



Exemplary Project

MENTAL HEALTH CARE REFORM - CZECH REPUBLIC
April 2018



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Czech Republic - Mental Health Care Reform

General information																			
OP information	<p>Title OP: OP Employment</p> <p>Priority axis: 2 Social inclusion and combating poverty</p> <p>Investment priority: 2.2 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest</p> <p>Specific objective: 2.2.2 Improve availability and efficiency of health services and enable transfer of the main psychiatric care activity into community</p>																		
Timeline	<table border="1"> <thead> <tr> <th></th> <th>CDZ I¹</th> <th>CDZ II</th> <th>DI²</th> <th>MD³</th> <th>New Services</th> </tr> </thead> <tbody> <tr> <td>Start date:</td> <td>01/02/2017</td> <td>01/10/2017</td> <td>01/03/2017</td> <td>01/09/2017</td> <td>01/04/2018</td> </tr> <tr> <td>End date:</td> <td>31/06/2020</td> <td>31/01/2021</td> <td>28/02/2022</td> <td>31/08/2018</td> <td>TBA</td> </tr> </tbody> </table>		CDZ I ¹	CDZ II	DI ²	MD ³	New Services	Start date:	01/02/2017	01/10/2017	01/03/2017	01/09/2017	01/04/2018	End date:	31/06/2020	31/01/2021	28/02/2022	31/08/2018	TBA
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Budget	<p>Total budget: 100 589 981,83 CZK⁴ - CDZ I, 257 819 781,84 CZK - CDZ II, 226 874 376,30 - DI, 97 291 025,80 CZK - MD, TBA - New Services</p> <p>Co-financing rate: 77,56 %</p> <p>EU Fund: ESF</p>																		
Beneficiary/ies	<p>Main beneficiary: Ministry of Health</p> <p>Other organisations: The particular realisations of five pilot Mental Health Centers are not chosen yet. But from the preliminary investigations we can list following organisations: Psychiatric hospital Bohnice with partnership of NGO Fokus Praha, Psychiatric clinic Brno with partnership of NGO Práh, Psychiatric hospital Havlíčkův Brod with NGO Fokus Vysočina, Psychiatric hospital Petrograd with partnership of NGO Fokus Labe, Psychosocial Centre Přeřov - private provider.</p>																		
Category of intervention:	112 - Enhancing access to affordable, sustainable, and high-quality services, including health care and social services of general interest																		
Contact details	<p>Name: MUDr. Jan Pfeiffer</p> <p>Organisation: Ministry of Health</p> <p>Role in project: Guarantor of the project</p> <p>Phone number: +420773 680 000</p> <p>Email address: md.jan.pfeiffer@gmail.com</p>																		
Project website	http://www.reformapsychiatrie.cz/																		
Thematic block covered	TB2 - Support to reform processes towards effective and resilient health systems: (a) De-institutionalisation measures for people with disabilities, mental health problems, older people and children deprived of parental care; (b) Transition from hospital to community-based care i.e. primary/integrated care; (c) Investments in healthcare facilities efficiency and sustainability, in																		

¹ CDZ = Centrum duševního zdraví / Mental Health Centre in English

² Project Deinstitutionalization

³ Project Multidisciplinary Approach to the Care of Clients with Psychiatric Issues

⁴ 3.722.659 Euro, ECB, 30.12.2016

	particular in hospitals.
Project summary	
<p>Through the projects, the Ministry of Health covers the Reform of psychiatric care in the Czech Republic. Currently, following 5 projects are running: <i>CDZ I</i> (will launch a pilot verification operation five Mental Health Centre (CDZ)), <i>CDZ II, Deinstitutionalization, Multidisciplinary Approach to the Care of Clients with Psychiatric Issues, New Services</i>. The projects respect the principles of the reform strategy of psychiatric care (www.reformapsychiatrie.cz) aimed at increasing the availability and quality of health services (with a new element of community care) for persons with mental illness.</p> <p>Key elements of the Mental health care reform: Mental Health Centres (MHC), balanced model of care, integration of the users of care into reform, transformation plans, deinstitutionalization, recovery, community, urgent inpatient care integrated into general health care, outpatient clinics with extended care, multidisciplinary approach, regional responsibility, community reams, service network for people with mental illnesses, etc.</p>	
Development and Implementation	
Initiator/trigger	<p>The mental health care system in CZ is fragmented. There are very little links between hospital and out-patient services and there are little links between health and social services. Clients with serious mental health issues, who have complex needs, get very little or no help in the community and are in a high risk of long stay in institutional care or prison.</p> <p>In 2013, the National strategy of Psychiatric reform was approved by the Ministry of Health and the development of the Mental Health Centre is one of the main pillars of the reform.</p>
Project objective	<p>Through the projects, the Ministry of Health would like to improve the interconnection between health, social and other related services. The objectives of the particular projects are in line with the general objective of the reform, i.e. “to improve the quality of life of people with mental illness. [...] 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.”⁵</p> <p>For example the aim of the projects CDZ I and CDZ II is to create a mental health centre network to ensure the availability of mental health centre services for people with mental illness in a natural environment. Creating a mental health centre is an activity based on the Strategy of Psychiatric Care Reform which aims to shift the focus of care to the community, thus reducing the social exclusion of people with mental illness.</p>
Target group(s)	<p>The target group is people who are most at risk of the exclusion and discrimination due to their health status. They are users of psychiatric care. Thanks to these projects, they will benefit from an increased access to community care and reduced risk of social exclusion, stigma and threat of poverty.</p> <p>Early crisis interventions will allow improvements in the clinical condition, greater satisfaction with treatment, reduced financial and mental burden for families of patients and a reduction in re-admission to hospitalisation. Additionally, assertive community treatment will reduce the frequency of relapse of the disease and need for hospitalisation. Finally, it will lead to accommodation</p>

⁵ Compare with Anders, M.: *Pocket Guide to the Psychiatric Care Reform*. April 2017. Available at: <http://www.reformapsychiatrie.cz/wp-content/uploads/2018/03/MalyPruvodceReformouAJ.pdf>.

	<p>stabilisation, employment and increased patient satisfaction.</p> <p>As a result of the healthcare (especially, the interconnection of health and social services) provided in the patient's own social environment, it will increase the possibility of employment on the labour market.</p>
<p>Project health-related indicators</p>	<p>There are several measures which are combination of hard and soft data by which the projects will measure its performance:</p> <ul style="list-style-type: none"> • Number of clients served by a centre • Number of different activities provided (as crisis intervention, day programs, self help) • Number of awareness action and campaigns provided for surrounding community • Number of admission to hospital care and duration of hospitalization • Satisfaction of the clients and their family • Response of the community • Employment and housing status of the clients <p>The projects' leaders expect that the introduction of the system of mental health centers (multidisciplinary community based, outreach teams) will reduce the number of admission and admission will be shorter. Clients and their families will be more satisfied with the care. More clients will get a jobs, and those who do not have proper housing will get it. In the surrounding community there will be less prejudice toward people with serious mental health issue, all services in the neighbouring area will better cooperate.</p>
Results	
<p>Expected/attained results, outcomes and potential impacts</p>	<p>“Transforming the content of care and introducing innovative approaches and methods will be ensured by:</p> <ul style="list-style-type: none"> - 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 <p>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.”⁶</p> <p>The fundamental change that can be expected from the projects is the implementation of systematic elements in providing psychiatric care and increasing the availability of services. In particular, a systematic change in the organization of providing community care for people with mental illness. The mental health centre becomes an interface between primary care, including ambulatory psychiatric care, and inpatient (acute and specialised) care. Its function will be to prevent or shorten hospitalization and help reintegration of long-term hospitalised patients to the common community.</p> <p>Creating the mental health centre network will contribute to:</p> <ol style="list-style-type: none"> 1. Improving the quality of care and quality of life of patients with mental illness, 2. Ensuring availability of psychiatric care, focusing on its low-threshold and reduced morbidity (early diagnosis)

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	<p>3. Higher user satisfaction</p> <p>4. Increasing the success of the full integration of people with mental illness.</p>
Success factors & Challenges	<p>“The aim is to create a <i>balanced model of care</i> for mental health (inspired by the so-called balanced care model) where:</p> <ul style="list-style-type: none"> - 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”⁷ <p>For example the innovative nature of the project CDZ I lies in the introduction and implementation of new systemic elements in the provision of psychiatric care (introduces a new pillar of psychiatric care, the Mental Health Centres network). This will be a systematic change in the organisation of psychiatric services by introducing a missing community-based system of care and by optimising the Mental Health Centre network to meet Mental Health Centre standards.</p> <p>The Mental Health Centre will work closely with the social and health services currently in place. Individual care staff will work closely together within one multidisciplinary team. It will emphasize the holistic view of the mentally ill including the different aspects of his life and the search for maximum quality of life for the patient/client in the overall context.</p> <p>The main perceived challenges are how to transfer funds to other organizations who will establish the centres and financial support after the end of the project.</p>
Potential for replication	<p>The projects could be replicated in another country where a reform of psychiatric care is taking place and where a network of community care is missing or not fully operational.</p>
Wider context	
Relevance of the project to the objective of the relevant thematic block	<p>„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.</p> <p>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.”⁸</p> <p>The Community Mental Health Centre (CMHC) will intensively cooperate with psychiatric hospitals. The CMHC team will identify long stay clients in psychiatric hospitals and work on their reintegration and inclusion in the community. Additionally, support will be given to persons with serious mental illness (and young people in the risk of serious mental issue), who are until now living in the community. This will prevent new clients to be hospitalised.</p>

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⁸ Compare with Anders, M.: *Pocket Guide to the Psychiatric Care Reform*. April 2017. Available at: <<http://www.reformapsychiatrie.cz/wp-content/uploads/2018/03/MalyPruvodceReformouAJ.pdf>>.

	Through the cooperation between the project team and the psychiatric hospitals staff and social care homes, the CMHC team will bring new way of thinking and perspective to the institutional facilities. This will be another way how this project will support deinstitutionalisation.
Relevance of the project objective to the specific objective of the OP	The target group - e.g. people with severe mental illness who are in a high risk of exclusion, unemployed and poverty. The MHC explicitly focuses on helping these people to get job, adequate housing and income.
Relevance of the project towards reducing health inequalities	The target group - e.g. people most neglected by the health system, because they are not active in getting adequate service. The MHCs are actively arranging health service including primary care and needed specialised care.
Relevance of the project towards the reform of health systems	Yes. All projects are a part of the Mental Health Care Reform in the Czech Republic directly covered by Ministry of Health of the Czech Republic. For example creating a mental health centre network is an activity based on the Strategy of Psychiatric Care Reform which aims to shift the focus of care to the community, thus reducing the social exclusion of people with mental illness. Through this project, the Ministry of Health also would like to improve the interconnection of health, social and other related services.
Relevance of the project objective to the national context and policy goals	
Relevance of the project objective to health policy goals at EU level	