5%20Final-20151203075843.pdf
Developing Community Mental Health Care: Barriers

Barriers impacting on the transition process (%)

Developing Community Mental Health Care: Facilitators

Facilitating Factors - % of impact rated high

- Ga. Strong Support: 42%
- Mental Health Unit capacity: 34%
- Social legislation / Social Sector: 31%
- Employment / Emp. Sector: 42%
- Participation of Users & Families: 27%
- Other health reforms: 28%
- Crisis situation: 28%
- Research: 26%
- Human Rights Mox.: 28%
- International Coop.: 40%
- NGOs - Families: 39%
- NGOs - Users: 37%
- Profess. Associations: 38%
- Recovery perspective: 38%

Chart Key: Lex - Legislation

Deinstitutionalization - CR MH Reform - Example

- Deinstitutionalization
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- Example for other countries?
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Conclusion and recommendations

EPA welcomes the CR mental healthcare reform stating that:
- the reform (as we understand it) would be a key step to improve accessibility, community-based approach and coordination of mental healthcare services.
- the proposal adequately addresses many of the strategic goals and structural issues raised by European organizations in the last years and could serve as a model for other countries with similar needs for improvement.

EPA encourages policy and decision makers:
- to address all strategic aims beyond mental healthcare structures.
- to strengthen change management governance on the macro level and to provide efficient elements of coordination.
- to include assessments of the quality of structures, processes and outcomes.
- to disseminate and share results and experiences with civil society and mental health professionals to foster implementation.

EPA offers strategic advice, dissemination and operative implementation support.
General Conclusion

• Fostering integrated care and community mental healthcare is part of the CR reforms and is also high on the European mental health agendas. In this sense, the CR reforms are a valuable example for other countries - and vice versa.

• Since there is still substantial diversity in the development of community mental health services across Europe, exchange among countries in the sense of benchmarking and learning from each other is mandatory.

• The mental health budget in the CR compared to the EU average is rather low, what might become critical for reforming the health system.

• Hence, open questions remain concerning sustainability of funding after expiration of the EU funding.

• A ‘balanced’, gradual transition - sensu ‘layering’ (according to ‘historical institutionalism’, Hay & Wincott 1998) - of institutionalized care needs to go hand in hand with awareness-building and destigmatization, cross-sectoral and inter-professional integration as well as personal empowerment, self-care and inclusion.

• Implementation and measurable monitoring of the reform process with indicators and milestones on the actual shift towards a more diversified and needs-based service organization remain a major challenge for the future development.
Thank you for your attention!