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FOREWORD

The Psychiatric Care Reform represents a fundamental system change. It is a long-term process we have been working on for several years, and one that will continue for several more decades. Thanks to financing from European funds, the process will be substantially supported over the next five years. The changes involve not only the medical field of psychiatry, but the entire system of care for people with mental illness.

This is why we have prepared this guide, which briefly and simply presents our vision.

So what does the psychiatric reform include?

- we support new services
- we are introducing innovative approaches
- we are building new relationships
- we engage modern technologies
- we are creating a new environment
- we are setting new financing

Together, we are creating a new, modern system of care.

doc. MUDr. Martin Anders, Ph.D.
Chairman of the Psychiatric Society of the Czech Medical Association of J. E. Purkyně
WHY A REFORM

The reason for the reform of psychiatric care is that psychiatric care in the Czech Republic has not experienced any major systemic changes since the beginning of the 1990s, and is facing long-term underfunding as a health care sector. The existing care system has its centre of gravity in materially and technically obsolete psychiatric hospitals built on the concept of care that was modern in the first half of the 20th century.

The current model of care does not provide sufficient support for patients in their own environment, nor does it ensure cooperation and coordination between individual components of mental health care providers.

Services in the community (in the patient’s/client’s environment) exist only in some places, and still to an insufficient extent.

The general objective of the reform is to improve the quality of life of people with mental illness. Quality of life is closely related to respecting the human rights of people with mental illness, therefore the main theme of the reform is emphasis on the application, promotion and respecting of their rights contained in the United Nations Convention on the Rights of People with Disabilities. The main tools for achieving these goals are the restructuring of services, the creation of a functional network of care facilities, and a change in the approach and thinking of carers.
THE REFORM STRATEGY

The Reform of Psychiatric Care Strategy was approved by the Minister of Health on 7 October 2013, and its first phase is supported by the European Structural and Investment Funds (ESIF).

The psychiatric care reform is a long-term process that, according to experience from other countries, will take between 15 and 20 years. In the first phase until 2021, the necessary system changes will commence, and conditions will be created for their further continuation.


✓ the Ministry of Health manages and coordinates strategic activities
✓ health insurance companies will ensure the availability of services
✓ the professional society is the professional guarantor of the reform and is responsible for its substantive content
WHAT SYSTEM OF CARE DO WE WANT?

One fundamental change in the mental health care system will be the systematic provision of coordinated, interconnected care aimed at the patient/client’s recovery.

The network of services will be intertwined and coordinated, and will ensure continuity of care. Cooperation will be supported by the introduction of a multidisciplinary approach.

Individual providers will have clear regional responsibility while retaining the right of the patient/client to choose to which facility he/she will go. Patients/clients will be provided with a sufficient choice of treatment and other support methods and approaches.

Transforming the content of care and introducing innovative approaches and methods will be ensured by:

- fully respecting the rights of patients/clients
- maximum possible inclusion of patients/clients into society
- fully involving patients/clients and family members in all essential decision-making processes related to treatment, help and necessary support

An assertive approach is important to ensure adequate assistance and support for patients/clients who need help but do not seek it themselves. It is based on a proactive but positive, direct, non-manipulative and considerate approach.
CHANGES IN THE SYSTEM OF CARE

Emphasis will be placed on primary health and psychiatric care in such a way that the staff will be able to provide timely diagnosis and treatment of basic mental disorders.

Cooperation between primary care and specialized psychiatric services will be supported. The network of existing general and specialized psychiatric outpatient clinics and surgeries of clinical psychologists will be completed.

There will be a significant expansion of community care. New types of services will be created – a mental health centre and extended care surgery. Long-term inpatient care will gradually be reduced concurrently with this process.

The aim is to create a balanced model of care for mental health (inspired by the so-called balanced care model) where:

- services reflect the priorities of patients/clients and those who care about them
- there is a balanced relationship between community, outpatient and hospital (conventional) services
- services are provided as close as possible to the patient/client’s home
- intervention focuses both on alleviating the symptoms of mental illness and increasing autonomy, quality of life, and enhancing the patient/client’s abilities
**USERS OF CARE**

Those whom psychiatric care reform should primarily help are the users of care, i.e. patients/clients and their relatives. Therefore, they must play an irreplaceable role in the reform process. Their views and opinions are crucial for the future configuration of the system of care, so they should be involved in all reform activities.

People with mental illness are often stigmatized in society, creating additional complications for their full integration into society, treatment, education, employment, etc. One of the goals of the reform is to **create long-term and effective destigmatization campaigns** to reduce prejudices against the mentally ill and to reduce or remove obstacles to their assertion in society and, as a result, improve their quality of life.

Users of care are also directly involved in the provision of services as **peer workers**. These are people with their own experience of mental illness who use this experience to support other clients and to enhance their chances of recovery. Their role is invaluable and cannot be replaced by professionals.

All the reform projects count on the participation of users of care and their family members. One major task will be to activate **users of care and integrate them into reform projects in individual areas of care and regions across the Czech Republic.**
DATA AND FACTS

A total of 650,566 patients were treated in 2015. Most patients in outpatient clinics include patients with neurological disorders (a total of 40%, or 238,307 patients), patients with affective disorders (18%, or 104,298 patients), and patients with organic mental disorders (12%, or 69,146 patients).

In the last fifteen years, the total number of patients has increased by 80%. The highest increase has been seen in patients with organic mental disorders (over 100%).

Source: Institute of Health Information and Statistics of the Czech Republic
DATA AND FACTS

1 in 5 adults has experienced mental illness

1 in 25 adults lives with a mental illness

50% of the chronically mentally ill get ill before the age of 14, 75% before the age of 24

Source: NÁMI

In the Czech Republic, the number of applicants for mental illness disability pensions is increasing in the long-term. One in five new applicants suffers from it.

Annually, over 27,000 people are newly granted disability pensions because of these illnesses. Disability pensions are often granted at a very early age.

Source: NIMH
RECOVERY

The goal of caring for people with mental illness should be to achieve a **full-value life** regardless of the symptoms of mental illness.

Recovery is a deeply personal, unique process of altering one’s own approaches, feelings, values, goals, skills and roles. It is a way to live a satisfied, hopeful and beneficial life despite all the limitations caused by illness. Recovery provides new meaning and a sense of life by overcoming the catastrophic consequences caused by mental illness (Anthony, 1993).

The basic principle of recovery is that it does not necessarily mean clinical healing. **One can live a happy life without necessarily having to fully recover from illness.**

A person’s recovery is a unique and non-transferable story. Each of us recovers from different things differently, and this is not primarily dependent on our health, but rather on a number of other circumstances: experience, temperament, character, family, friends, work, the environment we live in, and the fact that everyone responds differently to treatment. The story relates to a person’s life, not to his/her illness.

The following components play a key role in recovery: hope, empowerment, assuming responsibility and taking on meaningful life roles.
A MULTIDISCIPLINARY APPROACH

The system of care must be able not only to provide assistance in the treatment of mental illness, but must provide help and support in all necessary areas of the patient/client’s life: general health, housing, work, social and societal status, etc.

A multidisciplinary approach is the coordination and cooperation of workers from different professions and institutions and must take place at three basic levels:

1. Coordination and cooperation between different professions within a team
2. Coordination and cooperation across individual services
3. Coordination and cooperation within the community
   (including local government and self-government, the labour offices, social and health services, etc.)

A multidisciplinary team of experts who can influence the quality of life of the mentally ill work together to benefit a particular patient/client. Team members meet regularly, share information about clients’ needs, and solve their life situations together.
COMMUNITY TEAMS

In many countries where the transformation from an institutional system to community care is underway or has been completed, community teams are the backbone of specialized non-hospital psychiatric services.

Community teams are mostly divided according to client types into community teams for children and adolescents, adults, addicts, people with gerontopsychiatric problems, or other, more specialized teams.

These are always multidisciplinary teams that work closely with the providers of all health and social services for the mentally ill.

The primary objective of the community team is to provide patients/clients and their families with support in normal life situations, and to prevent conditions that require hospitalization.

If the patient/client is hospitalized, team members actively cooperate with inpatient facilities during hospitalization, and create the prerequisites for a quick and successful return of the patient/client back to the home environment.
THE SERVICE NETWORK FOR PEOPLE WITH MENTAL ILLNESSES

The newly established care network will include health and social services, including housing, work or education services.

For each region, a regional network of services for people with mental illness and its desired target form will be defined. The network definition will be determined based on a regional analysis of the need for and state of the network in each region. The form of the network will be worked on by the professional public, the Ministry of Health, individual regions, municipalities and health insurance companies, and representatives of the service users. Network plans will become the basis for planning the processes and contractual policies of health insurers for health services, and the management and financing of the social services network in individual regions.

The network of services for people with mental illness will act as an interconnected system of collaborative and intercommunicating services.
OUTPATIENT CARE

Outpatient psychiatric care will be provided in the network through the existing form of psychiatric outpatient clinics or surgeries with extended care.

The team of the surgery with extended care will include a psychiatrist, a clinical psychologist, a psychiatric nurse, and possibly other workers. The staff of the extended care surgery will work together on the principles of multidisciplinary cooperation.

An extended care surgery will have regional responsibility for patients/clients from the diagnostic groups in which it specializes.

The services of an extended care surgery can include field work, psychotherapeutic programs, the latter also in the form of a day care centre. An extended care surgery will intensively cooperate with physicians in primary care in its catchment area, with the aim of transferring patients/clients and minimizing waiting times. An extended care surgery will also intensively collaborate with evolving community teams.
URGENT INPATIENT CARE

Inpatient care will be represented in diverse ways in the service network, depending on the purpose it serves and the share of the health and social care component.

Urgent inpatient care will be integrated into general health care, and the network will be made up of smaller capacities with adequate catchment areas to ensure the continuity of somatic care and the natural environment of patients/clients. The number of urgent inpatient beds in the system will increase gradually together with the decrease in capacities of subsequent inpatient care, which often substitutes urgent care today.

A number of urgent inpatient beds for psychiatric care in the network of services will be for patients with all psychiatric diagnoses, including addictions, beds for children and adolescents, and beds for specialized care.
SUBSEQUENT AND SPECIALIZED INPATIENT CARE

For mid-term and long-term hospitalization, aftercare beds will be provided in the network, and forensic care beds and detention beds will be concentrated in larger facilities.

One of the objectives of the reform is to use the capacity of psychiatric hospitals to develop other forms of care for the mentally ill and to involve hospitals in the development of non-hospitalization forms of care.

Transformation plans will be developed for individual psychiatric hospitals, and will include in particular the visions and objectives of future care, the role of the hospital in regional networks, a proposal for organizational arrangements, the hospital’s personnel strategy, including training and improvement of qualifications, a proposal for measures to prevent patients entering inpatient care (prevention, education), measures for discharging patients into community care (cooperation and continuity of services), the urban and functional generality of the premises, plans for the development of infrastructure, networks, buildings and land, including a plan for necessary investments, and conditions for implementation, risks and limiting factors.

The transformation process will take many years. Transformation plans will be ready in 2017 and the first phase of the transformation should be completed by 2021. The entire process should be completed in about 15 to 20 years.

For care in which social care is the predominant component, there will be a small-capacity social-health residential facility in the network, of a protected housing nature.
MENTAL HEALTH CENTRE

Mental Health Centres (MHC) are a new element in the system of care for the mentally ill. The first phase will focus on adult patients/clients. Their main target group will be patients with severe mental illnesses (so-called SMIs, patients with severe schizophrenia and bipolar affective disorder). This is the group of patients/clients most at risk of institutionalization and exclusion from normal society. The MHC target group will also include people with early-onset psychotic illness (Early Intervention). Services based on the same principle will gradually be developed for other diagnostic groups.

MHCs will cooperate in their region with other services, both specialized and those intended for the general population, for example in the field of employment, education, housing or leisure activities.

MHC services will be health-social services provided by one joint team.
MENTAL HEALTH CENTRE

MHCs will provide mobile, outpatient, emergency, and daytime services.

The function of MHCs for SMI will be

✓ preventing or shortening hospitalization
✓ early detection of the development of a serious illness
✓ helping to reintegrate long-term hospitalized patients into the community

The mental health centre team will work through case management and will provide a flexible, personalized service to the target group of patients/clients from the catchment area without any waiting time.

Care will be continuous – the patient/client will not get lost in the system of care.

In the case of permanent care, the patient/client will not fall into profound crises, and the need for long-term hospitalization will be significantly reduced.
The number of professionals, whether in medical or paramedical professions, is one of the key factors in ensuring care for the ever-growing group of people with mental illness. The total number of workers in individual fields and mental health care professions relative to the population is below the OECD average.

For the successful implementation of the Psychiatric Care Reform Strategy, it will be necessary to increase the numbers of physicians, psychologists, nurses and social workers, especially in outpatient and field services. The reform projects will create conditions for the involvement of schools preparing staff for the upcoming changes in care for the mentally ill. One of the goals of the reform is to increase the attractiveness of the field of psychiatry and mental health care.

Another factor that can help is to better divide the roles and competences of individual professions in care for the mentally ill using the principles of multidisciplinary cooperation in teams.

Source: General Health Insurance Company, 2015
COOPERATION BETWEEN MINISTRIES

An essential condition for the success of the implementation of the Psychiatric Care Reform Strategy is very close cooperation between the ministries that address the issue of people with mental illness.

They are especially the following:

- Ministry of Labour and Social Affairs
- Ministry of Finance
- Ministry of Education, Youth and Sports
- Ministry of Justice
- Ministry of Defence

In most developed countries, the cooperation between and the responsibility of individual ministries for the area of mental health is governed by special legislation precisely because it is an issue that overlaps the responsibility of a number of ministries. During the implementation of the Psychiatric Care Reform Strategy, there will be an assessment of whether it would be appropriate, under the conditions of the Czech Republic, to have a separate Act on Mental Health. If this is not the case, partial modifications of the relevant legislation will be proposed during the implementation of the reform.
FINANCING

Health services in the care of people with mental illness are funded from health insurance by health insurance companies, and social services from the system of social services in individual regions.

The existing reimbursement system is not suitable for the future model of care. It does not motivate providers to cooperate, urgent care is unprofitable for providers, and community-based and field care have no sustainable reimbursement mechanisms. Long-term inpatient care is motivated by long-term hospitalization and full bed occupancy. The health and social system has funding based on other principles (reimbursement of operations related to the patient/client vs. reimbursement of the provider’s costs).

One of the objectives of the reform is to set up a completely new system of reimbursement for mental health care. Care for the mentally ill has long been underfunded in the health and social spheres. It is expected that the total volume of funds in this segment will grow above the average of other healthcare segments.

Reimbursement mechanisms should be set up to motivate providers to behave in line with the fundamental aim of the reform, namely a transfer of care to the patient/client’s own environment.

The state budget, health insurance companies and regions will all participate in the new financing system. The system will respect the future form of a network of mental health services that will be created as regional network plans in each region.
EUROPEAN FUNDS

The reform of mental health care is supported by two European Structural Funds (ESF) programs:

**IROP - Integrated Regional Operational Program**
Call No 54 (CZK 2 billion)

The program is designed for investments in the establishment or reconstruction of urgent departments of general hospitals, mental health centres, institutions, surgeries with extended care, and equipment for mobile teams. The direct beneficiaries of such subsidies are the providers of health services themselves.

**OPE - Operational Program Employment**
Call No 39 (CZK 1.35 billion)

The program is intended for so-called soft projects to support the transformation and deinstitutionalization of health services in the field of psychiatric care. The beneficiaries are the Ministry of Health, the National Institute of Mental Health, and the Institute of Health Information and Statistics. Funds are further distributed via reimbursement of wages and operating expenses or by public procurement.
REFORM MANAGEMENT

• **management committee**
The supreme reform authority, in which the professional public is represented by representatives of the committee and the Ministry of Health by the Deputy Minister.

• **expert council**
An honorary council of the professional guarantors of the reform appointed by the Minister of Health, in which the main groups of the professional public are represented by accredited experts.

• **executive committee**
A working committee with representatives of the Ministry of Health, the project implementation teams, and key partners of the reform.

• **project coordinator**
The project team member of the particular project usually responsible for a key activity or the whole project.

• **project teams**
Workers with a formal relationship (employment, agreement to complete a job, agreement on work) to a particular project.

• **thematic working groups**
A platform for the wider public to engage in specific areas of expertise and reform topics.
INFORMATION ON THE REFORM

An electronic Newsletter on the Mental Health Reform is published to better inform the professional public, and there is also the website www.reformapsychiatrie.cz and an intranet available for the professional public.

Information on the reform can also be obtained at the email address reforma@psychiatrie.cz