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# MHC reform and evidence-based MHC development in CZ

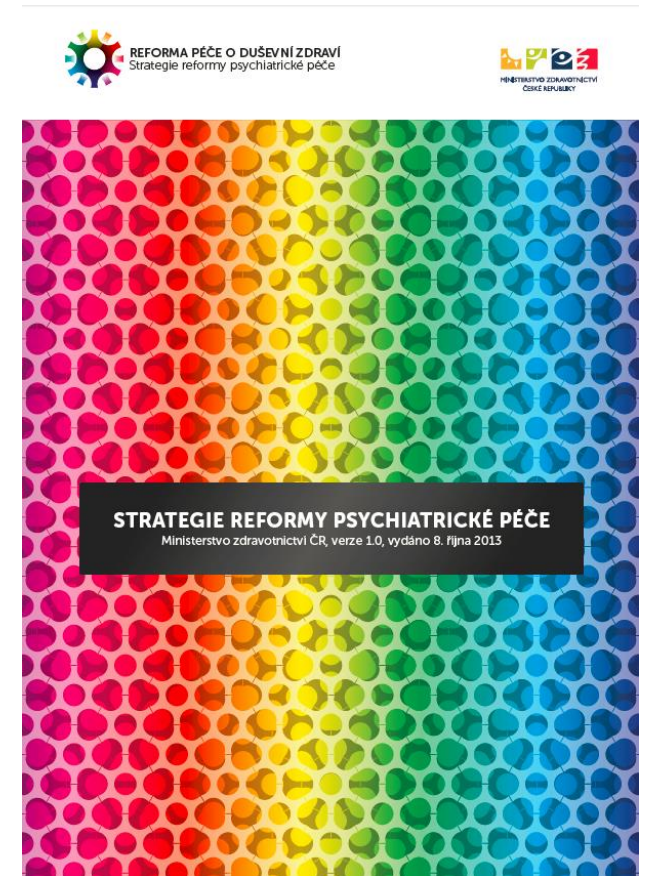
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# Current mental health care reform

- Strategy of mental health care reform published by the Ministry of Health in 2013
- The first phase supported by European Structural and Investment Funds (ESIF)
- **Global aim:**
  - To increase quality of life of people with mental health problems



# Reform's implementation projects

## Ministry of Health

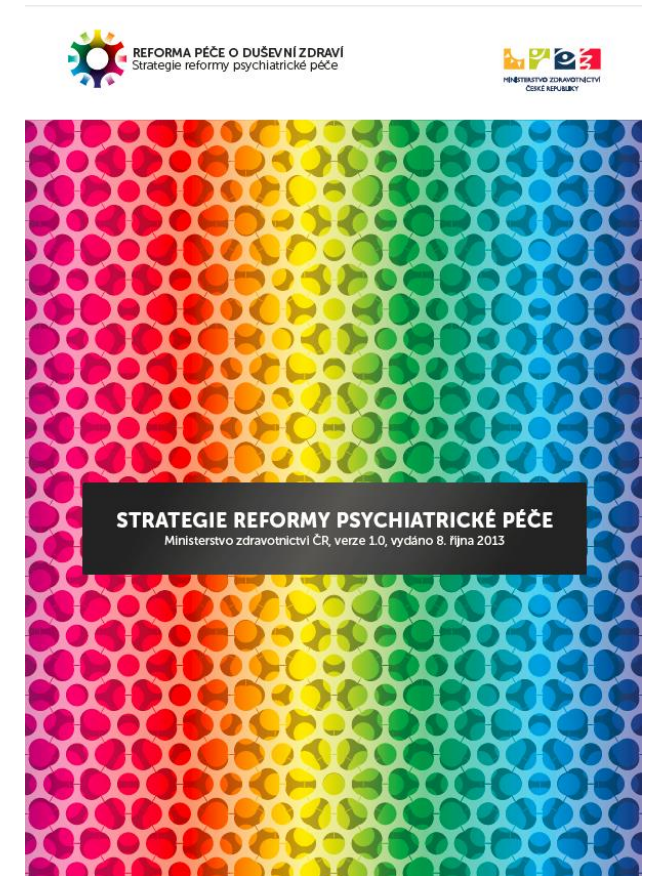
- Community mental health centres I, II, III
- Deinstitutionalization
- Multidisciplinarity
- New Services

## National Institute of Mental Health

- Destigmatization
- Early Detection and Early Intervention Services
- Strengthening Evidence-based Mental Health Care Development

## Institute of Health Information and Statistics

- Analytical Support for Mental Health Care Reform



# Strengthening Evidence-based Mental Health Care Development

Macro level



Mezo level

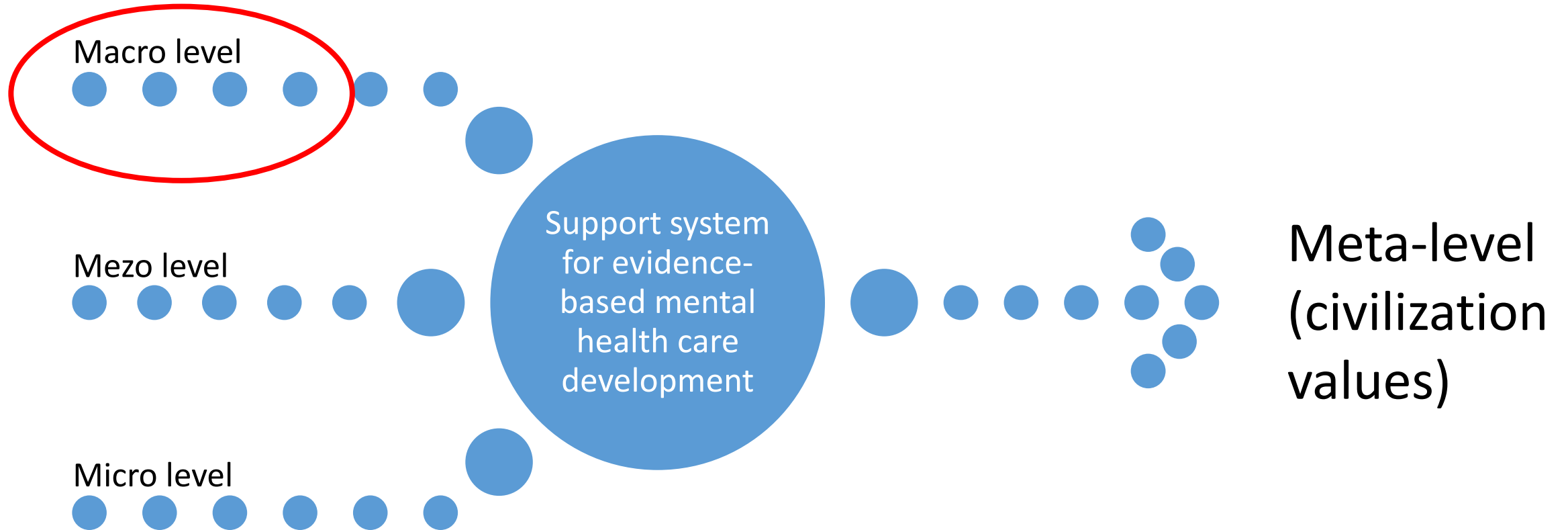


Micro level



Support system  
for evidence-  
based mental  
health care  
development

Meta-level  
(civilization  
values)



# Mental health care in the Czech Republic

- 39 indicators divided into three chapters: Mental health care development, structure of mental health care system, education and de-stigmatization – each has a definition, justification/rationale, data source and calculation
- Mental health care development
  - 1. legislation
  - 2. Stakeholder involvement in policy making and legislation
  - 3. Users and families involvement in decision making
  - 4. Regular surveys among users
  - 5. Mental health plan
  - 6. Suicide prevention plan

# Mental health care in the Czech Republic

- Mental health care development
  - 7. Mental health care expenditures from health care budget
  - 8. Mental health care expenditures from social care budget
  - 9. MHC expenditures to psychiatric hospitals
  - 10. Health insurance for mental health care
  - 11. Information system on mental health care provision
  - 12. Prevalence and incidence of mental disorders
  - 13. Prevalence of suicide attempts
  - 14. Hospitalization of people with mental illnesses
  - 15. Re-hospitalization of people with mental illnesses
  - 16. Mortality of people with mental illnesses
  - 17. Suicides among people with mental illnesses



# Mental health care in the Czech Republic

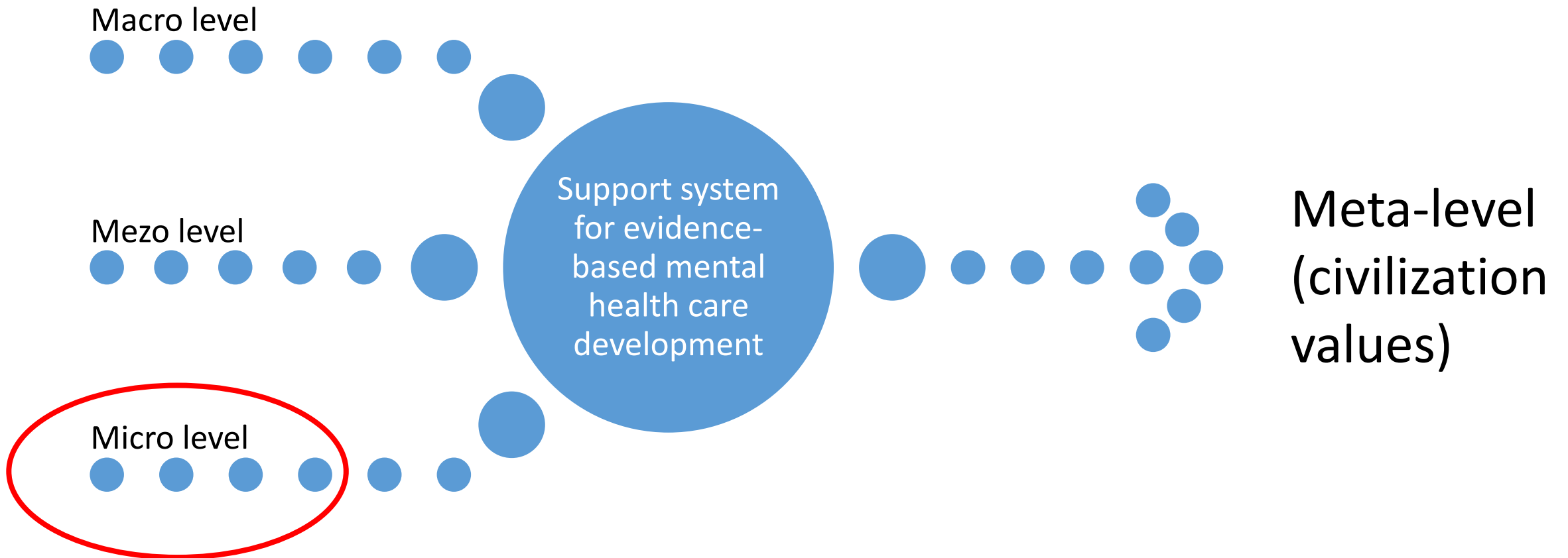
- Mental health care development
  - 18. Coverage – outpatient psychiatrists
  - 19. Coverage - psychopharmaceuticals
  - 20. Coverage – consecutive care
  - 21. Coverage – effective care
- Structure of mental health care system
  - 22. Psychiatrists
  - 23. Nurses
  - 24. Social workers
  - 25. Psychologists
  - 26. Qualification standards

# Mental health care in the Czech Republic

- Structure of mental health care system
  - 27. Inpatient care
  - 28. Outpatient psychiatrist
  - 29. Community MH centers
  - 30. Community MH teams
  - 31. Community Outreach teams
  - 32. Crisis services
  - 33. Day centres
  - 34. Detention care
  - 35. Supported housing
  - 36. MHC for minorities
  - 37. Adherence to human rights

# Mental health care in the Czech Republic

- Education and destigmatization
  - 38. De-stigmatization activities
  - 39. Education in primary health care



# Choice of outcome scales for MHC

- Project – research team, Czech expert platform, international expert platform
- Research team conducted reviews and analysis related to possibilities for mental health care evaluation
- Czech expert platform – inpatient care providers, community teams, MoH, MoLSA, Ministry of Finance, Center for Mental Health Care Development, 3.Faculty of Medicine CUNI, Department of Social Work CUNI, insurance companies, users, families
- Working meetings about 1x month

# Choice of domains

- Recovery
- Psychopathology
- Global and social functioning
- Health related quality of life – QALY + self-reported
- Receipt of services – cost side of the story

# Choice of outcome scales for MHC - recovery

- IMRs- Illness Management and Recovery Scale;
- RAS - Recovery Assessment Scale;
- QPR - Questionnaire on the Processes of Recovery;
- MHRM - Mental Health Recovery Measure ;
- STORI - Stages of Recovery Instruments.

# Choice of instruments

- Psychopathology
  - PANNS, BPRS, SCAN, CGI
- Global and Social Functioning
  - WHODAS, HoNOS, GAF, PSP
- Health related quality of life
  - EQ-5D, SF 36 (SF 6D), AQOL 6D/8D



# Use of the selected instruments

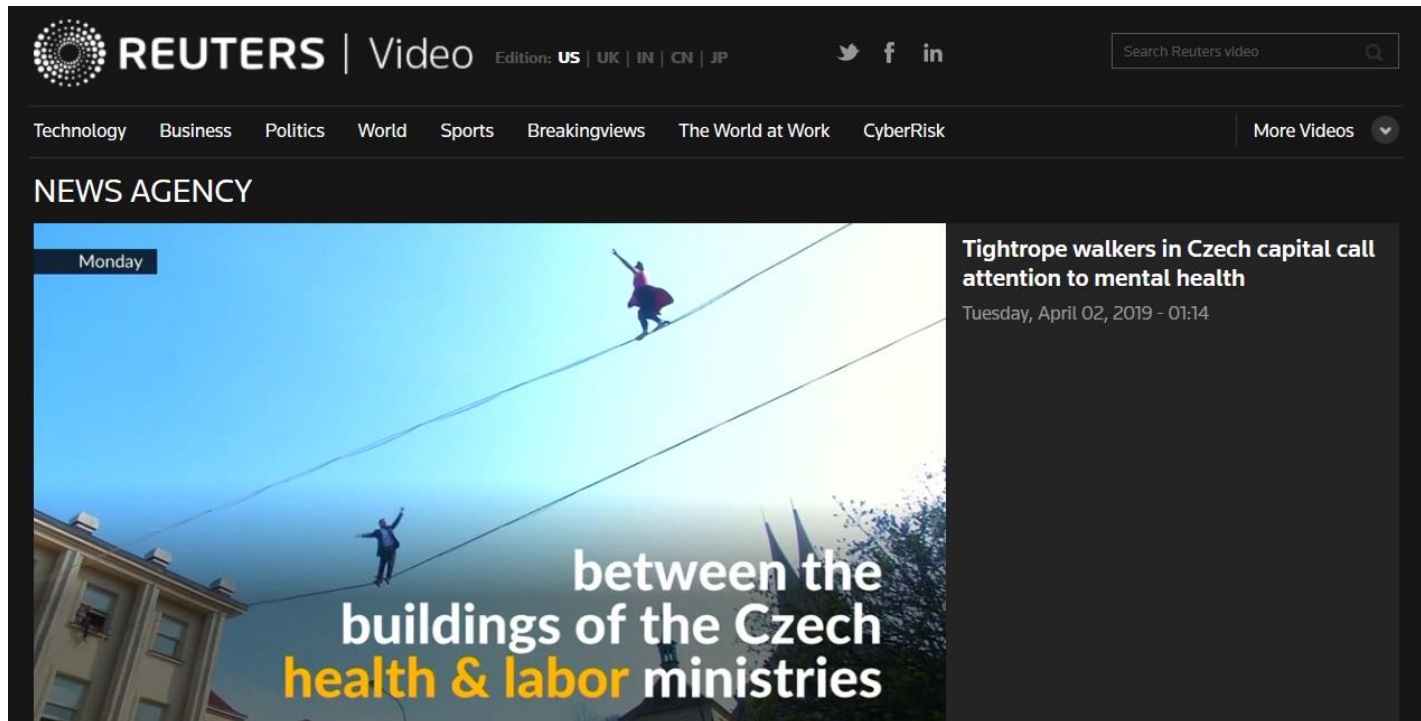
1. Assessment of long-term patients in psychiatric hospitals
2. Assessment of people in community mental health centres
3. Cost-effectiveness of Resource Group Assertive Community Treatment (RACT) and treatment as usual in community mental health care services
4. Cost-effectiveness of R-ITAREPS and treatment as usual in community mental health care services

# Sustainability

- Agreement of use these outcome scales to assess the cost-effectiveness of newly established community mental health care services
- Directive – using scores from GAF as a threshold for provision of care in CMHC (demand to use HoNOS and GAF similarly in psychiatric hospitals)
- Agreement with insurance companies – payment for assessing patients with outcome instruments
- Collaboration with Institute of Health information and Statistics

# National Mental Health Action Plan 2030

- **STRATEGIC OBJECTIV 1: Organization and provision of mental health care will be based on reliable information and knowledge by 2030**



<http://www.reuters.com/video/2019/04/02/tightrope-walkers-in-czech-capital-call?videoId=533026128&videoChannel=118261>