-WHERE ARE WE GOING FROM
- WHERE ARE WE
- WHERE ARE WE GOING IN CZECH REPUBLIC ?

30 YEARS OF DEVELOPMENT OF COMMUNITY SERVICES AND HOSPITAL CAPACITY REDUCTION
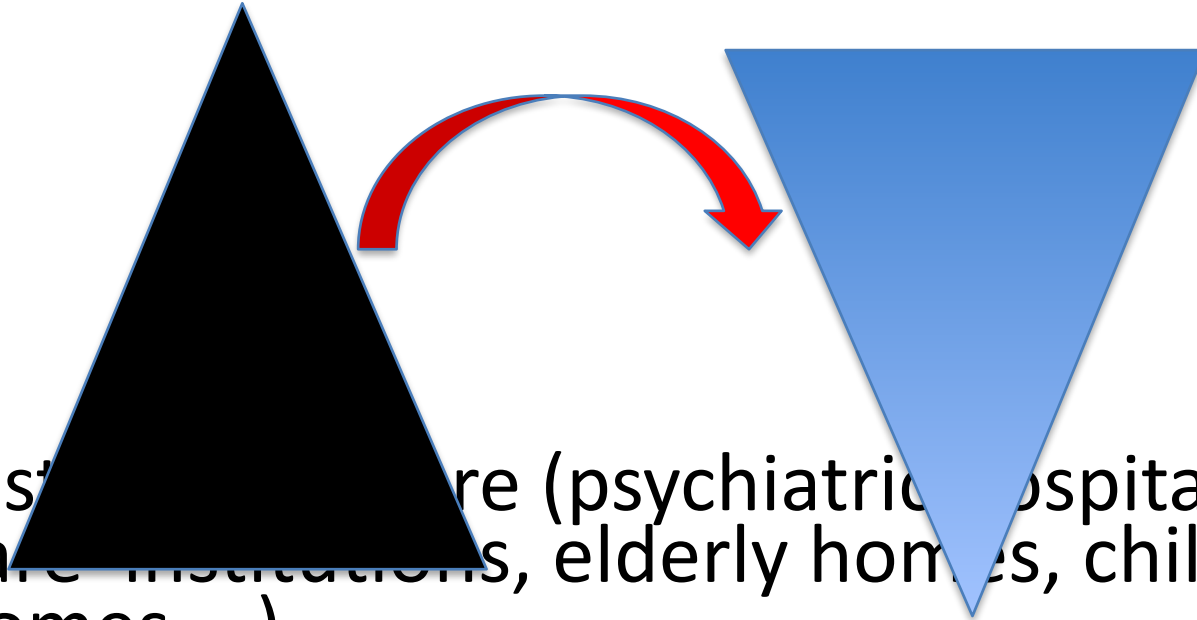
CHANGING A CULTURE

INSTITUTIONAL

- Limited or no choice where and with whom to live
- Stereotypical program
- Paternalistic relationship
- Needs of the institution in the centre
- Artificial condition for the "care"

INCLUSSIVE

- Free choice where and with whom to live
- Individual approach
- Partnership
- Needs of the person in the centre
- Conditions foR the "care" as normal as possible

"Transformation of institutional to community based care"

- Comprehensive support in the Community

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

Aim of the Reform

- Implementation of human right as a main target
- Changing paradigm from treatment to recovery
- Systematic planning (national, regional, psychiatric hospitals)
- Moving resources from institutions to the community
- Development of comprehensive system
- Development of multidisciplinary outreach –community based teams
- Multidisciplinary cooperation and coordination across all system
- Changing financing
- Training of new skills
- Quality standards and system of its monitoring

Implementation of CRPD art.19 in mental health care in CR
2016 - 2022

ESF

IMPLEMENTATION OF DI IN MENTAL HELTH IN CR

ERDF

PSYCHIATRIC DEPARTMENTS OF GENERAL HOSPYTALS

COMMUNITY MENTAL HEALTH TEAMS (mobility, buildings-beds, communication equipment act.)

DESTIGMATIZATION

DEINSTITUTIONALIZATION

TRANSFROMATION PLANS OF ALL HOSPITALS

REGIONALPLANS FOR COMMUNITY CARE DEVELOPMENT

SUSTAINABLE FINANCING

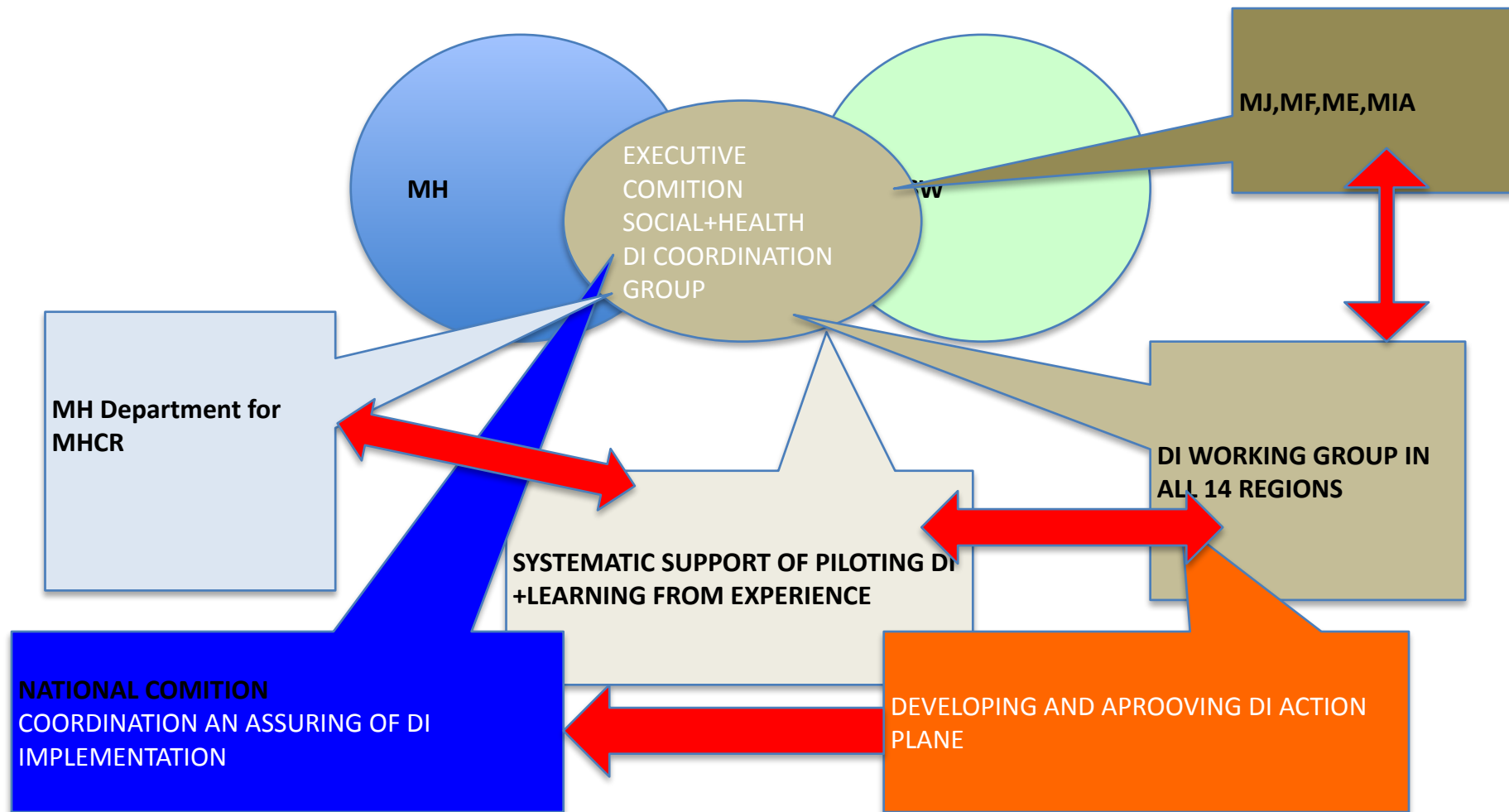QUALITY EVAUATION AND MONITORING

DATA COLLECTION

MULTIDISCIPLINARITY

MULTIDISCIPLINARITY ON ALL LEVELS

INTERSECTORIAL COOPERATION

MOBILAZING OF COMMUNITY RESOURCES

MH IN PRIMARY HEALTH CARE

COMMUNITY MENTAL HELTH TEAMS

20 STAFF EACH

CATCHMENT AREA 100 000

30 ADULT TEAMS

CHILDREN, AT GERONTOPSYCHIATRY. EARLY INTERVENTION TEAM

TRAINING

SOCIAL WORK IN MENTAL HEALTH

COMMUNITY PSYCHIATRIC NURSES

USERS

RECOVERY MODEL IN ALL CURRICULA

MAKE IT HAPPENED

- COORDINATION OF DI PROCESS

Internal structure E)Costs F)Buildings

- Analyses of existing resources but also obstacles in the community (housing, employment, programs, people)

- Plan for a new services - Services to be developed to integrate clients to the society - to fully replace institutional care.

- Plan of needed actions: A) New organizational structures B)Staff capacity building C) Community capacity building-communication strategy D)Preparation of
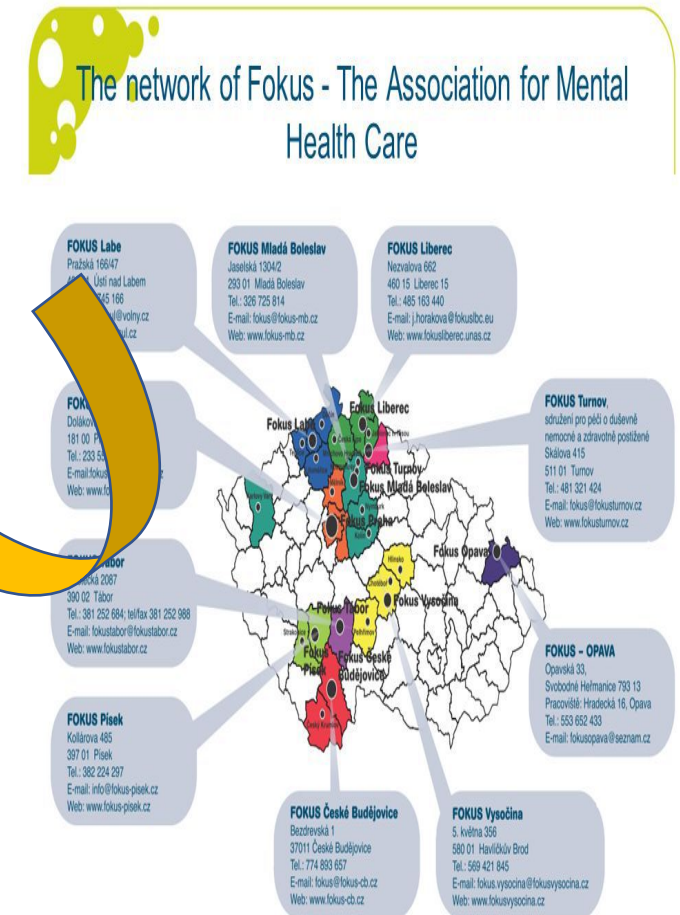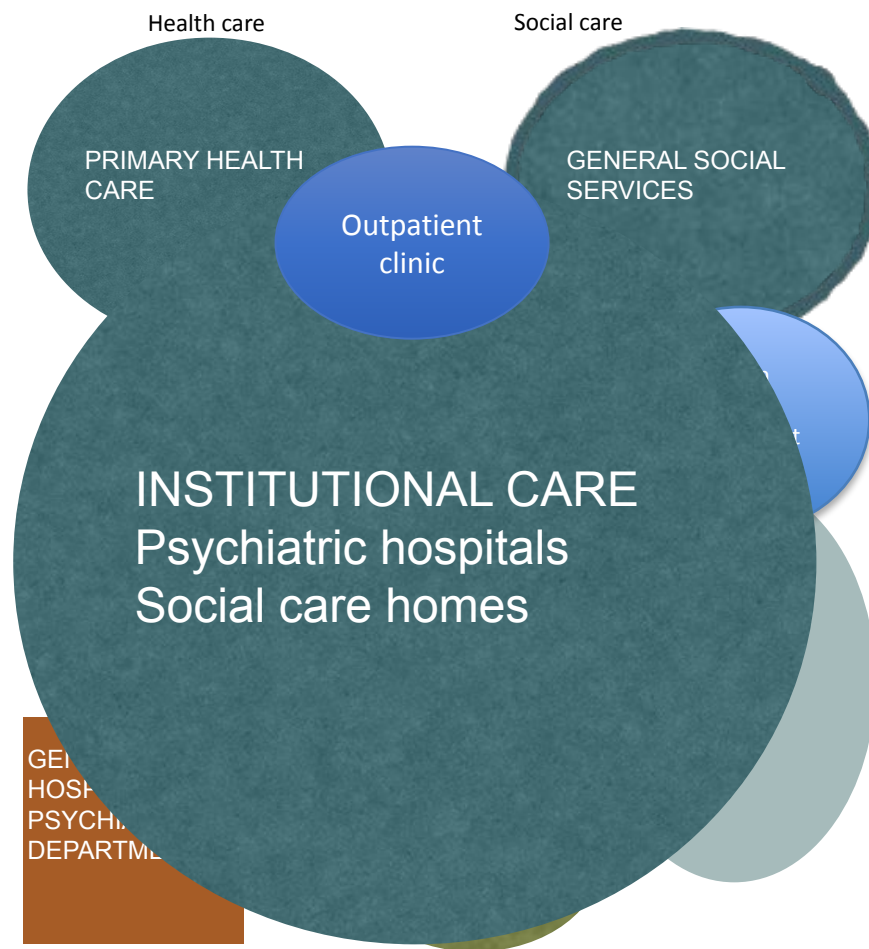
in the

Transformation plane of PH

The area of the original monastery will be the first to be removed from the use. The long-term use of two pavilions for protective treatment is to be considered. It seems more advantageous to possibly build a protective treatment facility in

	New services in the community	Staff in community services	Number of beds in PH	Number of staff in PHPN
2017	CDZ Ječín	10	460	340
2018	CDZ Hořany	20	450	330
2019	• CDZ Lník • Mobilní gerontops. tým • Reahab tým -chráněné byldení	50	400	300
2020	Vznik akutního ps oddělní v nemcnici v Ječíně a v Lníku	90	300	260
a další pokračování	Terapeutická komunita v Harově-30km (i pro klienty se závoslostí na alkoholu)	100	250	230

Creating new services using resources of the hospital and already existing community services

Health care

Social care

PRIMARY HEALTH CARE

Outpatient clinic

GENERAL SOCIAL SERVICES

INSTITUTIONAL CARE
Psychiatric hospitals
Social care homes

GENERAL HOSPITAL PSYCHIATRIC DEPARTMENT

- Mental Health Primary Care System 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 an 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

How mental health care should be delivered: community based, well coordinated

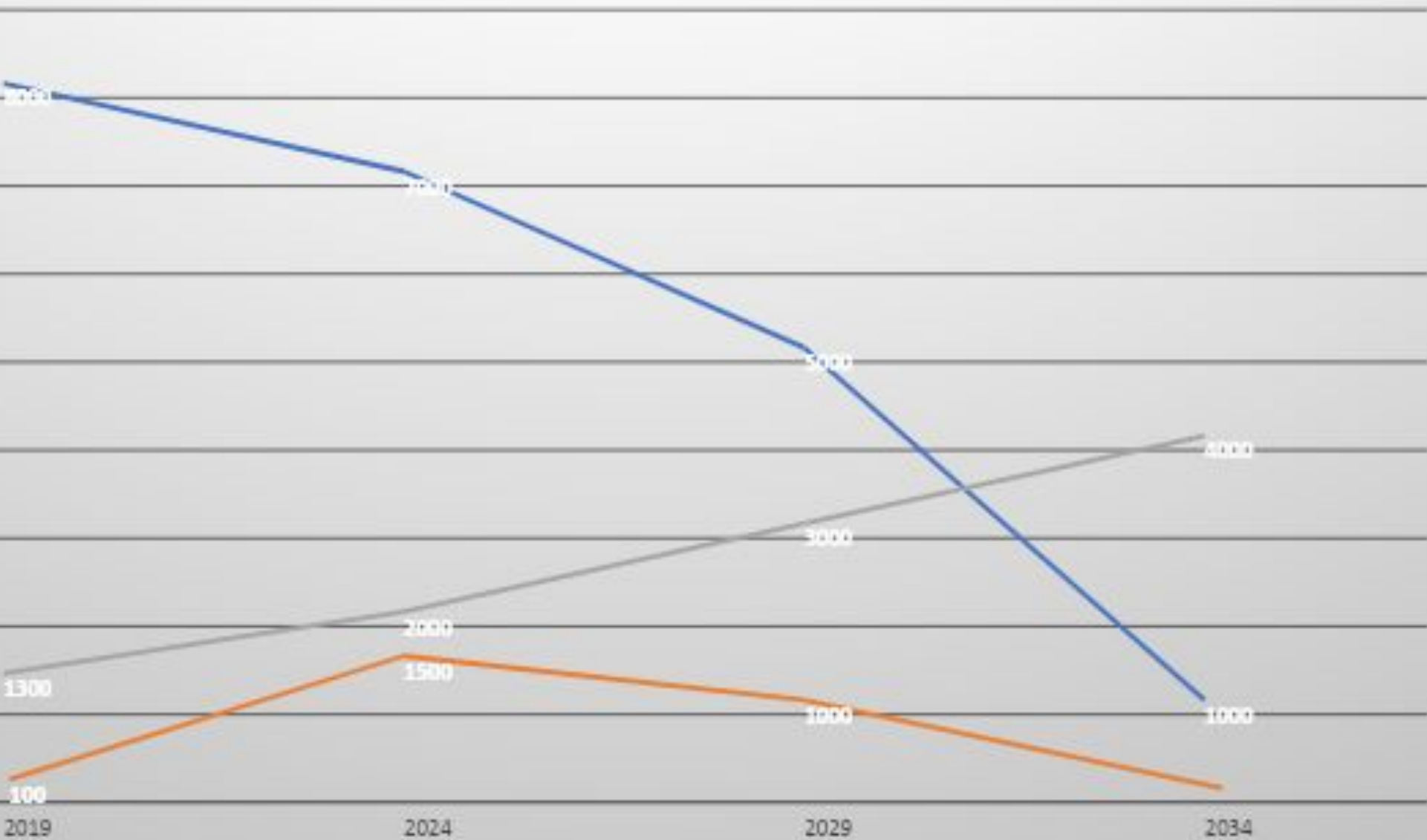**Primary Care + Workplaces + Schools + Community**

Specialist community care

Inpatient care

Development of inpatient care

Plans up to 2030

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

THANKS FOR
YOUR
ATTENTION