METNATIONAL HEALTH CARE REFORM
CZECH REPUBLIC
ACTUAL SYTUATION IN CZECH REPUBLIC

- Czech Republic has roughly 10.5 million inhabitants.
- Economically it is one of the most developed country among “new EU member states. According to the World Bank, its GDP per capita in 2019 is equal to 39 477 $ (as Israel or Italy).
- The Czech Republic is 15th in the world in the Human Development Index (ahead of Belgium), 14th in the World Bank's Human Capital Index (ahead of the UK), 24th in the Economic Freedom Index (in front of Germany) and the Global Innovation Index and 29th in global competitiveness.
- There are 14 regions (400 000 up 1 200 000 inhabitant), responsible for social care.
- Health care is financed by health insurance (HI) system- about 4% on MHC, social care from national budget.
- Number of beds in psychiatric hospitals reduce from 1990 up to now nearly about 50%.
- Actually there is about 8 000 beds in 18 psychiatric hospitals (include 3 specialise for children). These have over 500 beds in average, and the two largest accommodate 1.3 and 1.2 thousands of beds. Most of them are “managed” by Ministry of Health (financed by HI according number of beds).
- Additionally there is about 1300 of beds in 30 psychiatric wards of general hospitals (financed by HI according DRG).
- There is about 15 therapeutic communities for treatment of people with drug and alcohol problems in total about 300 places (mostly provided by NGO).
- There are about 8 000 long term beds in social care homes for people with mental health issue.
- There is about 1 000 self–employed psychiatrists working in outpatient clinic.
- Development of community based services (community teams, community centres, crisis intervention teams, supported housing, employment,..) started only after 1989, Most of them are financed mainly from social budget and are provided mostly by NGO. There is about 90 community mental health teams for adults, 400 places in supported housing, 60 Alcohol and drug teams (K centres),
- There are several users and family members groups.
- There is Strategy of Psychiatric Reform (2013), Mental Health Care Reform Action Plane in progress.
Psychiatric beds

Psychiatric departments
Psychiatric hospitals:
- specialised for children
- bigger than 500
- smaller than 500
Number of beds in psychiatric hospital

reduction of capacity of psychiatric hospitals don by external factors, not as planned process until now
PSYCHIATRIC BEDS — 2009 and 2014
(per 100 000 inhabitants)
Proportion of beds use according dg. psychiatric hospitals (2015)
SUMMARY

- At least 10,000 people with mental health issues are institutionalised in psychiatric hospitals and social care homes (3,000 health, 7,000 social).
- 70%-80% of all resources for mental health care are allocated to hospital-institutional care.
- Continuity of care-coordination of services (include social and health care) weak, fragmented.
- Care based on human rights and recovery principles is only at its beginning.
There is agreement to fully transform institutional to community based care

- Comprehensive support in the Community

- Institutional care (psychiatric hospitals, social care institutions, elderly homes, children homes...)

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Evropská unie Evropský sociální fond Operační program Zaměstnanost

REFORMA PĚČE O DUŠEVNÍ ZDRAVÍ Strategie reformy psychiatrické péče

MINISTERSTVO ZDRAVOTNICTVÍ ČESKÉ REPUBLIKY
• Relationship between institutional and community services is as water in as continuous containers- As much you have well working community services as less institutional- hospital based services needed.
## Plans up to 2030

<table>
<thead>
<tr>
<th>Actual situation – main problems</th>
<th>Plans to change in 10 years</th>
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<tbody>
<tr>
<td>30 Community Mental Health Teams (CMHT) in progress</td>
<td>300 CMHT (100 for adults, 100 drug and alcohol, 60 for children, 10 forensic, psycho-geriatric?)</td>
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<tr>
<td>8 000 beds in PH</td>
<td>Reduction about 2/3 - 2 700 beds remind Increasing on 2 000 beds- include increasing number departments</td>
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<tr>
<td>1 300 beds in GH</td>
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<tr>
<td>3 000 long term clients in psychiatric hospitals. 8 000 ? In social care homes</td>
<td>Development of 2 000 housing capacities. Community residential capacity. 3 000 social staff in the community</td>
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<td>Fragmentation of the care</td>
<td>Coordination role of CMHT Regional coordination (whole life –whole system, regional trusts?). Coordination of social and health management and financing on government level.</td>
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<td>Missing of individual- human rights- recovery orientation</td>
<td>Training- new curricula Standard- control mechanism</td>
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# RISKY SCENARIOS AND THEIR PREVENTION

<table>
<thead>
<tr>
<th>RISKY SCENARIOS</th>
<th>STEPS TO AVOID THEM</th>
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<tbody>
<tr>
<td><strong>REFURBISHING OF INSTITUTION</strong></td>
<td>Stop of big investments to psychiatric hospitals. Needed smaller investment according transformation plans</td>
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<td><strong>CLOSING INSTITUTIONS WITHOUT PROPER SUPPORT IN THE COMMUNITY</strong></td>
<td>Regional mapping and regional plans with action plans of developing of needed services alternative to psychiatric hospitals.</td>
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<tr>
<td><strong>DEVELOPMENT COMMUNITY SERVICES WITHOUT REDUCTION OF INSTITUTIONAL CAPACITY</strong></td>
<td>Coordination among regional and psychiatric hospitals transformation plans. Financial plans of health insurance</td>
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<tr>
<td><strong>MOVING INSTITUTIONAL CULTURE TO COMMUNITY SERVICE</strong></td>
<td>Trainings, study visits, standards, inspection, new curricula for all relevant professions.</td>
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Development of “Community Mental Health Care Teams” (Centres)

- CMHCP:
  - I (5)
  - II (16)
  - III (9)
Development of comprehensive Community Mental Health Teams
By integration of health and social services
• Strengthening primary health care to be able to serve all common mental health issue.
• Outpatient clinic partially with the role of primary mental health „teams“
• Development of Community Mental Health Teams (with outreach work, case management, assertive care, crisis intervention functions).
• Psychiatric department of general hospitals—building up new capacity, to empower existing capacity to take care about all mental health conditions needed inpatient care.
• Development of alternatives to acute admissions and long term residential care.
• Available capacity of community living for person with mental health issues who are long stay in institutional care.
• Building up capacity for specialized residential care (forensic psychiatry act.)
• Supporting families
• Empowerment and use of community resources—housing, work, leisure
Bridging fond

Extra costs linked with development of new services, before hospitals capacity will be reduced. Costs will be covered by SF + health insurance + increasing of social budget
Coordination of the reform

- Coordination structure was developed for the managing of the "projects", but just now is coordinating all reform

**PROJECTS:**
- Transformation of psychiatric hospitals.
- Regional plans
- Quality assurance
- Financial sustainability
- Legislation
- Community mental health teams (adults, children, drug + alcohol, elderly, forensic, primary health care teams)
- Early intervention teams
- Multi-disciplinary cooperation
- Any-stigma