Re-start of the reform in the Czech Republic?

Jan Pfeiffer
Isolation from the „western world“ up to 1989
Steps in reform

- 1990- Start of development of community service (Fokus, Sananim...)
- 1993- First conference about a Mental Health Care Reform
- 1994- Pilot projects of regional systems of community care
- 1995- National Centre for Mental Health Care Development
- 1998- I. Mental Health Care Strategy
- 2007- Pilot project of DI in social care
- 2013-II. Mental Health Care Reform Strategy
Development of services 1990-2017
REGULATIONS OF ESF_ERDF 2014_2020

• SF should be used in line with the CRPD

• Organisations representing children, people with disabilities, include people with mental health problems and homeless people should be involved in the drafting of PAs and Ops.

• Set out plans to address the situation of people in institutional care, or those at risk of institutionalisation, in countries where there is a lack of quality care and support services in the community. Depending on the identified needs, includes measures for the shift from institutional to community based care;

• The relevant OPs should include the output and result indicators related to DI process.
2013- Mental Health Care Reform Strategy

• 1/To improve the quality of psychiatric care by systematically modifying the organization of its provision.
• 2 / Restrict the stigmatization of mentally ill and psychiatry in general.
• 3 / Increase the satisfaction of users with psychiatric care provided.
• 4 / To increase the effectiveness of psychiatric care by early diagnosis and identifying hidden psychiatric illness.
• 5 / Increase the success of the full integration of the mentally ill into society (in particular improving conditions for employment, education and housing, etc.).
• 6 / Improve the interconnection of health, social and other related services.
• 7 / Humanize psychiatric care.
Deinstitutionalization

2/3 of resources going to mental health care are in institutional care

Capacity in community care

Building up CMC
Development of other Community services
Moving beds to general hospitals

Capacity in community
Psychiatric departments

Psychiatric hospitals:
- specialised for children
- bigger than 500
- smaller than 500

PSYCHIATRIC BEDS 10 100

30 Psychiatric d. 1 300 / 20 000 adm. / 17 days
18 Psych hospitals 8 800 / 40 000 adm. / 78 days
Proportion of beds use in psychiatric hospitals (2015)
Leadership of the Reform

Executive com.

National experts com.

International expert-tutors

Regional Coordinational platforms

Financing

Transformational action plans- 14 regions (20 PH)

Development of multidisciplinary community teams
30 SMI- piloting others

Quality assurance

Coordination and community involvement

Antistigma
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<th>PROBLEM</th>
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| MEDICAL - HYPER PROTECTIVE APPROACH | • Trainings-study visits - introducing „recovery“ in practice.  
• Quality standard-Social-health standards CRPD based |      |
| FRAGMENTATION OF THE CARE    | • Project „multi-disciplinary cooperation“: system of functional cooperation across, professions-service (methodology, trainings, common language, management system..) |      |
| ALLOCATION OF HEALTH BUDGET FIXED A SYSTEM | • Sustainable financing- ring fencing- developing community services by PH, 15 beds is 1 CMHT...... |      |
| DIVISION OF SOCIAL HEALTH FINANCING | • Data -collection system  
• CMHT- social- health staff and financing |      |
Mental health care in primary health care
Multidisciplinary teams (for all groups)
Alternatives to acute admission
Capacity in general hospitals
Akutní psychiatrická oddělení ve všeobecných nemocnících
Housing and residential care (max 6 persons)
Mobilising of community resources
Development of CMHC

CMHCP:

- I (5)
- II (16)
- III (9)
BUILDING UP CMHT
COMPREHENSIVE COMMUNITY SERVICES FOR ELDERLY
AGING IN PLACE

- Early identification
- Intensive case management
- Maximum support of independent living of elderly person in his/her normal living conditions.
- Support of family to be capable to care.
- Flexible arrangement of needed professional support in the community, person home.
- Transitional placement to small residential facility if needed.
CULTURE

INSTITUTIONAL

• Limited or no choice where and with whom to live
• Stereotypical program
• Paternalistic relationship
• Needs of the institution in the centre

INCLUSSIVE

• Free choice where and with whom to live
• Individual approach
• Partnership
• Needs of the person in the centre
• As normal as possible

Institutional settings and culture must not be reproduced in community-based services and EU funds should not be used for the segregation of people.
POWER OWER

POWER WITH
Group

Team
Recovery star
Creating new services provision culture
Transformation of the services provision
Funds to Institutional and community care

Titolo del grafico
Two most important days in your life

Thanks for your attention