



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	Summary of 4 years co-operation with WHO CC Trieste and how it influenced the reform of Polish Mental Health System		
Objectives/Obiettivi	To present how important for Poland was the 4-years co-operation with WHO CC Trieste to initiate the process of the transition from institutional to community-based system.		

**Contents-text/Contenuto-testo:
Max. 400 parole/words**

Poland has started in July 2018 the reform of Mental Health (later: MH) system which has been awaited since 1994. The process of change relies on **transition from institutional to community-based system** and is in line with changes which have been taking place all over Europe since the 1970s.

Context:

The structure of Polish MH system **reflects the way of thinking, which has been perpetuated over decades, about the mentally ill and mental illness.** It's based on the following assumptions:

1. Mental illness is incurable and a person diagnosed as "mentally ill" will remain ill through the rest of his/her life.
2. Mentally ill persons can be dangerous for themselves and for the society, that is why they should be subjected to treatment in an isolated place - psychiatric hospital.
3. Due to the long-term course of illness, many persons lose their ability to live independently in the society and, then, in the case of no support from a family, they should be placed in a social care centre or in a residential care.
4. Financing the activity of 24/7 inpatient psychiatric wards is based on the rule „we pay for each bed occupied” and not for the effect of treatment.

Structure of MH budget was: 70% - hospitals, 29% - ambulatory treatment, 1%

- community teams.

Actions undertaken by NGOs:

Small group of people representing NGOs had believe that “***In the XXI century there MUST BE another solution in Europe***”. So, we started to look for this solution:

- 2011: Open Dialogue, Finland
- 2013: Recovery Assistants, Germany
- **2015: WHO CC in Trieste**, Community Mental Health system based on 3 pillars: Prevention - Treatment - Social Support

Turning point

Within 2015 - 2016 we have organized 5 study visits with 80 people from all over Poland representing: Ministries,, National Health Fund, psychiatric hospitals, regional authorities, families, doctors, nurses, people for lived experience, NGOs. Why so many? **We wanted the disseminate the message about changes which Trieste society has done since 1971**. Here in Trieste we have built our:

- determination to influence Polish Government to start the reform
- model of CMHC to be implemented in Poland
- knowledge how to apply for money from EU funds for DI process
- relationships with people who became our partners and friends.

The reform has been started in VII 2018 and is actually piloted via 27 MHCs (Polish budget) and 4 CMHC (EU funds).

More details - at my presentation