REFORMA PÉČE
O DUŠEVNÍ ZDRAVÍ

NATIONAL MENTAL HEALTH ACTION PLAN 2020 —— 2030

JANUARY 2020

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TABLE OF CONTENTS

LIST OF ANNEXES

Annex 1: List of specific areas and goals of the relevant international and national strategic materials contained in the NMHAP.

Annex 2: Analytical Section of the NMHAP

Annex 3: Analysis of general organizationally economic and legal parameters of the current state of management of regional networks of care for people with mental illness, a variant description of possible target states, and critical points of the expected organizational and legal procedures for their achievement

Annex 4: Cost Modeling for the NMHAP – Disability Pensions

Annex 5: Cost Modeling for the NMHAP – Care Allowance

Annex 6: Restrictive Measures in Psychiatry – Summary Report

6a: Legal View on the Use of Restrictive Measures

6b: Qualitative Research Report

6c: Exploration of Facts for the Qualitative Research of Restrictive Measures

6d: Summary of Data from the Register of Restrictive Measures

Annex 7: Healthcare Costs in the Field of Mental Health

Annex 9: Analysis of the Current Legislation of the Mental Health Care System in the Czech Republic

Annex 10: Analysis of the Current State of Psychiatric Care Funding in the Czech Republic

Annex 11: Current State and Recommendations for Further Development of the Protective Treatment Network

Annex 12: Report on the Current Situation in the Education of Psychiatrists and Recommendations for Systemic Measures

Annexes 3 to 12 are supporting materials prepared by experts submitted for a better understanding of the issue, as well as proposals for funding models. These are not binding documents; they are submitted to the Government of the Czech Republic for information only and are not intended to serve as a basis for changes in laws or implementing regulations. The analyses prepared at the inter-ministerial level and approved by the Government of the Czech Republic or the entity responsible for the implementation of the given measure will be used for this purpose. Annex No. 8 was removed in the inter-ministerial comment procedure.

PREAMBLE

Strategies are not here for strategies. They are an instrument of change that we want to achieve, not the purpose itself. In fulfilling them, we must never lose sight of the goal behind them. Strategies present us with gradually developing partial tasks in shorter periods of time, helping us to deal with large issues. However, from time to time, we must raise our heads and make sure that our compass is still pointing north.

The implementation of the Psychiatric Care Reform Strategy is halfway complete. This is a good time to look up and view the whole issue again, in its entirety. The context is changing, the nature of the problems and their understanding is changing, including issues that could not have been foreseen at the time the strategy was developed. We must state what this means for the Psychiatric Care Reform Strategy and what it means for our common main objective, which is to improve the mental health of the population of the Czech Republic. The result of this balance is the National Mental Health Action Plan until 2030.

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INTRODUCTION

WHAT IS THE NMHAP?

The National Mental Health Action Plan until 2030 (hereinafter also the NMHAP) is an implementation document for three strategic documents. It sets out specific procedures for fulfilling those parts of the Psychiatric Care Reform Strategy 2013-2023 (MoH, 2013) for which there are obvious implementation deficits. It is one of the implementation documents of the Strategic Framework Czech Republic 2030 approved by the Government of the Czech Republic (MoE, 2017), and last but not least, it develops a specific area of the parallel emerging Strategic Framework for Healthcare Development in the Czech Republic until 2030 "Health 2030" (at the time in preparation for submission to the Government of the Czech Republic for approval), incl. the implementation plan (Implementation of Models of Integrated Care, Integration of Health and Social Care – the section for the mental health care reform).

The NMHAP sets financial demands for achieving goals and mechanisms by which the implementation of measures will be reflected in the budget (state budget and the budget of other public budgets, or budgets of other participating ministries and institutions), and identifies alternative sources of funding (EU funds, etc.).

Within the NMHAP, the responsibility for their fulfilment is clearly determined for all measures. Indicators are set for measuring success in meeting the objectives. The effectiveness of the measures and the implementation process will be evaluated on an ongoing basis; appropriate mechanisms are in place for this purpose.

The agenda dealt with is cross-sectional, it requires the intensive cooperation of several public administration bodies. The established Government Council for Mental Health, with the Prime Minister of the Czech Republic as Chairman, has a coordinating role in the implementation of this document. In response to this institute, an effective management mechanism will be created before the start of the implementation of the NMHAP, which will be based on the existing methodology of the psychiatric care reform project management and will utilize this functional management model, including existing human resources. Despite maintaining the dominant role of the Ministry of Health, the necessary cooperation of other ministries will be ensured by shifting coordination to the government level.

The NMHAP is based on superior strategic documents and international conventions, and also respects sectoral or cross-sectional strategic documents of the same level.

The NMHAP is being developed at the same time as two other emerging action plans: the National Action Plan for Alzheimer's Dementia and Other Similar Diseases (NAPAD+) and the National Suicide Prevention Action Plan (NSPAP). In order to avoid undesirable double-tracking and duplication in government-assigned tasks, the NMHAP does not address the issues addressed in these two national documents, but in its goals and measures it follows up on these plans and refers to them in relevant places.

The action plan is in line with the recommendations of the World Health Organization (WHO, 2009).

WHAT DEVELOPMENT IS THE NMHAP RESPONDING TO?

There are three main factual reasons for the creation of the action plan.

First of all, the mental framework in which the issues of mental health and psychiatric care need to be considered has changed. Over time, the concept of a bio-psycho-social model has become increasingly established. The social perception of mental health is changing. And the importance of the environment (e.g. employment, the education system) is beginning to be appreciated, as it can be a source of mental health risks or directly the cause of mental illness, but also a place for effective intervention and the mitigation of risks. In this context, it is no longer sufficient to provide quality care for people with mental illness as addressed by the Psychiatric Care Reform Strategy. It is necessary to focus on maintaining the mental health of the entire population, i.e. to add the important aspect of prevention and early intervention to the current approach.

Furthermore, it turns out that the key to the implementation of some of the goals of the Psychiatric Care Reform Strategy lies in the hands of ministries other than the Ministry of Health. If active inter-ministerial cooperation fails, it will not be possible to achieve the original goals of this strategy, let alone respond to further changes. Failure could have a serious impact on the entire Czech Republic. An impact not only in the field of mental health, but also in the field of finance, and therefore international policy. In its first phase, the Psychiatric Care Reform Strategy is implemented in the form of projects supported by European Structural Funds in the amount of approximately 1 billion CZK. The funds were provided on the basis of the approval of the "precondition". In this precondition, the Czech Republic undertakes to prepare a strategic document in the healthcare sector; in the area of mental health care, the precondition is fulfilled by the Psychiatric Care Reform Strategy.

The following objectives are defined in this document:

- to transfer long-term hospitalized patients/clients with a predominance of social needs (approximately 30% of patients/clients hospitalized at psychiatric inpatient aftercare providers) to the community, and simultaneously reduce the number of aftercare beds at psychiatric inpatient aftercare providers by 1,200 by 2022;
- to set up health and social field teams to provide care and rehabilitation for deinstitutionalized people with mental illness – by 2022 this means 30 Mental Health Centres (MHC);
- to provide housing for deinstitutionalized persons with mental illness in the community (Home with a Special Regime (HSR), sheltered housing, etc.), i.e, the Ministry of Health was to create a development plan for these services in cooperation with the Ministry of Regional Development and the Ministry of Labour and Social Affairs and publish it by the end of 2018;
- to present how the division of competencies for health and social services will be ensured, including cooperation at the level of the Ministries of Social Affairs and Health and a contribution to the funding of the reform from the health and social budget. Finally, the administrative authorities should specify how the regions providing autonomous social services will be involved in the process.

In assessing the fulfilment of this condition, the EC requested additional information on the Reform Strategy and ascertained how the Czech Republic wants to ensure the fulfilment of the objectives of the Reform Strategy – especially the reduction by 1,200 beds. Subsequently, the "precondition" was approved, but conditioned by the request to update the Mental Health Action Plan to include measures that ensure independent living and compliance with Article 19 of the UN Convention on the Rights of Persons with Disabilities. Given that the continuation of the mental health reform should be one of the topics for support from EU funds in the period of 2021-2027, it is necessary to strive for the most effective fulfilment of the objectives of the Psychiatric Care Reform Strategy, as this will certainly be assessed by the EC and may have a negative impact on the amount of allocated funds to this area in the case of non-compliance.

If plans in the field of mental health are not adopted to a greater extent by departments other than the Ministry of Health, there is a real risk that the Czech Republic will not be able to meet this precondition with all the consequences this means for drawing from the ESIF (European Social and Investment Funds). This implies the need for the whole government and all the ministries of the Czech Republic to deal with the topic of mental health, and for inter-ministerial cooperation to take on a much more intensive form. The Ministry of Health can and will have a coordinating role, but it must be supported by the equal and full involvement of other ministries and entities.

Finally, with the implementation of the Psychiatric Care Reform Strategy, new questions began to emerge, to which the answer could not have been found in advance until they had materialized in concrete form. The most important of these questions or problem areas is addressing legislation and the funding of the health-social boundary, the issue of the high risk of poverty in people with serious mental illness, the development and change of the system of providing care for children at risk or with already developed mental disorders, the definition and development of the care system for potentially dangerous patients/clients and patients/clients in protective treatment, and the already mentioned area of prevention which, if not adequately supported, brings an excessive burden on the care system in the form of fully developed preventable diseases. All of the areas identified above again require significant involvement of the relevant ministries (MoLSA, MEYS, MRD, MoJ) and regions.

WHY WAS THE FORM OF AN ACTION PLAN SELECTED?

The original intentions associated with the Psychiatric Care Reform Strategy need to be completed, but these intentions could not be explicitly written into the implementation plan due to the narrow focus of support from the European Structural and Investment Funds (ESIF) and the designation of the Ministry of Health exclusively as the bearer of this strategy. Some activities have therefore stalled. The strategy will expire in 2023. There must exist a plan for solving issues and completing the original and still desirable intentions, not merely for formally administering the strategy. Therefore, it is not possible to limit the plan to 2023.

At the same time, changes in mental health perception and understanding need to be taken into account, as well as new issues. A new strategic document will be needed to address them, building on the Psychiatric Care Reform Strategy. This document is the Health 2030 healthcare concept prepared in parallel, one part of which will provide strategic support for specific procedures in the field of mental health. The analysis, which is an annex to the NMHAP, was both the basis for further progress in the matter of fulfilling the Psychiatric Care Reform Strategy, and a basis for the formulation of strategic goals of the above-mentioned Strategic Framework Health 2030.

WHAT IS THE CONNECTION OF THE NMHAP TO OTHER STRATEGIES?

The following is a list of relevant superior strategic documents and international conventions that the Czech Republic has committed itself to complying with. The NMHAP also respects the strategic documents of other ministries. A detailed presentation of specific objectives and areas connected with the NMHAP has been included in Annex No. 1 due to their large extent.

1.1 INTERNATIONAL:

- Convention on the Rights of Persons with Disabilities (Coll. of Int. Conventions, 2010).
- Convention on the Rights of the Child (Coll. of Int. Conventions, 2010)
- International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights (Coll., 1976)
- Convention for the Protection of Human Rights and Fundamental Freedoms (Coll., 1992)
- WHO Mental Health Action Plan for Europe 2013-2020 (WHO, 2015)
- European Commission Green Paper: Improving the Mental Health of the Population. Towards A Strategy on Mental Health for the European Union (European Commission, 2005)
- The Lancet Commission on Global Mental Health and Sustainable Development (Patel et al., 2018)
- Agenda 2030 for Sustainable Development/Sustainable Development Goals SDGs (MoE, 2018)
- Country report – Investment priorities for financing cohesion policy in the period of 2021—2027 for the Czech Republic (Annex D, EC, 2019)
- General Regulation (Škorňa, 2019; MRD, 2019) for the use of the ESIF in the programme period 2021-2027, five clearly defined policy objectives
- OECD Council recommendations on an integrated approach to mental health, skills and work (voluntary commitment in response to the OECD materials "Sick on the Job?", 2012, "Making Mental Health Count", 2014 and "Fit Mind, Fit Job", 2015) , (OECD, 2019)
- Ombudsman. Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (Final Recommendations to the Sixth Periodic Report of the Czech Republic, 6 June 2018, Ombudsman, 2018)
- Strategy for the Disabled 2020+ (forthcoming successor document) according to high level negotiations (Paris, March 2019)

1.2 NATIONAL:

- The Charter of Fundamental Rights and Freedoms (Coll., 1992)
- Strategic Framework Czech Republic 2030 (MoE, 2017)
- Psychiatric Care Reform Strategy 2013 (MoH, 2013)
- National Strategy for Health Protection and Promotion "Health 2020", Action Plan No. 3: Mental Health (MoH, 2015)
- National Action Plan for Alzheimer's Disease and Other Similar Diseases for the Years 2016—2019 (MoH, 2016)
- National Strategy for the Development of Social Services for the Years 2016—2025 (MoLSA, 2015)
- Concept of the Prevention and Solution of Homelessness in the Czech Republic until 2020 (MoLSA, 2013b)
- National Action Plan Supporting Positive Aging for the Period of 2013 to 2017 (updated version as of 31 December, 2014, MoLSA, 2013) and the Strategy of Preparation for an Aging Society 2018—2022
- Concept of Social Housing for 2015—2025 (MoLSA, 2015b)
- National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for the Period 2015—2020 (OG, 2015)
- Government Strategy for Gender Equality in the Czech Republic for 2014—2020 (OG, 2014)
- Action Plan for the Prevention of Domestic and Gender-Based Violence for the Years 2019—2022 (OG, 2014b)
- Social Inclusion Strategy 2014—2020 and the concept of the "Strategy for Combating Social Exclusion for the Period 2016—2020" currently in preparation (MoLSA, 2014)
- National Strategy for the Protection of Children's Rights (MoLSA, 2012)
- Education Strategy 2020 (MEYS, 2014)
- Strategy for Combating Social Exclusion for the Period 2016–2020 (OG, 2016)
- National Concept for the Implementation of Cohesion Policy in the Czech Republic after 2030 (MRD, Basis for the Partnership Agreement for the Period 2021—2027, version before the inter-ministerial comment process, 10 June 2019)
- National Strategy for the Prevention and Reduction of Damages Associated with Addictive Behaviour 2019—2027 (OG, 2019)
- Action plan for the implementation of the National Strategy for the Primary Prevention of Risk Behaviour in Children and Youth for the Period 2019—2021
- Proposal of a basic network of addictology regional outpatient clinics for adult patients/clients (Miovský, Popov, 2019)

HOW WAS THE NMHAP PREPARED?

The creation of the NMHAP was assigned by the Prime Minister to the relevant coordinating ministry, specifically the Minister of Health of the Czech Republic.

The technical creation of the NMHAP was entrusted to a working team of experts, which began work in the autumn of 2018 and from January 2019 then met on a weekly basis.

The NMHAP was prepared in a transparent and impartial manner. The widest possible circle of stakeholders was involved in its creation. For this purpose, the Executive Committee for the Management of the Implementation of the Psychiatric Care Reform Strategy served as the basic coordination body, in which most of the key stakeholders affected by mental health policy are represented. Meetings of the Executive Committee are regular, at monthly intervals. Representatives of individual projects, together with the management of the Psychiatric Society of the CMA JEP, also meet once a week to discuss the current needs for the implementation of the Psychiatric Care Reform Strategy, and these consultations also served to gather suggestions from individual stakeholders for the purposes of creating the NMHAP.

Preparatory work had commenced earlier in some aspects via an evaluation of a number of aspects of the Psychiatric Care Reform Strategy. A round table on the specific issue of quality of care was organized in 2018 in each region of the Czech Republic, where suggestions were collected from representatives of regional health and social departments, users and providers in the field of general psychiatry, child psychiatry, gerontopsychiatry and addictology.

Questionnaires regarding the NMHAP were sent to all interest groups (users, providers of health and social services, professional societies, representatives of other ministries and regions), through which stakeholders commented on all domains of the NMHAP. These inputs were processed at the National Institute of Mental Health (NIMH) and served as one of the inputs for the working team.

On 31 January and 19 February 2019, a meeting of experts took place on the MRRDPS platform (Methodology for Records Respecting the Development of Psychiatric Services) in order to collect suggestions for already-developed materials.

On 28 February and 1 March 2019, two professional conferences were held for all interested groups, including representatives of other ministries, where the NMHAP proposal was presented and commented on.

Specific goals and measures were discussed in individual meetings with the relevant ministries.

When creating the action plan, the basic attributes of creating strategic documents were respected, which are included and emphasized, among others, in the Methodology for the Preparation of Public Strategies (MRD, 2019) and in the recommendations of the World Health Organization (WHO, 2009).

WHERE ARE WE COMING FROM?

Mental health is a condition that enables people to experience meaningful lives, happiness and fulfilling relationships, to acknowledge and realize their own potential, to cope with normal life stress, to work productively and to contribute to the well-being of society. Mental health is not just the absence of mental illness, but a basic component of health, i.e. a state of physical, mental and social well-being (WHO, 2014).

Mental health problems are the cause of approximately one-third of all years affected by disability due to illness, and depression is the most common reason for life in disability globally (Vigo, Thornicroft, Atun, 2016). If we use the DALY (Disability Adjusted Life Years) indicator, mental illnesses collectively create a burden of approximately 15%, which is comparable to oncological illnesses.

The incidence of mental illness in the Czech population is more than 10% for alcohol-related disorders, more than 7% for anxiety disorders, approximately 5.5% for mood disorders (4% severe depression), almost 3% for non-alcoholic and non-tobacco drug-related disorders, and 1.5% for psychotic disorders (Winkler et al., 2018). Other people suffer from ADHD, eating disorders, personality disorders, dementia and other mental illnesses. Every day about 4 people commit suicide in the Czech Republic.

People with severe mental illness often live in poverty, are stigmatized and discriminated against and die at a significantly younger age than the general population (Kondrátová et al., 2018; Krupchanka et al., 2018). People with mental illness are also more likely to abuse alcohol and other addictive substances. They are more often traumatized or victimized, which contributes to a higher risk of aggression (Elbogen, Johnson, 2009). There is a growing need for pedopsychiatric care. There are increasingly more children with autism spectrum disorders and other neurodevelopmental disorders, behavioural and anxiety disorders in children are more common, and we are observing a new and alarming trend of an increase in the frequency of self-harm and suicide attempts among adolescents (information from mapping provided by the Division of Child and Adolescent Psychiatry, the Committee of the Psychiatric Society of the CMA JEP). Low population literacy in mental health and high stigmatization lead to concealment of the disease and reluctance to seek professional assistance, which in turn leads to a poorer prognosis and reduced chances of recovery, which is a deeply personal, unique process of changing attitudes, feelings, values, goals, skills and roles with the aim of living a happy, hopeful and rewarding life despite all the mental constraints imposed by mental illness (Anthony, 1993).

The economic costs of poor mental health are enormous. They affect people with mental illness (through high unemployment), as well as their employers and the state. Employers face a loss of employee productivity and a high rate of absenteeism, and the state bears an economic burden in the form of high social and health costs. In 2010, these costs were estimated at 6.12 billion euros in the Czech Republic and were related not only to the provided health and social care, but also to lost productivity, informal care and other costs (Ehler et al., 2013). Mental illnesses are the fastest growing cause of disability pensions and care allowances (Janoušková et al., 2001; Janoušková et al., 2014).

The system of psychiatric care in the Czech Republic is still based on large-capacity inpatient healthcare facilities in the field of psychiatry where people with serious mental illness are hospitalized for more than 20 years, which is clearly cost-inefficient compared to community care, i.e. care provided in the natural environment of people with mental illness (Hoschl et al., 2012; Winkler et al., 2017; Winkler et al., 2018; Winkler et al., 2018b; Winkler et al., 2016). The term community care is used in the context of the mental health care reform in line with the international definition, which refers to care in one's own social environment, not individual services. Services usually include multidisciplinary field teams, psychiatric clinics, outpatient clinics of clinical psychologists, acute inpatient care provided in general hospitals, day hospitals, supported housing, etc. Long-term hospitalizations are associated with non-compliance with the principles of the Convention on the Rights of Persons with Disabilities (WHO, 2018), but also with an increased risk of suicide after discharge from care (Winkler, Mladá, Csémy, Nechanská et al., 2015). The network of inpatient facilities for both acute and aftercare is very unevenly distributed, the number of acute care beds is inadequately low and is neither integrated into general hospitals nor linked to the complement of somatic medicine. There is low availability of psychotherapy. In the field of mental health care for children, there is an insufficient network of outpatient services, which leads to unbearably long waiting times. There is also a lack of coverage for acute inpatient care. Pedopsychiatric inpatient departments at inpatient aftercare providers specializing in child and adolescent psychiatry are often staffed for aftercare and do not accept acute patients. Only a small part of inpatient facilities thus meets the requirements for accreditation for education in pre-certification training, which limits the increase in staff capacity in the field. Furthermore, children and adolescents tend to be hospitalized relatively far from their place of residence and parents are often unable to visit them and participate in family therapies. This mainly affects families with a lower socio-economic status, in which there is also a higher risk of mental illness. In the vast majority of hospitals, counseling care is not available for pediatric beds, and patients with obvious mental health problems are discharged without the necessary proposal for further care. Services for children and adolescents are departmentally separate and the cooperation of ministries on their integrated work is not effective. Families must thus rely on an independent search for professional care, within which, however, mutual communication is lacking (information is processed by the Division of

Child and Adolescent Psychiatry, PS CMA JEP). Community care is underdeveloped, failing especially in the area of prevention, rehabilitation and the integration of people with mental illness into everyday life (including housing and employment). Healthcare services for people with mental illness in the community are connected neither within the healthcare system (e.g. with primary care) nor with social and complementary services in the given region and are based on the work of independent specialists offering only a narrow range of services. The multidisciplinary method of work as the most effective model for working with people with complex needs is a minor component of care; community multidisciplinary teams for people with mental illness are in the phase of piloting their first operations. The mental health care system does not have sufficient competent human resources, which is due to the structure and financing of the care provided, the system of education of professionals, but also the lack of flexibility with regard to new opportunities of working with human resources. Users of care are merely in the role of consumers, without the possibility of interfering in its management, inspection or provision.

Stigmatization is high not only in the general Czech population, but also among physicians (Winkler, Csémy et al., 2015; Winkler, Mladá et al., 2016). Little attention is paid to the issue of mental health in children and adolescents, both in the field of prevention and medical care. The situation is similar for the elderly. Likewise, comprehensive care and support is not available for families who are exposed to a high emotional burden for a disproportionate period of time with excessive stress, which can result in chronic mental illness.

The management of the mental health care system is divided according to the responsibilities of individual ministries, where the largest share is borne by the Ministry of Health and the Ministry of Labour and Social Affairs, followed by the Ministry of Education, Youth and Sports, and the Ministry of Justice. In this environment, effective management is very difficult to implement and, together with fragmented legislation and unconnected funding, is based on an uncoordinated, fragmented system of care with insufficient effectiveness and benefits for its beneficiaries. Even decision-making within individual care segments is often non-transparent; funding does not support the desired behaviour of providers, which is due not only to the low level of available records, but also to socio-cultural factors (Winkler, Krupchanka et al., 2017; WHO, 2018b). A detailed situation analysis is elaborated in Annex No. 2.

Systemic changes in response to the situation described above were triggered by the mental health care reform, the basic framework of which was described in the Psychiatric Care Reform Strategy issued by the Ministry of Health in 2013 (MoH, 2013) and the National Strategy for Health Protection and Promotion „Health 2020“ (in Action Plan No. 3: Mental Health, MoH, 2015). The main idea of these documents is to support quality services available to people close to their homes, which respect human rights and ensure functionality through multidisciplinary teams in well-defined regions.

Significant support was agreed for the implementation of the first stage of the reform in the form of European Structural and Investment Funds (ESIF), namely the OPE programme (Operational programme Employment) and the IROP (Integrated Regional Operational Programme). The implementation of reform projects financed from the OPE was approved and the implementation of the OPE was launched (call No. 39 with an allocation of approximately 1 billion CZK for the period 2017—2021). The OPE programme is intended for “soft projects” to support the transformation and deinstitutionalization of health services in the field of psychiatric care. The recipients of the subsidy are the Ministry of Health (MoH), the National Institute of Mental Health (NIMH) and the Institute of Health Information and Statistics (IHIS).

Table 1. Psychiatric Care Reform projects supported by the OPE.

PROJECT NAME	BENEFICIARY
Support for the Establishment of Mental Health Centres (MHC I)	MoH
Support for the Establishment of Mental Health Centres II (MHC II)	
Support for the Establishment of Mental Health Centres III (MHC III)	
Deinstitutionalization of Services for the Mentally Ill	
Support for New Services in Care for the Mentally Ill (New services)	
Support for the Introduction of a Multidisciplinary Approach to the Mentally Ill (Multidisciplinarity)	
Analytical and Data Support for Psychiatric Care Reform (Analytical and data support)	IHIS
Early Detection and Early Intervention	NIMH
Destigmatization of People with Mental Illness in the Context of the Psychiatric Care Reform (Destigmatization)	
Methodology for Records Respecting the Development of Psychiatric Services (MRRDPS)	

Source: MoH.

As part of these projects, 30 mental health centres will gradually be established by 2022, evenly distributed throughout the Czech Republic, as the backbone of a future network of approximately 100 MHCs. MHCs or health and social multidisciplinary teams for the seriously mentally ill are a new element in the care system for people with mental illness. Similarly, a specific form of community care will be piloted in the form of multidisciplinary teams for pedopsychiatric patients/clients, gerontopsychiatric patients/clients, patients/clients with substance abuse issues and patients/clients with prescribed protective treatment, always with 2-3 teams for each target group. The standards of an outpatient clinic with extended care, i.e. outpatient care with an extended range of services (the services of a psychiatrist, psychiatric nurse, psychotherapy, etc.) and close cooperation with primary care will be verified at 6 operating locations. Two of these outpatient clinics in pilot operation will be specialized addictology outpatient clinics according to the Proposal for a Basic Network of Addictology Regional Outpatient Clinics for Adult Patients, prepared by the Society for Addictive Diseases of the CMA JEP (material in the comment process). The objective of the support activity of the reform is to standardize a multidisciplinary approach in caring for the mentally ill and introducing it into practice among healthcare and social service providers by supporting methods and sharing best practice.

A large part of the activities in the reform projects focuses on the reduction of aftercare beds of providers of health services for inpatient aftercare in the field of psychiatry by integrating the seriously mentally ill into the mainstream community. For this purpose, a transformation plan has been created for providers of health services for aftercare in the field of psychiatry and cooperation has been established with the regions and the MoLSA. For the purpose of developing acute inpatient care, a change in its financing is being piloted in connection with the fulfillment of defined quality criteria. The projects include a section focused on the implementation of the Convention on the Rights of Persons with Disabilities in institutional care and, in general, increasing the quality of care provided, including initial mapping of the current situation, implementation of changes, and the design of a quality assessment system. Destigmatization activities are initiated in all regions of the Czech Republic and work is also underway to set up the data collection necessary to evaluate the entire reform process. Investment resources (IROP calls – approx. 2 billion CZK) were also allocated to support the implementation of the Psychiatric Care Reform Strategy, which are being used to reconstruct the acute care department and provide facilities for community services.

OUR VISION UNTIL 2030

If we understand health as a "state of full physical, mental and social well-being", not just as an "absence of illness or infirmity", the goal of the NMHAP is to ensure conditions for the full health of the Czech population from the perspective of a wide area characterized as mental well-being. At the same time, the systemic process of reforming psychiatry should be completed by 2030 to such an extent that people with mental illness can enjoy, despite the handicap of mental illness, the highest possible quality of life, with an emphasis on respecting all of the rights anchored in the Convention on the Rights of Persons with Disabilities.

The objectives and measures specified and elaborated below are not only based on analyses performed in a vacuum. They are the result of the empirical experience of many people involved in projects, which in their first phase initiated a large systemic change in the area of mental health. It was the issues and troubles during their solving in this phase that identified the necessary changes in the field of funding, legislation, management, etc., which need to be adjusted in order for previously very different parts of one unit to be harmonized and work together for synergic effects.

What will the field of mental health look like in 2030? The whole consists of interconnected areas – the coordination and management of provided care, a network of services in the community, human resources and training, legislation, protection of rights and empowerment of people with mental illness, financing, destigmatization, a system of quality of care, research and information systems.

Management is ensured by the coordination of public mental health policy at two basic mutually harmonized levels.

HORIZONTAL COORDINATION

This institute entails the establishment of a new supra-ministerial platform in the form of the Government Council for Mental Health (hereinafter referred to as the Government Council) as a coordinating and advisory body at the ministerial level, which closely cooperates with the relevant advisory bodies of the Government of the Czech Republic and is connected with already existing working groups and committees of psychiatric care reform.

VERTICAL COORDINATION

is then ensured via the harmonization of individual activities with mental health policies at the local level (regional and municipal level), taking into account the local context, conditions and needs.

Functional management at the supra-ministerial level is absolutely essential for the smooth course of the mental health care reform, therefore horizontal process management will be implemented in 2020. Vertical management will be set in the form of pilot projects in 3 regions of the Czech Republic by 2030 and widely implemented after 2030 in such a way that the set changes in the system of providing care are further developed within individual regions, continuously evaluated and adjusted on the basis of data, and functionally coordinated.

In 2030, community mental health services work for the benefit of all citizens in their region without restriction. They serve those who are registered as patients/clients, but also those who can potentially become patients/clients, and are available to those who need care but it is difficult for them to talk about it or express themselves in any way. The range of services is also available to those citizens of the Czech Republic who do not need specialized mental health care, but draw on the presence of mental health services in other areas outside the health field. Community mental health care works on the basis of a multidisciplinary approach, the core of which is multidisciplinary teams not only for the seriously mentally ill, but also for other target groups such as children, adolescents, people with dementia, addicts and patients/clients in protective treatment.

The change processes have initiated the creation of a balanced model of care called BALANCED CARE, which reflects the priorities of care users and responds specifically to their needs. This system has a balanced ratio between community and hospital (conventional) services, between day care and mobile services, with an emphasis on their provision close to the users' place of residence.

It contains the following components:
- **primary healthcare** as a strong integral part of mental health promotion;
- **outpatient clinics**, which are operated both in the form of independent specializations and transformed into small mental health care teams intensively linked to primary somatic care, including psychotherapy, groups, day care programmes;
- **multidisciplinary teams** for all target groups, which sometimes operate independently, sometimes interconnectedly (e.g. in peripheral areas) with an emphasis on their gradual development;
- **field teams**, i.e. teams composed of social and healthcare workers;
- **psychiatric beds** intended for short-term care and specialized treatment with a defined network of beds for protective treatment, classified according to risk (high risk, medium level of risk, low level of risk);
- **acute beds** in smaller wards of general hospitals meeting quality standards and linked to community teams in terms of staffing;
- **day service centres;**
- **day care centres;**
- **psychotherapy and psychosocial support services**
- **activation services;**
- **therapeutic communities;**
- **housing** that is affordable, with varying degrees of support according to the needs of users, as close as possible to the normal way of life in the natural community;
- **employment** services in all their necessary forms as close as possible to the open market;
- assistance in the **implementation** of mental health **rights**;
- self-help;
- support for caring families.

In 2030, vocational training for all mental health care specializations is already included in the undergraduate phase with the following topics and skills:
- a multidisciplinary approach;
- soft skills (working with a relationship, respecting communication, etc.);
- knowledge of the principle of recovery
- knowledge of human rights and their application in practice;
- mastering work with a crisis and behavioural risk;
- knowledge of the concept of patient-centred care, etc.

Part of the specialized training of physicians, psychologists in healthcare and non-medical health staff is mandatory practice in community services, which also increases the attractiveness of all the above fields.

In the field of psychotherapy, there is a unified system of training for clinical psychologists and physicians which, while respecting the specifics of individual psychotherapeutic directions, ensures clear rules for obtaining qualifications for the independent provision of systematic psychotherapy. In addition, requirements are defined for the development of self-experience training and a certified course specifically for nurses. Comprehensive education includes a combination of theory, self-experience and supervision. Its completion prepares the nurse for performing a number of psychotherapeutic activities under the supervision of an erudite psychotherapist, thanks to which the nurse is an important and irreplaceable individual in the provision of therapeutic care.

Regarding the legal regulation of mental health protection, until 2030 amendments were implemented on the basis of performed analyses in Act No. 372/2011 Coll., on Health Services and on Conditions of their Provision (hereinafter referred to as Act No. 372) and implementing regulations, Act No. 48/1997 Coll., on Public Health Insurance and on amendments and additions to certain related acts (hereinafter referred to as Act No. 48) and Act No. 108/2006 Coll., on Social Services (hereinafter referred to as Act No. 108/2006 Coll.) As a result, in 2030, the joint provision of health and social services, as well as their funding, is already regulated, including a uniform evaluation of the quality of these services and the continuous collection and evaluation of cost-effectiveness indicators in such a way that the target output of these services is improving the quality of life

and full participation in society. At the same time, the legislation deals with the specifics of mental illness in the assessment of social security benefits (disability, care allowances, etc.).

The legal regulations of the MoLSA, the MoH and the MoJ for protective treatment are unified, competencies are defined and shared funding in this area is regulated by legislation.

The role of peer consultants, i.e. people with experience of mental illness involved in mental health care as a helping profession, is clearly legally enshrined; their employment in the mental health care system is common. Therefore, peer consultants can be regular employees of facilities that provide care for people with mental illness.

Existing legislation on the legal protection of children in the school system addresses the institutionalization of children, informed consent and other identified areas, ensuring maximum support for children's healthy mental development, early detection and care for mental illness in children in their natural community.

The transit phase of the systemic change in the provision of mental health care is addressed in the area of funding and legislation.

The area of mental health in 2030 is financed comparably to Western Europe and all the relevant ministries (MoH, MoLSA, MEYS, MoJ) participate in the financing. Funding is not only focused on the operation of services, but also covers prevention. Changes in mental health financing (past and ongoing) stimulate a change in the behaviour of the entire system in favour of a shift from institutional care towards a community-based care system. The method of funding is sufficiently flexible, fair to providers, based on the evaluation of cost-effectiveness and quality and can be modified according to the obtained data or the phase of systemic changes.

Funding for user and parent organizations is set up so that these organizations can plan their development more effectively, so they can be one of the strong players in the field of the user movement being built.

In 2030, in addition to the implemented changes in the provision of services to citizens with mental illness, the Czech Republic continues to pursue evidence-based destigmatization activities so that they can take place in target groups that have not yet been underpinned (e.g. systematic work with journalists, police and teachers, etc.) All destigmatization activities are continuously evaluated and improved.

In 2030, there is a programme of psychosocial education in primary schools in the Czech Republic, which is implemented in hundreds of schools throughout the country.

Procedures are developed and implemented to improve the quality of psychiatric care in relation to human rights and recovery principles, leading to an increase in the quality of life of people with mental illness, their active participation in society, and a reduction in the psychosocial burden on their families and loved ones.

In ensuring quality care, an emphasis is placed on cooperation with the family and social network or other caregivers, toward whom it is also necessary to direct financial, methodological, professional and psychosocial support.

The rights of people with mental illness established by the Convention on the Rights of Persons with Disabilities are fully respected and fulfilled in 2030. People with mental illness play a key role in implementing the Convention on the Rights of Persons with Disabilities in society. Awareness of the rights of people with mental illness in society is high and continues to grow.

People with mental illness are actively involved in evaluating the services they use for their mental illness and, at the same time, are effectively involved in the management of the mental health care system at all levels.

The information potential of the NHIS (National Health Information System) is currently being intensively utilized in terms of the production of indicators of the health status of the population. In the area of providing information, a system was built in 2030 with a reasonable degree of automation of outputs, i.e. reporting in the form of an online analytical portal. In the Czech Republic, there is a clear methodology for the research and evaluation of mental health policies and services. This methodology builds on the use of existing data sources, i.e. registers from routinely collected data. The methodology further sets out what extraordinary data need to be collected so that mental health policies and services can be effectively evaluated; extraordinarily collected data include the evaluation of services by the user. In 2030, a minimum amount of funding that must be

allocated to the research and evaluation of mental health policies and services is determined.

Regarding the area addressed by the National Action Plan for Alzheimer's Dementia and Similar Diseases, dementia is diagnosed early and treated according to uniform guidelines in 2030. Post-diagnostic support and care is available. People with dementia and their families are informed about available services of a health and social nature. A network of services based on facts, including high-quality epidemiological data, has been completed. Multidisciplinary teams and other measures are in place to help patients stay in their home environment longer. Informal carers can rely on available relief services. Outpatient and residential staff are well trained in the specifics of caring for a person with dementia. The awareness of society regarding dementia leads to preventive behaviour while helping to create an environment that is accommodating to people with dementia. The rights of people living with dementia are respected.

The objectives and measures contained in the National Suicide Prevention Plan regulate specific areas so that in 2030, preventive interventions and measures to prevent suicide and self-harm are a common component in public health care. Mental health and social care services designed to provide assistance to a person going through a crisis are accessible in terms of time, place, capacity and price in accordance with the NMHAP, and are available in the community as needed. Good practice is also established in transferring patients/clients between these services and the services themselves provide evidence-based care. The issue of suicide and self-harm and the possibilities of prevention are part of the education of relevant professions and a common element of awareness campaigns. Finally, suicide and self-harm prevention and the coordination of activities in this area are guided by reliable information and knowledge.

PROPOSAL SECTION

In the proposal section of the document, the vision of the NMHAP is summarized into five strategic objectives (priorities) and elaborated into specific objectives and measures. They are:

1/ The improvement of the management and provision of mental health care guided by reliable information and knowledge
2/ Ensuring everyone has a comparable opportunity for mental health throughout their lives, especially those most vulnerable or at risk
3/ Ensuring that the human rights of persons with mental health problems are fully respected, protected and promoted
4/ Ensuring the full availability of mental health services in terms of time, location, capacity and price, ensuring their availability in the community as needed
5/ The building of mental health systems that function in a well coordinated partnership with other sectors, including equal access to somatic health care.

STRATEGIC OBJECTIVE 1: The improvement of the management and provision of mental health care guided by reliable information and knowledge

This goal relates both to the effective management of the mental health system at the level of the government and the concerned ministries and at the level of the individual regions.
It covers ensuring the availability of a sufficient amount of relevant data for the purpose of evaluating and setting up changes, as well as the possibility of piloting and implementing innovative methods in this area.

SPECIFIC OBJECTIVE 1.1
Ensuring the coordination of an inter-ministerial public mental health policy through a functional supra-ministerial coordination system.

Measure 1.1.1
Ensure an inter-ministerial system of mental health care management in the Czech Republic. Establish bodies and institutional and financial mechanisms, and a legal basis for the implementation of the National Mental Health Action Plan 2030 at the national level, including an effective mechanism for involving care users in the management process.

Reason for including the measure: One of the main problems of systemic change in the field of mental health care (but also within the comprehensive provision of integrated services within the health-social boundary) is a completely different organization of work, funding, legislation, etc. of health, social and other relevant services. Coordination leading to the harmonization of all components of the system has proven to be absolutely essential, as systematic inter-ministerial coordination leading to the gradual removal of barriers to the change process cannot, for a number of reasons, rest on the shoulders of only one of many stakeholders.

Method of performance: Establishment of the Government Council for Mental Health at the OG, which will involve ministers of the relevant ministries (MoH, MoLSA, MEYS, MoJ, MoI, MRD and MF), with clearly defined responsibilities for individual areas of the NMHAP, and other relevant stakeholders. Interconnection with existing structures within the psychiatric care reform (Executive Committee for the Implementation of the Psychiatric Care Reform, the Expert Council for the Implementation of the Psychiatric Care Reform, 14 regional coordinators) and other advisory bodies of the Government of the Czech Republic. The involvement of representatives of care users and informal carers in decision-making processes in the form of representation in the Government Council, the Expert Council and the Executive Committee. Elaboration of a sustainability plan of the management apparatus after the completion of psychiatric care reform projects (responsibility of the Government Council for Mental Health) and its implementation.

Responsibility: OG

Cooperating entity: MoH, MoLSA, MEYS, MRD, MoJ, MoI, MF

Fulfilment deadline: Establishment of the Government Council by 1/2020, elaboration of a sustainability plan 1/2022, existence of the Government Council on a permanent basis.

Budget: CZK 1,681,552 per year for administrative support of the Government Council from the state budget.

Indicator: Existence of a Government Council for Mental Health, existence of a sustainability plan for the management of the implementation of the Mental Health Action Plan.

Measure 1.1.2

Ensure implementation units at individual ministries by establishing an inter-ministerial coordination team.

Reason for including the measure: Coordination within the involved ministries is necessary for the successful implementation of measures approved by the Government Council or resulting from individual NMHAP measures.

Method of performance: Determination of specific employees of individual ministries who will cooperate as part of their work on the implementation of decisions and approved measures of the Government Council and ensuring the inputs/outputs within the competence of the given ministry. This inter-ministerial coordination group will be coordinated by the Secretary of the Government Council and will be in weekly contact with the working group of the Executive Committee for the Implementation of the Psychiatric Care Reform at the MoH.

Responsibility: OG

Cooperating entity: MoH, MoLSA, MEYS, MRD, MoJ, MoI, MF

Fulfilment deadline: Establishment of an inter-ministerial coordination team 1/2020, sustainability on a permanent basis.

Budget: N/A, the position in the inter-ministerial coordination team will be linked to the related agenda of employees of the relevant ministries.

Indicator: Minutes of meetings of the inter-ministerial coordination team with the Working Group of the Executive Committee for the Implementation of the Psychiatric Care Reform.

SPECIFIC OBJECTIVE 1.2
Ensuring the effective coordination and management of the mental health care service network at a regional and local level.

Measure 1.2.1
Pilot a model of mental health care management at the regional level in order to connect a health-social boundary.

Reason for including the measure: At present, in principle, there are no networks for the provision of care for people with mental illness that respond to the needs of their users and can be managed effectively and there are no tools for such management. On the basis of already implemented psychiatry reform projects, it was demonstrated that solving such a complex problem as the effective management of the network of services is extremely demanding on limited resources in the context of the entire Czech Republic. Therefore, it is more appropriate to pilot and harmonize the whole system, with the consent of governors and other relevant stakeholders, in selected (according to readiness) regions. The outputs will then be used in the formulation of measures involving other regions of the Czech Republic and to prepare other projects with models adapted to take into account the different specifics of individual regions.

Method of performance: Ensuring the continuation of already developed steps to supplement the existing Analysis of general economic and legal parameters of the current state of management of regional networks of care for people with mental illness (see Annex No. 3) with the structuring of providers and their functionalities. At the same time, it is necessary to develop the functional involvement of care users in the structure of management and evaluation. Then, within the inter-ministerial working group (incl. care users), a needs mapping will be prepared, alternative models of care management will be proposed and these will be submitted to the Government Council for Mental Health for approval. The three pilot projects themselves of the management of health and social services in the field of mental health will be implemented through a public contract. Based on the operation of pilots and their evaluation, procedures and models for other regions will be formulated.

Responsibility: MoH, MoLSA

Cooperating entity: MRD, regions, MEYS

Fulfilment deadline: Completion of the analysis 3/2020, submission of proposals for care management models to the government 1/2021, implementation of pilot projects by 6/2024.

Budget: analysis CZK 160 thousand, source ESF, 3 pilot projects á CZK 3 million per pilot + CZK 1 million for conducting works = approx. CZK 10 million, source ESF+

Indicator: Existence of an evaluation report from 3 pilot projects of models for managing and funding the network of health and social services for mental health. The evaluation reports contain a separate chapter on the involvement of care users and informal carers in management at the regional level.

Measure 1.2.2
Develop organizational, financial and changes in legislation that will reflect the findings of pilot projects and implement them in practice.

Reason for including the measure: In response to the implemented pilot projects and other suggestions from practice, as well as from the ex post evaluation of ongoing projects, it will be necessary to process organizational, financial and legislative changes that will reflect the findings of pilot projects and implement them back into practice.

Method of performance: With the coordination of the Government Council for Mental Health, the elaboration of a draft legal basis for the introduction of the system and a proposal for changes in the organization and funding of care. After approval by the Government Council, submission of the proposal to the Government and implementation of the approved measures.

Responsibility: OG, MoH, MoLSA, MEYS

Collaborating entity: regions, health insurance companies

Fulfilment deadline: Draft amendments submitted to the government 6/2025, others on an ongoing basis.

Budget: Processing of the proposal CZK 120 thousand, source ESF+, implementation N/A.

Indicator: Government-approved material defining the necessary changes in the legislation, organization and funding of mental health care at the regional level. There is a separate chapter in the material devoted to the involvement of care users. Approved change in legislation resulting from the material.

SPECIFIC OBJECTIVE 1.3
Developing tools for the coordinated delivery of mental health care services and ensuring the transition from institutional to community-based care.

Measure 1.3.1
Ensure funding of the transitional phase of the reform with the planned reduction of aftercare beds at aftercare health service providers in the field of psychiatry. Model and allocate the costs necessary for the transformation phase. Classify these costs according to their nature as either costs from the state budget or costs from public health insurance (p.h.i).

Reason for including the measure: A specific area that is not treated in the process of the deinstitutionalization of people with mental illness is the funding of the "transformation period". The transformation period is usually a period of about five years (according to the capacity of the system for developing community care), when it is necessary to maintain the operation and financing of existing services in parallel during the gradual establishment of new services for people with mental illness. In both areas, it is both a question of operating costs and maintaining the infrastructure. Another necessary component is the use of financial incentive mechanisms to gradually shift the maximum of current human resources to the necessary forms of care. According to foreign experience, the acceleration or underestimation of this period has an impact on the temporary decline in the quality of care provided and the increased incidence of negative social consequences and phenomena in society.

Method of performance: Elaboration of the existing economic model of the safe transfer of care from psychiatric hospitals to the community, including the economic situation of psychiatric hospitals in the reduction of aftercare beds, investment costs for the necessary humanization of care in individual facilities, increased personnel costs in setting up acute care, and implementation of the WHO QualityRights toolkit. Implementation of the economic model in the transformation process by introducing a functional form of funding transformed psychiatric hospitals by health insurance companies, and allocating a defined amount of investment funds from the state budget.

Responsibility: MoH.

Cooperating entity: MF, GENERAL HIC, ASSOCIATION OF HIC

Fulfilment deadline: Ongoing until 1/2025

Budget: Analysis processing CZK 90 thousand, others according to the result of the analysis, source ESF+

Indicator: Existence of analytical material with a modeling of costs required within the phase of the transformation of inpatient care health service providers in the field of psychiatry, allocation of identified costs in the relevant chapter of the state budget of the Ministry of Health, and the financing of relevant costs from p.h.i. A change in the reimbursement decree and in the List of Health Procedures.

Measure 1.3.2

In the education of physicians and non-medical healthcare professionals, social workers and clinical psychologists and psychologists in healthcare, review the content of all levels of education (undergraduate, specialization, postgraduate, lifelong) to enable effective community work, work in a multidisciplinary team, work with patients with higher risk (protective treatment), work aimed at recovery and fulfilment of human rights in people with mental illness or at risk of its development, and their empowerment while maintaining high competence in their expertise. Systematic support for the involvement of peer tutors in educational programmes.

Reason for including the measure: In order to achieve the main reform goal, i.e. to provide care that leads to recovery, it is necessary to identify the new professional competencies of staff involved in direct patient/client care and, in this context, to review the current training system. The change in education may apply to all levels of education (undergraduate, specialization, postgraduate, lifelong) for all mental health professionals. The aim is to reflect the knowledge from the implemented pilot projects (work in a multidisciplinary team), work focused on recovery and the fulfilment of human rights for people with mental illness (and their empowerment), and implement them in practice while maintaining high competence within individual specializations. Supporting the involvement of peer tutors in educational programmes. The need for knowledge of risk assessment tools is necessary to ensure professional and safe care at all levels of the care system. There are specifics of applying the principles of recovery in patients with prescribed protective treatment in all of its components (inpatient, outpatient, FMT).

Method of performance: Review of the education of individual specializations and implementation of possible adjustments, including the adjustment of relevant legal regulations.

Responsibility: MoH, MEYS, MoLSA

Fulfilment deadline: 1/2024

Budget: N/A (completion of analyses is covered from ESF 2017—2022)

Indicator: The topics of multidisciplinary cooperation, recovery and fulfilment of human rights are included in curricula in undergraduate education and in the specialized, postgraduate and lifelong education of physicians, non-medical healthcare professionals, social workers, and clinical psychologists and health psychologists. Act No. 95/2004 Coll., on the Conditions of Obtaining and Recognizing Professional Qualifications and Specialized Qualifications for the Medical Profession of Doctor, Dentist, Pharmacist, as amended (hereinafter referred to as Act No. 95/2004 Coll.), and Act No. 96/2004 Coll., on the Conditions of Obtaining and Recognizing Qualifications for Non-medical Professions and Activities Related to the Provision of Healthcare, and on amendments to certain related acts (the Act on Non-medical Health Professions) (hereinafter referred to as Act No. 96/2004 Coll.) and implementing legal regulations are amended. If identified by the analysis as necessary, Act No. 561/2004 Coll., on Preschool, Basic, Secondary, Tertiary Professional and Other Education (The School Act) and Act No. 111/1998 Coll., on Higher Education Institutions and on amendments and supplements to some other acts (The Higher Education Act) will be amended.

MEASURE 1.3.3

The efficient use of human resources to provide mental health care, including the effective use of existing human resources, the enhancement of the competencies of available groups of professionals, or the takeover of new roles, the motivation of individual groups of care providers/employees in response to the Health Strategy 2030.

Reason for including the measure: In the field of mental health care, even more significantly than in other areas of healthcare, the availability of human resources and especially expert professionals limits its development and quality improvement. At this stage, standard measures applied to situations of personnel emergencies (optimization of reimbursement mechanisms, reduction of administrative burden, for example by efficient electronic processes) alone will no longer be sufficient to deal effectively with the situation, but it will be necessary to look for innovative solutions.

Method of performance: Execution of an analysis of the current state and elaboration of inter-ministerial strategic materials with an analytical section and an implementation framework for this area, including the use of good practice and foreign experience. Implementation of amendments to legal norms and by-laws, the creation of methodologies, recommendations and educational programmes, adjustments to the organization and financing of care in the field of human resources.

Responsibility: MoH, MEYS, MoLSA

Fulfilment deadline: Creation of strategic documents by 1/2022, others on an ongoing basis according to the project plan

Budget: N/A

Indicator: Existence of analytical material approved by the government, including the implementation framework. Amendment to Decree No. 55/2011 Coll., On the activities of healthcare and other professionals, and other relevant legislation.

SPECIFIC OBJECTIVE 1.4

Introduce quality of care as an important aspect in the management of the service network in the field of mental health services.

Measure 1.4.1

Set up the monitoring of the quality of mental health care in relation to the funds spent. Supplement the criteria set within the MRRDPS project for the macro-level (psychiatric care system) and micro-level (individual level, i.e. health and social benefits for people with mental illness) with a meso-level, i.e. quality criteria for health, health-social and social services for mental health (including the use of process maps) and introduce a system of their reporting and monitoring through the MoH, health insurance companies, IHIS, MoLSA and the MoJ (in the area of security detention and protective treatment).

Reason for including the measure: In the field of mental health, the establishment of monitoring the quality of mental health care in the Czech Republic in relation to the funds spent at the macro and micro level has been enforced. However, at the level of services this system is lacking.

Method of performance: Defining service quality criteria and setting up a system of data collection, evaluation and mechanisms for adjusting funding in relation to these criteria. It also includes the implementation of criteria, data collection, evaluation and proposal of other measures. The outputs of this measure must serve for informed decision-making on the development of the mental health care system as a whole, and thus as a basis for the management of the system specified in this chapter.

Responsibility: MoH, MoLSA, MoJ

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC

Fulfilment deadline: 1/2026

Budget: Implementation of the information system, see below, the rest N/A.

Indicator: Regular reports on monitoring the quality of services provided. Amendment to Decree No. 99/2012 Coll., on Minimum Staffing Requirements for Health Services, Decree No. 92/2012 Coll., on Requirements for Minimum Technical and Material Equipment at Healthcare Institutions and Contact Workplaces of Home Care, and other relevant legal regulations.

SPECIFIC OBJECTIVE 1.5

Introduce a methodology for the research and evaluation of mental health policies and services.

Measure 1.5.1

Establish a system for the research and evaluation of mental health policies and services.

Reason for including the measure: There is currently no system for adequate, legal and transparent use of data, which makes it largely impossible to use existing data sources for the research and evaluation of mental health policies and services.

Method of performance: Within the activities of the given measure, a methodology for the research and evaluation of policies and services in the field of mental health will be developed, incl. analyses from routinely and extraordinarily collected data, as well as the evaluation of services by users. At the same time, indicators and data sources, data processing, and the method of the regular evaluation of indicators will be determined and the periodic publication of reports on the state of the mental health care system compiled on the basis of the above methodology will be ensured.

Responsibility: MoH.

Fulfilment deadline: 12/2020

Budget: CZK 1 million, source ESF, sustainability budget of the MoH

Indicator: The existence of a methodology, implementation of the methodology and regular publication of a report on the state of the mental health care system (31 December 2019 and then every 5 years, i.e. as of 31 December 2024 and 31 December 2029 as part of this action plan).

Measure 1.5.2

Establish and operate a specifically targeted information system monitoring areas of care (care for neurodegenerative diseases in old age, mental disorders in children and adolescents, schizophrenic diseases, protective treatments, etc.) and complete the reconstruction of the NHIS, especially in connecting components to eGovernment services and strengthening personal data protection.

Reason for including the measure: Existing published data do not cover a wide range of care areas and parameters that require a different solution.

Method of performance: Creation of information system architecture, elaboration of data collection methodology. Completion of NHIS reconstruction incl. the connection to eGovernment, implementation of data collection from real clinical practice.

Responsibility: MoH.

Fulfilment deadline: For the system of care for people with serious mental illness by 6/2021, other target groups by 1/2025.

Budget: CZK 2—4 million (CZK 120 thousand creation of architecture, CZK 200 thousand methodology, CZK 2 million data collection from clinical practice/IS), source ESF.

Indicator: Existence of an information system.

Measure 1.5.3

Building a database to assess not only health but also complementary social services.

Reason for including the measure: The MRRDPS project developed a methodology for evaluating the

mental health care system as a whole, including cost-effectiveness. The existence of an interconnected database for health and social services will enable these tools to be used and to evaluate the quality and effectiveness of care in the area of the health-social boundary and their dynamics in connection with the change in the system of providing care.

Method of performance: The sharing of already-available aggregated data (map of providers, number of clients, general statistical indicators) will be ensured and a common database and its ICT architecture will be designed. A pilot project will be launched, which will be evaluated, and the findings projected into the subsequent implementation of the national version.

Responsibility: MoH and MoLSA

Fulfilment deadline: 12/2030

Budget: Preparation of IT infrastructure CZK 25 million, source EU funds.

Indicator: Existence of a database.

Measure 1.5.4

Develop a completely new information system for monitoring the costs of care for people with mental illness and for optimizing reimbursements for this segment of care.

Reason for including the measure: The effective coordination of funding is a prerequisite for a well-functioning mental health care system, and it is therefore essential that an information system be developed to monitor the cost of caring for people with mental illness and to optimize reimbursement for this segment of care.

Method of performance: The measure will create a reference network of providers as primary data providers and a new information system for this reference network will be designed and developed. Furthermore, the obtained economic data will be collected and evaluated and, on the basis of this collection and evaluation, the reimbursement model will be piloted, evaluated and implemented in practice.

Responsibility: MoH.

Collaborating entity: health insurance companies, IHIS

Fulfilment deadline: 12/2025

Budget: Sustainability of on-line tools, development of information services, editorial background: CZK 850 thousand per year; covering the costs of clinical workplaces involved in data collection, in information services – CZK 4.3 million per year; mental health care cost model – development of an information system and reference data repository – CZK 1.8 million lump sum; establishment of a reference network of clinical workplaces involved in the modeling of the cost of care and the evaluation of results – approximately CZK 5.5 million per year.

Source: introduction of the ESF+ system, MoH sustainability chapter.

Indicator: The existence of a cost model for mental health care – a methodology of the valuation of direct and indirect costs

Measure 1.5.5

Strengthen the electronic mental health literacy information service aimed at the general public.

Reason for including the measure: Health literacy, together with prevention and destigmatization, is one of the key prerequisites for reducing the burden of mental illness, as it enables people to recognize the symptoms of mental illness in good time, seek professional help, work better with the risk factors of mental

illness and contribute to their prevention.

Method of performance: It includes, in cooperation with user organizations and informal carers or other NGOs, the creation of a draft communication strategy for increasing mental health literacy, including social networks, portals (NHIP - National Health Information Portal + Health Literacy Portal) and applications.

Responsibility: MoH, MoLSA

Cooperating entity: NNO

Fulfilment deadline: 6/2021

Budget: N/A

Indicator: The area of mental health is covered in the NHIP (National Health Information) portal. The existence of a communication strategy to increase health literacy.

SPECIFIC OBJECTIVE 1.6
Enabling the piloting of innovative methods in the provision of mental health care.

Reason for including the specific objective: Pension inequality, social exclusion, long-term unemployment, aging, the quality of the environment, the quality of education, migration and many other issues require huge resources that are not available to maintain the current level of services, let alone increase it. This undoubtedly also applies to the field of mental illness. Without innovative solutions, quality will deteriorate in both the social and health field and economic performance will decline as resources are redistributed for use without comparable productivity. Social innovation and other innovative concepts of care provide effective solutions to problems, which do not repeat previous mistakes and bring resource savings and an improved quality of life. For the field of mental health as an example of a complex issue, innovation must be cross-sectoral, connecting all of the actors involved who actively and professionally strive for solutions.

Measure 1.6.1
Create a variant proposal for the reimbursement of long-term health and social care for people with mental illness from the integrated health and social budget standing independently next to the public health insurance system and the existing financial security of the social system.

Method of performance: Establishment of an inter-ministerial working group and elaboration of an analysis describing necessary changes in legislation, the method of financing and evaluation for funding long-term care for people with chronic mental illness (over 2 years) from the joint budget outside public health insurance, and the budget for social services and the social security system. Selected variants, the method of pilot testing, evaluation, and a proposal for further action will then be presented to the Government Council.

Responsibility: MoH.

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC, MoLSA

Fulfilment deadline: 1/2025

Budget: CZK 160 thousand, ESF+

Indicator: The existence of an analytical document and its submission to the government.

Measure 1.6.2
Pilot test models of housing services with varying degrees of support aimed at achieving the recovery and improvement of the situation of people with mental illness (e.g. Recovery

house, Housing first, Dům na půl cesty) in selected locations in the Czech Republic. Create financing tools and, according to the result of the pilot operation, implement the best combination of models into the care system in the Czech Republic.

Method of performance: Development of a models project – which includes the methodology of social and health support, ensuring the education of employees, pilot operation of 5 models in selected regions of the Czech Republic, evaluation of pilot projects, and a proposal for further steps.

Responsibility: MoLSA, MoH, MRD

Fulfilment deadline: Pilot project 1/2025, the rest on an ongoing basis.

Budget: CZK 70 million (CZK 7 million operating costs + CZK 7 million investment costs/1 model), source ESF+

Indicator: Existence of an evaluation report from the project.

Measure 1.6.3: To design and implement the pilot educational programme "Recovery College", i.e. a foreign model of cooperation of professionals, people with experience of mental illness, family members and other people who are interested in mental health issues. To involve professionals and patient/client and parent organizations in the established educational programmes.

Method of performance: Design and pilot project of an educational programme with a diverse range of educational courses for patients/clients, family members and staff involved in mental health care. Evaluation of the programme after two years and a proposal of changes and continuation of implementation.

Responsibility: MoH, MoLSA, MEYS

Fulfilment deadline: Creation 12/2021, education on an ongoing basis until 2030.

Budget: CZK 3 million/1 Recovery College, source ESF+

Indicator: Pilot project evaluation report.

Measure 1.6.4

Pilot-verify and develop a specific service – "Mother and baby unit", i.e. piloting a specific form of psychiatric, clinical-psychological and psychosocial support in general hospitals in order to support and protect the mother's health and harmonious emotional development of the child.

Method of performance: In cooperation with gynecological and obstetric clinics of teaching hospitals, the creation of a model for mental disease screening, non-specific prevention, links to social and specific services for mother and child and psychiatric counseling cooperation in this area. Furthermore, the creation of a proposal for building a multidisciplinary team and for training human resources. The measure will also include the establishment of 1 pilot psychiatric ward for mother and child (cooperation of the obstetrics and gynecology clinic with the psychiatric ward/clinic, the creation of 1 psychiatric ward for mother and child).

Responsibility: MoH, MoLSA

Fulfilment deadline: 1/2023

Budget: CZK 15 million, source EEA funds

Indicator: Evaluation report from the pilot project.

Measure 1.6.5

Support other innovative mental health programmes, projects and services piloting the effectiveness of a community-based care system based on the principles of recovery and cross-sectoral collaboration in mental health care for all target groups. Implement effective pilot projects into the mental health care system in the Czech Republic.

Method of performance: Elaboration of a needs analysis, on the basis of which programmes and projects will be proposed for implementation – the selected ones will be pilot-tested, evaluated and presented, with a proposal for further action.

Responsibility: MoH, MoLSA, MEYS

Cooperating entity: regions, GENERAL HIC, ASSOCIATION OF HIC

Fulfilment deadline: ongoing

Budget: CZK 6 million, source ESF+

Indicator: Existence of at least 1 innovative project for the area of mental health.

STRATEGIC OBJECTIVE 2:
Ensuring everyone has a comparable opportunity for mental health throughout their lives, especially those most vulnerable or at risk

To ensure comparable opportunities for life in mental health, this part of the NMHAP addresses the whole area of prevention and early intervention and focuses on the destigmatization of people with mental illness. In the context of comparable opportunities (in the terms of creating comparable conditions), it also deals with the area of funding, both at the level of the care system and the level of the individual.

SPECIFIC OBJECTIVE 2.1
Increase the share of funds flowing into the field of mental health care with the aim of developing a community system of care and prevention of poverty for people with mental illness.

Measure 2.1.1
Continue to increase funds from p.h.i. allocated to the area of psychiatric care by about ¼ billion per year while ensuring an increase in the ratio of allocated financial resources in community care compared to inpatient aftercare.

Reason for including the measure: The total costs of psychiatric care from public health insurance in 2015 amounted to CZK 13.7 billion, which represents about 4.08% of the healthcare budget, significantly below the European average (7%). The largest share of costs for psychiatric care is for inpatient aftercare, which is cost-inefficient compared to community care, i.e. care provided in the natural environment of people with mental illness.

Method of performance: By 2029, CZK 250 million more will be allocated to psychiatric care each year compared to the previous year. This financial allocation will be divided into reimbursements for individual services and areas of care on the basis of measures described in the NMHAP, discussed and planned within the existing Working Group on Sustainable Funding (the Deinstitutionalization of Services for the Mentally Ill project) and implemented through conciliation procedures and a reimbursement ordinance to achieve a change in the financial balance in inpatient and community psychiatric care.

Responsibility: MoH.

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC

Fulfilment deadline: 1/2029

Budget: Defined in the NMHAP measures, source p.h.i.

Indicator: In 2029, the volume of funding from p.h.i. for psychiatry min. CZK 15 billion, and the ratio in community vs. inpatient care is 60: 40.

Measure 2.1.2

Prepare an analysis of the possibilities of changing the disability assessment mechanism and setting the amount of disability pension granted, so as to flexibly respond to the current competencies of people with mental illness, develop the potential for recovery and take into account the specificities of mental illness.

Reason for including the measure: MoLSA statistics show that the group of diagnoses — mental disorders and behavioural disorders — differs compared to other groups of applicants for disability pensions by age composition. That is, it has the highest proportion of disabilities granted at a younger age. Disability pensions awarded in early adulthood are often very low due to insufficient insurance periods, and in practice it is possible to identify a serious socio-economic situation of persons who have been granted a certain degree of disability, but due to an insufficient share of employed years in a given period are not entitled to its payment.

Method of performance: Elaboration of an analysis of the current situation, including an elaboration of the effects of the system change on the state budget (see Annex No. 4), and if it is in accordance with the analysis, the preparation of a legislation draft and methodology for assessing disability in people with mental illness and implement it in practice.

Responsibility: MoLSA

Fulfilment deadline: Analysis 1/2021, approval of possible legal regulation 1/2025 and publication of methodology 1/2026.

Budget: Analysis CZK 160 thousand, source EU funds, introduction of a new assessment mechanism N/A, impact on the state budget according to the completion of Annex No. 4.

Indicator: Existence of a comprehensive analysis and, on the basis of the result, possibly an approved legal regulation in Act No. 155/1995 Coll., the Pension Insurance Act, and Act No. 582/1991 Coll., of the Czech National Council on the Organization and Implementation of Social Security, and Decree No. 359/2009 Coll., that established the percentage rates of decline in working capacity and the requirements for disability assessment, and regulates the assessment of working capacity for the purposes of disability (Decree on the Assessment of Disability)

Measure 2.1.3

Revise the criteria for evaluating the functional abilities and disability of people with mental illness in assessing the amount of care allowance to reflect the functional disabilities related to the type and severity of illness. Optimize the waiting time for granting the care allowance.

Reason for including the measure: The mechanism of the evaluation of the care allowance is focused in its criteria on somatic disability and does not take into account both the manifestations of mental illness and mental disability, as well as the different needs of the scope of care based on these manifestations.

Method of performance: The elaboration of an analysis of the functioning of the care allowance in relation to the target group (legislation, its application in practice). In the event that it is in accordance with the result of the analysis, propose a change in legislation (of Act No. 108/2006 Coll., on Social Services, as amended, of Decree No. 505/2006 Coll., which implements certain provisions of the Social Services Act, as amended) or a change in methodological procedures (management acts). Introduction of a time limit for the administration of a care allowance.

Responsibility: MoLSA

Fulfilment deadline: 1/2023

Budget: Analysis CZK 150 thousand, source EU funds. Change of criteria N/A, impacts on the state budget according to the completion of Annex No. 5.

Indicator: The existence of criteria for assessing the degree of dependence specific to mental illness and

disability or the existence of a particular degree of dependence with specific assessment criteria for that target group. Implementation of criteria into practice.

Measure 2.1.4

Design and implement systemic changes to actively reduce the unemployment rate of people with mental illness using active employment policy tools. Prepare a comprehensive analysis of the participation of people with mental illness in the labour market. If it is in line with the analysis, methodically anchor IPS (Indvidual placement and support) methods and develop methodological procedures that unify existing approaches and processes. Support the development of social entrepreneurship while maintaining employment opportunities in the sheltered labour market.

Reason for including the measure: The unemployment of people discharged from inpatient care exceeds 75%. The aim is to create a system that effectively reduces the unemployment of people with mental illness, with an emphasis on employment in the open labour market, i.e. it is necessary to strengthen methods that demonstrably lead to employment in the open labour market.

Method of performance: Elaboration of a comprehensive analysis of the involvement of people with mental illness in the labour market, including the specifics for this target group and the effectiveness of the active employment policy tools used. Extension of the existing Working Group for the Employment of People with Mental Illness within the Deinstitutionalization of Care for the Mentally Ill project with representatives of the relevant departments of the MoLSA. If it is in accordance with the result of the analysis, then the elaboration of a proposal for legislative changes and methodological tools and their implementation. Compilation of methodological procedures for working with a person with mental illness in the field of employment (from mapping, training of work and social skills through communication with employers, job selection, occupational rehabilitation, to training and orientation at the employer and the gradual termination of cooperation). Ensuring regular representative surveys of the unemployment of people with mental illness as part of evaluating the impact of the changes made.

Responsibility: MoLSA

Cooperating entity: MoH.

Fulfilment deadline: 1/2024

Budget: Survey N/A, implementation CZK 100 million, source ESF+.

Indicator: A system that effectively reduces the unemployment of people with mental illness, with an emphasis on employment in the open labour market, is set up by 2030. The unemployment of people with serious mental illness is at least 5% lower in 2024 than at the time of the conducted survey.

SPECIFIC OBJECTIVE 2.2

Establish a functioning system of primary prevention and early mental health intervention covering the whole life cycle from birth to old age.

Measure 2.2.1

Create and pilot test a system for the early identification/detection of children at psychosocial risk, paying special attention to children at the earliest age. Propose a model of early detection of women during pregnancy and after childbirth with a psychosocial burden or mental illness. Develop recommended procedures for multidisciplinary cooperation in the screening and subsequent support of the involvement of a child at psychosocial risk and his/her family in an appropriate form of intervention in the health, social and school segments.

Reason for including the measure: As part of support in the area of prevention and early intervention, the early detection of children at psychosocial risk by healthcare, social services and education workers who are in contact with the child and his/her family is essential in order to involve the child and his/her family in appropriate forms of support.

Method of performance: Establishment of an inter-ministerial working group and elaboration of a proposal for a screening system with the determination of roles of individual actors in the field of healthcare, education and social services, and an evaluation of the impact on the legislative regulation under the responsibility of the relevant ministries. Approval of the proposal for an early identification system – the detection of children at psychosocial risk, within individual ministries and the creation of a pilot project focused on its implementation. Execution and evaluation of the pilot project. Implementation of the system into legal norms and methodologies, and the training of employees within the relevant ministries.

Responsibility: MEYS, MoH, MoLSA

Fulfilment deadline: Elaboration of the proposal by the working group 6/2021, execution and evaluation of the pilot project 12/2023, elaboration of the implementation proposal by 12/2024.

Budget: CZK 15 million, source EEA funds

Indicator: Existence of an evaluation report from the implemented pilot project (including pilot implementation of the mechanism of multidisciplinary cooperation in education). The proposal for implementation, including the evaluation of the impact on the legislative regulation of relevant ministries.

Measure 2.2.2

Introduce specialized programmes aimed at developing parenting skills – especially for families with psychosocial burden (parents with mental disabilities, mental illness, addictions, adolescent parents, etc.). Pilot verification of the Triple P programme and subsequent implementation into the scope of services in the area of support for families with children.

Reason for including the measure: Development of the concept of care for children's mental health and fulfilment of the recommendations given in the outputs of the project of the Ministry of Labour and Social Affairs "Systemic Development and Support of Tools for the Social and Legal Protection of Children".

Method of performance: Proposal of programmes for the development of parental skills for families with psychosocial burdens within the established working group (Measure 2.2.1). Preparation of the education of staff responsible for the provision of services in the field of parental competence development. Pilot project of the Triple P programme for the development of parental competences and its evaluation, elaboration of a proposal for the method of implementation in the network of services for vulnerable children, children with mental disorders, and their families.

Responsibility: MEYS, MoH, MoLSA

Fulfilment deadline: 12/2023

Budget: Triple P programme CZK 30 million, source EEA funds, others ESF+, sustainability MoLSA budget

Indicator: Existence of the programme and evaluation report from the implemented pilots, including evaluation of the impact on the legislative regulation of relevant ministries. Implementation proposal.

Measure 2.2.3

To enable financial support within subsidy titles of the MEYS or the MoH for setting up an effective system of study and psychological counseling for students and employees of public universities and applicants for studies or other persons (e.g. participants in lifelong learning courses) in accordance with the legal obligations of higher education institutions

in the field of counseling and support for students with special needs. Financial support may be directed toward development projects that contribute to increasing quality and accessibility, propose standards for the provision of these services, and ensure greater awareness of these services in target groups. The reimbursement of operating costs will be provided by public higher education institutions from financial resources provided from the state budget for the activities of higher education institutions.

Reason for including the measure: Public higher education institutions are obliged, in accordance with Section 21 Paragraph of Act No. 111/1998 Coll., on Higher Education Institutions and on amendments and supplements to some other acts (The Higher Education Act), as amended, to provide counseling services and take all available measures to balance opportunities for university studies. The aim of the measure is to increase the quality of all counseling services, incl. counseling in the field of the students' mental state. However, this is not the provision of health services pursuant to Act No. 372/2011 Coll., on Health Services and Conditions of their Provision (Act on Health Services).

Method of performance: Facilitate financial support within the Centralized Development Programme or calls of the Operational Programme Jan Amos Komenský of the MEYS, or in grant programmes of the Ministry of Health. The possible acceptance of service standards formulated by public universities within the project by the MEYS or the National Accreditation Bureau for Higher Education (hereinafter referred to as the "NAB"). The application of university service standards will be monitored in the framework of applications for the accreditation of study programmes and applications for institutional accreditation for the field of education.

Responsibility: MEYS, MoH, NAB

Fulfilment deadline: Announcement of the subsidy programme by 06/2021.

Budget: CZK 40-100 million for the period of 2020-2023 (financial support for setting up an effective system of counseling; operating costs will be covered from funds provided from the state budget for the activities of universities), then according to the development of needs in this area, source EU funds and the state budget.

Indicator: Subsidy programme open for projects of public universities.

Measure 2.2.4

Provide care and support for mental health at work, where all employers have a duty to include preventive measures and appropriate interventions aimed in particular at the early detection of mental illnesses in their OSH agenda. Furthermore, they are obliged to carry out an impact evaluation of interventions and preventive measures for all employees every 2 years.

Reason for including the measure: Currently, in addition to surveys that confirm the high degree of the subjectively perceived negative impact of employment conditions on employees' health, we observe an increasing incidence of work-related mental illness, and higher rates of early retirement and incapacity for work in connection with stress. The focus on improving psychosocial working conditions is significantly cost-effective.

Method of performance: Establishment of a working group of representatives of the MoH, the MoLSA, healthcare providers and employers in the non-state sector. The elaboration of a project, which will include mapping of current practice, evaluation of good practice from abroad, the proposal and implementation of a pilot project with subsequent evaluation. Carrying out an analysis aimed at the need for legislative changes (based on the evaluation of the pilot project) and its possible implementation.

Responsibility: MoLSA, MoH

Fulfilment deadline: Elaboration of a pilot project by 1/2022, implementation and evaluation by 1/2024, possible change of legal regulations by 1/2029.

Budget: CZK 15 million per project, source: ESF+, resources of non-governmental organizations.

Indicator: Existence of an evaluation report from the pilot project. Separate expert recommendations for the early detection of mental illness in the workplace.

Measure 2.2.5

Support prevention and early intervention in the field of mental health and a communication plan to support the navigation of the elderly and their informal carers through the mental health care system.

Reason for including the measure: Despite the increase in the incidence of mental disorders in old age, which reflects, for example, the number of treated patients/clients diagnosed with Organic Disorders in psychiatric outpatient clinics by 100% in the last 15 years, this area is not adequately reflected in the MoLSA strategic document on the issue of aging.

Method of performance: As part of the creation of a follow-up strategic document on the Strategy of Preparation for an Aging Society 2018—2022, in cooperation with the MoLSA and the MoH, the incorporation of prevention, early intervention and education in the field of mental health.

Responsibility: MoH, MoLSA

Fulfilment deadline: 12/2021

Budget: N/A

Indicator: Elaborated area of mental health of the elderly in the follow-up strategic document on the Strategy of Preparation for an Aging Society 2018—2022.

SPECIFIC OBJECTIVE 2.3
Promoting children's mental health in the education system.

Measure 2.3.1

The establishment of psychosocial education and management of pupil behaviour into the common basis of the undergraduate training of teaching staff.

Reason for including the measure: Prevention in the Czech Republic focuses mainly on secondary phenomena, such as bullying, truancy, drugs, etc. However, universally targeted prevention focused on mental health is not systematically available. The WHO recommends the inclusion of teacher-based psychosocial school programmes as part of the prevention of pathological phenomena. This recommendation should be taken into account in the training of teachers.

Method of performance: Creation of a proposal for educational content aimed at supporting children's mental health for inclusion in accredited study programmes in the framework of undergraduate teacher training. Preparation of a legislative measure introducing the proposed educational content into undergraduate teacher training and implementation support.

Responsibility: MEYS

Fulfilment deadline: 1/2022

Budget: N/A

Indicator: Existence of a legislative measure introducing educational content aimed at supporting children's mental health into study programmes of the undergraduate education of pedagogical staff.

Measure 2.3.2

Develop the competencies of education staff (pedagogical staff of schools and school

counseling facilities, regional school coordinators) in the field of prevention and support of children's mental health through the further education of pedagogical staff (DVPP) and ensuring their methodological guidance in this area.

Reason for including the measure: The WHO recommends the inclusion of school programmes focused on psychosocial skills applied by teachers in schools. To fulfill this, it is necessary to include this area in the further education of pedagogical staff working in practice and to introduce a system of their regionally available methodological guidance.

Method of performance: Establishment of an inter-ministerial working group, proposal of the content of educational programmes according to the target group of pedagogical staff, definition of the content of methodological materials, and methodical guidance of existing regional school prevention coordinators within the agenda of children's mental health and multidisciplinary cooperation.

Responsibility: MEYS, MoH, MoLSA

Fulfilment deadline: ongoing

Budget: Education and methodological support 15 mil. CZK, source OPRDE/OPJAK, MEYS budget.

Indicator: The existence of an educational programme and 14 trained and methodologically supported regional coordinators actively helping to integrate mental health into primary prevention in schools.

Measure 2.3.3

Review the inclusion of psychosocial literacy in framework educational programmes for kindergartens, primary and secondary schools. Create and implement a validated programme to support psychosocial education in primary schools.

Reason for including the measure: The WHO recommends the inclusion of school programmes focused on psychosocial skills applied by teachers in schools. To fulfill the recommendations, this area should be implemented in the professional development programmes of kindergarten, primary and secondary school teachers. The measure is also fully in line with the National Primary Prevention Strategy, which already includes the level of general prevention in the school environment. The measure fulfills this strategy in its basis, which is the development of psychosocial competencies and emotional literacy at the level of kindergartens and primary schools as an important condition for the functional social behaviour of children and, at the same time, the prevention of behavioural disorders in older age. The framework educational programme for basic education includes the conceptual elaboration of psychosocial topics, psychohygiene, psychosomatics, mental change, mental development, mental hygiene, mental health and mental and social health, and it is therefore necessary to encourage educators to work with these topics in schools.

Method of performance: Establishment of an inter-ministerial working group and elaboration of a proposal for the educational content of the psychosocial education programme for teachers. The proposal and pilot implementation of a psychosocial education programme on a sample of teachers of selected kindergartens, primary schools, secondary schools. Within the framework of cyclical revisions of the curriculum, new scientific findings from relevant disciplines further developing the mentioned issues will be incorporated. These will subsequently be reflected in the further education of pedagogical staff.

Responsibility: MoH, MEYS

Cooperating entity: MoLSA

Fulfilment deadline: 1/2023

Budget: CZK 40 million, source OP RDE

Indicator: Revised framework training programmes in line with the measure.

Measure 2.3.4

Design a programme for the targeted management of student behaviour and the development of children's mental health in the school environment and pilot test it as part of the activities of educational care centres, pedagogical-psychological counseling centres, special pedagogical centres and school counseling workplaces.

Reason for including the measure: The WHO recommends the inclusion of school programmes focused on psychosocial skills applied by teachers in schools. In order to effectively fulfill the recommendations, it is necessary to expand the competencies of staff in school counseling services in the area of interventions focused on the management of pupils' behaviour and the development of mental health.

Method of performance: Establishment of an inter-ministerial working group and elaboration of a proposal for the educational content of the programme, a proposal for the content of methodological materials and the procedure for implementing the programme in school counseling services and school counseling facilities. Pilot verification of the programme in selected schools and counseling facilities in all regions of the Czech Republic, including its evaluation. Elaboration of a proposal for the implementation of the programme into the system of counseling services in education

Responsibility: MEYS

Fulfilment deadline: 1/2026

Budget: CZK 60 million, source OP RDE, CZK 60 million, source: the state budget

Indicator: The existence of a verified programme aimed at the behavioural management and mental health of pupils, which is implemented in 42 schools in 14 regions of the Czech Republic.

SPECIFIC OBJECTIVE 2.4
Implement a nationwide destigmatization initiative.

Measure 2.4.1

Design a plan for the continuation of the nationwide destigmatization campaign, including destigmatization programmes for existing target groups, and develop destigmatization activities for other target groups and ensure their sustainability.

Reason for including the measure: Compared to the original EU Member States, there is an extremely high stigma in the Czech Republic, both among the public and among specific subpopulations, such as health professionals. Destigmatization is an essential prerequisite for reducing the burden of mental illness, as it allows people to seek professional help without inhibitions and to better deal with all the consequences of mental illness and improve the quality of life, including life expectancy.

Method of performance: Creating a plan for the continuation of destigmatization programmes for existing target groups – healthcare professionals, social workers and workers in social services, the government, people with mental health problems, and their family members and communities. The proposal, verification and implementation of destigmatization activities for journalists, police officers, teachers, the prison service, politicians and employers. Ensuring the sustainability, including funding, of purposeful destigmatization activities in the years 2022—2030, which can be planned and implemented by various organizations throughout the Czech Republic and for which the National Institute of Mental Health (NIMH) will act as an expert guarantor and will evaluate the entire process.

Responsibility: MoH, MEYS, MoLSA

Fulfilment deadline: 12/2021—2025

Budget: 100 million CZK, source ESF+, state budget and the chapters of individual ministries

Indicator: 3,000 people from the defined target groups undergo the verified destigmatization programmes. Existence of a report from measuring changes in perception/stigma in the Czech Republic.

Measure 2.4.2 Under the professional guidance of the NIMH, train a network of ambassadors, i.e. people with mental health problems who are professionally trained to carry out destigmatization activities.

Reason for including the measure: Research shows that there are two effective components of destigmatization activities: First, destigmatization activities must be systematic and long-term (see Measure 2.4.1). Second, destigmatization activities must involve people with an experience of mental illness.

Method of performance: Setting up the methodology for the selection and training of ambassadors. The training of ambassadors and their involvement in destigmatization activities in Measure 2.4.1.

Responsibility: MoH.

Fulfilment deadline: 2/2025—2030

Budget: see measure 2.4.1

Indicator: 100 certified ambassadors selected among people with mental health illness

STRATEGIC OBJECTIVE 3:
Ensure that the human rights of persons with mental health problems are fully respected, protected and promoted.

The objectives and measures set out below ensure the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and other relevant binding human rights instruments in the field of mental health, and integrate human rights into the assessment of quality of care as a key attribute. They strengthen the role of care users and their impact on the development of a recovery-oriented mental health care system.

SPECIFIC OBJECTIVE 3.1
Systematically adjust the social environment so that it is possible to implement the obligations arising for the Czech Republic from international documents in the field of quality and human rights.

Measure 3.1.1
The identification and elimination of obstacles (including legislative ones) in fulfilling the obligations arising for the Czech Republic from international documents in the area of quality and human rights (especially the CRPD) and ensuring the effective implementation of necessary measures.

Reason for including the measure: The Czech Republic has ratified a number of international instruments, from which many hitherto unsecured commitments in the area of the human rights of persons with mental illness and quality of care ensue. The measure set out below has the ambition to ensure systemic security for the fulfilment of all international obligations in the given area.

Method of performance: The implementation of a comprehensive legislative analysis focused on the implementation of obligations arising for the Czech Republic from international documents in the field of quality and human rights (especially the CRPD) The adjustment of current health, education and social legislation in the area of quality and safety with regard to the necessary reflection of the human rights of people with disabilities and the principles of recovery. The internal regulations of health, education and social organizations and institutions are reviewed and the legislative framework is ensured in such a way that during the processes of providing health and social services and school establishments for people with mental illness, their individual will and mechanism of supported decision-making are respected. The creation of tools and methodologies and the implementation of educational programmes focused on the fulfilment of the Czech Republic's obligations arising from international documents in the field of quality and human rights of persons with mental illness, and their implementation in practice.

Responsibility: MoH, MoLSA, MoJ, MEYS, MoI

Fulfilment deadline: 1/2026

Budget: CZK 120 thousand analysis, CZK 3 million recommended procedures, source ESF+, implementation N/A

Indicator: The existence of an analysis focused on the implementation of the obligations arising for the Czech Republic from international documents in the area of quality and human rights of persons with mental illness; tools, methodologies and educational programmes, and evaluation reports on the implementation rate of changes in the identified areas.

Measure 3.1.2

Design and implement a comprehensive strategy to prevent and reduce the use of restraints using regime and limiting measures that respect human dignity and ensure the legal protection of care users.

Reason for including the measure: According to the implemented mapping (see Annex No. 6), 2,616 patients/clients experienced some form of restraint in the monitored period of 6 months, which proves that this is not a marginal topic, but rather an issue that needs targeted and permanent attention.

Method of performance: On the basis of the available analysis, make the necessary partial changes in the legislation and internal regulations of specific facilities, including the unification of records on the use of restrictive measures and their regular evaluation at the level of facilities and the entire Czech Republic. Provide systematic methodological support for measures leading to the development of preventive and alternative scenarios with regard to restrictive measures, including risk prevention and risk assessment. Support education, domestic and foreign traineeships, share good practice in the field of prevention, and create alternative scenarios in relation to restrictive measures.

Responsibility: MoH, MoLSA, MEYS

Fulfilment deadline: 6/2021

Budget: 10 mil. CZK/year, source ESF+, sustainability MoH budget chapter.

Indicator: Existence of educational programmes on the issue of restrictive measures, the existence of a comprehensive strategy for the prevention and reduction of the use of restrictive measures, and regular evaluation of the use of restrictive measures.

SPECIFIC OBJECTIVE 3.2

Introduce human rights as an integral part of assessing the quality of the mental health care provided.

Measure 3.2.1

Implementing human rights into the assessment of the quality of care in the health, social, and education systems to ensure sustainability and a real impact on improving the quality of life of care users.

Reason for including the measure: There is no uniform methodology at the national level for assessing the quality of services or national recommendations for uniform procedures in the field of quality and fulfilment of human rights in mental health services. At the same time, good practice is not systematically collected.

Method of performance: In response to the Deinstitutionalization of the Psychiatric Care Reform project (where the human rights area will be newly integrated into the existing quality certification system for psychiatric inpatient facilities), the elaboration of a proposal to cover the area of human rights in the current certification system in social and school systems. The proposal will be prepared on the basis of a comprehensive analysis focused on the most effective solutions, the possibility of inspections by the state, taking into account possible overlaps of individual assessment systems and requirements for mental health service providers, and a design and good practice based on key international and human rights documents. Implementation of proposals into existing service quality evaluation mechanisms.

Responsibility: MoH, MEYS, MoLSA

Fulfilment deadline: 1/2025

Budget: CZK 10 million education, evaluation, others N/A

Indicator: The existence of regular publicly published evaluation reports (in 2025 and then every 5 years) on the integration of human rights in quality assessments and the impact on the users' quality of life.

Measure 3.2.2

Participation of users and their loved ones in assessing the quality of mental health services.

Reason for including the measure: According to available records, it is important for the evaluation of the quality of care that the care users themselves and possibly also their family members actively participate in it. One way to assess quality is to measure the cost-effectiveness of programmes and interventions based on the use of Quality Adjusted Life Years (QALYs). By measuring cost-effectiveness, care payers can then make informed decisions about which programmes, interventions and medicines to fund and which to not. QALYs are based on instruments where health-related quality of life is reported by the care users themselves (e.g. EQ-5D or AQoL). However, measuring the quality of care certainly cannot be reduced to using one particular tool. It is therefore necessary to develop a methodology for service evaluation, an integral part of which will be one of the tools that allows the calculation of QALYs. The involvement of care users and possibly family members in the preparation of this methodology is a guarantee that the measurement of the quality of care provided will be comprehensive and will reflect the needs of people with mental illness and their families in the field of evaluating the quality of care.

Method of performance: The proposal and elaboration of a methodology for the current quality assessment of care for health services (outpatient clinics, day care centres, inpatient care, community care) and social services with regard to the involvement of care users and their loved ones and the implementation of the proposed measures into existing quality assessment systems for care. Pilot verification of the methodology at 10 providers in the field of mental health care (from different regions and at different types of providers). The evaluation and modification of methodology. Proposal for the implementation of the methodology into practice.

Responsibility: MoLSA, MoH

Fulfilment deadline: 1/2024

Budget: CZK 300 thousand for human resources within the pilot project, source ESF+, sustainability chapters of individual ministries.

Indicator: The number of users of care and their close ones involved in the quality assessment system in all care segments is 30.

SPECIFIC OBJECTIVE 3.3

Take into account equal opportunities for men and women in the field of mental health.

Measure 3.3.1

Elaboration of an analysis that will focus on the gender aspects of mental health and the needs of disadvantaged male and female care users and their access to mental health services.

Reason for including the measure: Mental health data show that some aspects affect either men or women to a larger extent. The number of completed suicides in the Czech Republic is approximately 1,400, of which 1,100 are committed by men. This phenomenon demonstrates the need for a sensitive approach that will take into account the needs of the target group. On the contrary, in connection with women's health, there is talk of so-called underdiagnosis, the phenomenon of women being less often diagnosed correctly, which is not related to the occurrence of the disease, but to the insufficient modeling of diagnostic criteria in women. In addition, from the point of view of equality between women and men in health, it is necessary to take into account the aspect of gender biological differences and the aspect of societal differences between men and women. Research also suggests that people from disadvantaged groups (race/ethnicity, religion, sexual orientation, gender identity) are at increased risk of developing mental illness, as feeling different and possible social exclusion can have a negative impact on the mental health of individuals. It follows from the above that it is necessary to delve deeper into this topic and examine the specifics of the mental health of women and men,

as well as the specifics of mental health of people with multiple disadvantages.

Method of performance: Elaboration of an analysis of the gender aspects of mental health and the needs of disadvantaged male and female users of care and the systemic barriers they encounter, including the formulation of recommendations resulting from the analysis to improve access to mental health services.

Responsibility: MoH, OG CZ

Fulfilment deadline: 6/2024

Budget: CZK 160 thousand, (MoH, ESF, OG CZ)

Indicator: Existing analysis, including recommendations

Measure 3.3.2

Following the recommendations defined in Measure 3.3.1, develop methodological tools and educational programmes that will target the professional and lay public operating in the field of mental health. The subject-matter of methodological tools and educational courses will be the topic of gender equality, gender and multiple disadvantages in the context of mental health.

Reason for including the measure: As mentioned above, the social status of women and men affects the way in which men and women assess their health and the way in which the health of women and men is assessed by the professional public. Similarly, there are specifics in the field of mental health for people with multiple disadvantages (on grounds of ethnicity, religion, sexual orientation, gender identity…) where, due to "otherness," there is a higher risk of the onset and development of mental illness. For these reasons, it is desirable for healthcare professionals to treat their clients with respect for their social context. The sensitivity of professionals working in this field must be ensured so that they can work with these specificities and approach their clients individually and based on their needs. Healthcare staff should be trained and methodically supported in all of these areas.

Method of performance: Elaboration of methodological tools and educational programmes for providers of mental health care responding to the specific needs of disadvantaged people and the specifics of gender in the context of mental health.

Responsibility: MoH, OG CZ

Fulfilment deadline: 12/2025

Budget: CZK 1 million, (MoH, ESF, OG CZ)

Indicator: An existing methodology and course content. 50 trained workers, 50 distributed methodologies.

STRATEGIC OBJECTIVE 4:
Ensuring the full availability of mental health services in terms of time, location, capacity and price, ensuring their availability in the community as needed

As defined in the description of this objective, the objectives and measures focus on the process of the deinstitutionalization and development of effective community care and community services covering all the needs of people with mental illness, including the need for a strong user movement to promote their effective participation in the mental health care system.

SPECIFIC OBJECTIVE 4.1
Developing multidisciplinary teams as key services providing necessary care in the community on the basis of existing pilot project evaluations.

Measure 4.1.1
Anchor multidisciplinary teams for all target groups (Mental Health Centres) in the relevant acts (Act No. 372/2011 Coll., No. 48/1997 Coll., No. 108/2006 Coll., No. 95/2004 Coll., No. 96/2004 Coll.) and implementing legal regulations, including staffing, information sharing, the responsibilities of individual employees, training and reimbursements.

Reason for including the measure: Psychiatric care provided by multidisciplinary community teams is qualitatively different from care provided in the current system of services (outpatient and inpatient care). It is important that the services of multidisciplinary teams represent a special type of care, especially with regard to overlaps in areas outside healthcare and healthcare services. From the point of view of sharing information about patients/clients, entering the service and the provision of care itself, this is a necessary measure that will enable the connection of healthcare with the provision of registered social services into one rehabilitation plan.

Method of performance: Draft amendments to Acts No. 372/2011 Coll., 48/1997 Coll., 108/2006 Coll., No. 95/2004 Coll. and No. 96/2004 Coll. A legislative work plan, submission of a proposal for approval by the Government of the Czech Republic. Preparation of implementing legal regulations, e.g. Decree No. 99/2012 Coll. and Decree No. 92/2012 Coll.

Responsibilities: MoH, MoLSA

Fulfilment deadline: Effectiveness of acts to anchor MHC for the seriously mentally ill in Act No. 372/2011 Coll. and 108/2006 Coll. from 12/2020, and of implementing regulations subsequently by 6/2021, enshrinement of other multidisciplinary teams, the area of education, quality assessment, assertive work, etc. in acts with effect from 1/2026.

Budget: N/A

Indicator: Approval of amendments to Acts No. 372/2011 Coll., 48/1997 Coll., 108/2006 Coll., No. 95/2004 Coll. and No. 96/2004 Coll., including implementing regulations.

Measure 4.1.2
In addition to the existing 30 MHCs for people with serious mental illness and 3 teams for children and patients/clients with addiction, establish another 70 Mental Health Centres evenly distributed throughout the Czech Republic; adjust the standard for this service to ensure care for all adults with mental illness and the need for highly comprehensive care

(outside the target groups listed below and in measure 4.1.3), and develop MHC networks for children with mental illness or at risk of its development and MHC networks in the field of addiction.

Reason for including the measure: Fulfilment of the priorities of modern psychiatric care, as defined by the Psychiatric Care Reform Strategy issued by the Ministry of Health in 2013. This is the introduction of a new type of service that will complement existing outpatient and inpatient psychiatric care with psychiatric services provided in the patients'/clients' natural environments. The aim is to improve care in terms of fulfilling the human rights of patients/clients, reduce the number of necessary hospitalizations/shorten their duration in inpatient facilities and integrate the mentally ill into everyday life as much as possible – to minimize the social impact of the disease.

Method of performance: Based on the evaluation of the project for 30 MHCs, 3 MHCs for children and 3 MHCs for patients/clients with addiction issues, modify and publish Standards and methodologies for these services. In cooperation with health and social care providers, the GENERAL HIC, the ASSOCIATION OF HIC and the MoLSA, develop a network of 100 MHCs and set up additional multidisciplinary teams for other target groups.

Responsibility: MoH, MoLSA, MoJ

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC, MEYS, ASI

Fulfilment deadline: ongoing until 2030

Budget: see Annex No. 7 (budget from p.h.i.) and adaptation of costs from the MoLSA budget, source p.h.i., MoLSA chapter

Indicator: The number of SMI patients/clients in MHC care in 2030 is at least 7,500; the number of children with mental illness and patients/clients with addiction issues in the care of multidisciplinary teams is at least 700 from each target group.

Measure 4.1.3

Based on the evaluation of the pilot operation of 2 multidisciplinary teams (MHC) for the area of people with dementia, to develop community care for this target group as specified in the NAP Alzheimer's Dementia and Other Similar Diseases (including patients/clients with acquired brain disease and various cognitive deficits).

Reason for including the measure: In well-functioning systems, a network of services is defined at the regional level, within which interconnection and cooperation are well organized. "Gerontopsychiatric" community multidisciplinary teams are a key service for people with dementia. Their scope is both direct care of the patient/client, support of the patient's families and cooperation with other services in the field of care for the elderly, from primary care to residential facilities.

Method of performance: Include the development of multidisciplinary teams for people with dementia in the NAPAD+. Transfer data from the evaluation of the pilot operation of 2 MHCs within the New Services of the Psychiatric Care Reform project to the team responsible for the implementation of the NAPAD+.

Responsibility: MoH, MoLSA

Fulfilment deadline: Evaluation of pilot operation 12/2021, development of services on an ongoing basis until 2030.

Budget: see NAPAD+

Indicator: Report on the implementation of the NAPAD+.

SPECIFIC OBJECTIVE 4.2
Implement the next phase of deinstitutionalization as a gradual transition from large facilities of inpatient healthcare providers in the field of psychiatry to community care; ensure the development of a wide range of services available in the community, including the development of acute care capacities in psychiatric and pediatric wards of general hospitals.

Measure 4.2.1
Ensure the effective use of the existing network of acute psychiatric beds and further development of their capacities in general hospitals and at providers of inpatient care in the field of psychiatry to the target state of about 2,800 beds for all target groups (including children), equally regionally distributed, and their functional interconnection with multidisciplinary teams. Based on the evaluation of the pilot project, ensure the funding of acute psychiatric care and set up sustainable funding with the monitoring of quality indicators of the care provided.

Reason for including the measure: The availability of acute care for severe diagnoses such as schizophrenia is extremely low (27% admitted to acute care beds, 73% of patients/clients admitted directly to aftercare beds, source NRHOSP 2007-2015). The deinstitutionalization of psychiatric care should lead to a rectification of this situation, in connection with the development of community care, the expansion of procedurally reimbursed outpatient care, and the restructuring of beds in the sense of reducing aftercare beds in favour of acute beds.

Method of performance: Evaluation of the ongoing pilot project of acute inpatient care in psychiatry. After a professional discussion with the payers, setting up a suitable model of sustainable funding with the monitoring of markers of the quality of care provided. Modification and publication of the Standard of Acute Inpatient Psychiatric Care, including the material and technical section. In cooperation with the GENERAL HIC, ASSOCIATION OF HIC, MoH and the regions, the development of acute inpatient care in general hospitals evenly throughout the Czech Republic.

Responsibility: MoH and MoLSA

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC, regions

Fulfilment deadline: ongoing until 2030

Budget: see Annex No. 7

Indicator: Reaching the number of 2,800 beds in acute psychiatric care in 2030 in pre-defined and approved facilities for adult and child and adolescent psychiatry.

Measure 4.2.2
Build a sufficient network of social services in the natural community for people with mental illness hospitalized for a long time in psychiatric aftercare facilities, including those in need of high levels of support and with risk behaviour in such a way that the capacity created responds to the deinstitutionalization process.

Reason for including the measure: The analysis carried out within the Deinstitutionalization of Services for the Mentally Ill project with regard to the number of psychiatric patients/clients with serious mental illness hospitalized in psychiatric hospitals for more than 182 days as of 30 September 2018 shows that the absence of housing and related social services is a limiting factor for discharging ¼ of the patients/clients into their home environment. The share of patients/clients with social issues for which there is currently no solution in the natural community is even higher.

Method of performance: Based on the mapping of the necessary capacities for the development of social

services for the target group of the SMI for the next 3 years (see Annex No. 8), the creation of an action plan for each region in cooperation with the regions, MoLSA and MF, where the proposal will be adjusted according to other parameters (personnel and financial resources) and extended to other target groups of people with mental illness. The action plans will be linked to medium-term regional plans and community plans of municipalities and will be a tool for the implementation of the legal responsibility of regions and municipalities towards people with mental illness in accordance with applicable legislation. An annual revision of plans according to real progress in the development of services and current needs and their extension for the period until 2030.

Responsibility: MoLSA, MoH

Cooperating entity: MF, regions, Union of Towns and Municipalities, municipalities

Fulfilment deadline: Ongoing until 2030

Budget: Will be adjusted according to MoLSA models, the expert estimate for 3 years is approximately CZK 500 million per year , source MoLSA chapter, regional budgets

Indicator: Existence of 14 Action Plans for the Development of Social Services for People with Mental Illness, including a description of the availability of human resources and financial resources for implementation, which are linked to medium-term regional plans and the community plans of municipalities.

Measure 4.2.3

In response to measure 4.2.2, reduce the number of aftercare beds at providers of health services for inpatient aftercare in the field of psychiatry by 2/3 compared to the current situation of 8,490 beds (as of 31 August 2018).

Reason for including the measure: The system of psychiatric care in the Czech Republic still rests on large psychiatric hospitals and psychiatric clinics, where people with serious mental illness are hospitalized for more than 20 years, which is clearly cost-inefficient compared to community care, i.e. care provided in the natural environment of people with mental illness. In addition, long-term hospitalizations are associated with non-compliance with the principles set out in the Convention on the Rights of Persons with Disabilities, but also with an increased risk of suicide after discharge from care.

Method of performance: Incorporation of the objective into existing transformation plans (including the distribution of personnel resources, economic calculation and material and technical plan for the use of buildings) for all providers of inpatient aftercare health services in the field of psychiatry and, in cooperation with regions, the development of specific short-term goals.

Responsibility: MoH.

Fulfilment deadline: Ongoing until 2030

Budget: N/A

Indicator: The number of aftercare beds in the field of psychiatry is less than 4,100 in 2030.

Measure 4.2.4

Based on the evaluation of a pilot project of 6 extended care outpatient clinics (OCEC), ensure the development of extended care outpatient clinics with regionally necessary specialization. Within the planned 200 OCECs, establish 20 addictological regional outpatient clinics for adult patients/clients as a form of specialized OCECs. Pilot counseling psychiatric care services. The development of psychiatric outpatient clinics for children and adolescents.

Reason for including the measure: According to the GENERAL HIC analysis, the number of outpatient

workplaces has grown in the last ten years, yet the capacity of outpatient psychiatric care is not sufficient to provide quality and individualized services for an ever-growing number of patients/clients. There is a lack of care from a multidisciplinary team (in the meaning of collaborating health professionals) where it is needed. It is often necessary to combine the skills and competencies of individual specializations in order to provide adequate care.

Method of performance: Evaluation of a pilot project of six OCECs (of which two OCECs are specialized in addictology), the modification and publication of a standard and funding for this service. In cooperation with the GENERAL HIC and ASSOCIATION OF HIC, the creation of a pilot project of counseling care as a part of the OCEC. Evaluation of the pilot project, setting up funding, support for the creation of other OCECs by the MoH and health insurance companies. In cooperation with the GENERAL HIC and ASSOCIATION OF HIC, the creation and introduction of funding for outpatient psychiatric care for children and adolescents so as to enable effective care for these patients/clients and motivate network development for this target group.

Responsibility: MoH.

Cooperating entity: OG, GENERAL HIC, ASSOCIATION OF HIC

Fulfilment deadline: Evaluation of the OCEC pilot project 12/2021, evaluation of the pilot project of counseling services 1/2026, others on an ongoing basis.

Budget: see Annex No. 7

Indicator: Evaluation report for the OCEC 12/2021, the existence of 200 outpatient clinics with extended care in 2029, the existence of a report from the pilot project of counseling services 1/2026.

Measure 4.2.5

Carry out a mapping of the number of clients with mental illness placed in HSR and HFD, including their needs and competencies and an individual support plan.

Reason for including the measure: As part of the deinstitutionalization of care for people with mental illness, transformation plans are being developed by providers of inpatient aftercare health services in the field of psychiatry. However, a significant number of patients/clients with mental illness are located in homes with a special regime, where there are currently 14,354 beds, but where we do not know the detailed needs and composition of the group of users, i.e. we do not know how many of these beds are taken by people with serious mental illness.

Method of performance: Mapping of the number of clients with mental illness placed in HSR and HFD, incl. an assessment of their needs and competencies and an elaborated individual support plan in accordance with Decree No. 505/2006 Coll., implementing certain provisions of the Social Services Act (Section 39).

Responsibility: MoLSA, MoH

Cooperating entity: regions

Fulfilment deadline: ongoing until 2030

Budget: CZK 130 thousand per facility per year, source ESF+, MoLSA chapter

Indicator: Existence of analytical material and individual support plans in accordance with Decree No. 505/2006 Coll.

Measure 4.2.6

Create a mechanism to prevent the placement of children with mental illness in institutional care facilities and prioritize alternative ways to identify and meet the individual needs of children in the natural social environment.

Reason for including the measure: To strengthen the prevention of mental illness, measures must be implemented in accordance with the recommendations contained in the outputs of the project of the Ministry of Labour and Social Affairs "Systemic Development and Support of the Social and Legal Protection of Children" and the concept of the Ministry of Education, Youth and Sports in the field of the transformation of the alternative educational care system.

Method of performance: Setting conditions for the systematic reduction of the placement of children with mental illness in medical, social and school facilities of institutional education. Prioritization of an alternative way to identify and meet the individual needs of children with mental illness in a natural social environment. The piloting and subsequent introduction of innovative services for children and families at psychosocial risk aimed at rehabilitating the needs of the child in his/her biological family into the system of services for vulnerable children and their families. At the same time, it is necessary to focus on the regular and timely medical diagnosis and health prevention of children's mental illness, so that it becomes a common standard of health services for all children, regardless of the potential threat of institutional education. Here, the primary role is played by medical diagnostics as a tool for the detection of mental illness, especially in the context of regular medical examinations of children through pediatricians, adolescent physicians and general practitioners. The involvement of school counseling centres and school counseling facilities in the field of prevention can serve as a complementary support.

Responsibility: MoH, MoLSA, MEYS

Fulfilment deadline: Ongoing until 2030

Budget: Education CZK 10 million, source EEA funds; Standardization CZK 10 million, source OP RDE; Piloting CZK 40 million, source ESIF+. For funds required from the ESIF, it depends on the rules, settings and possibilities of the ESIF.

Indicator: The existence of criteria and a reduction in the number of children with mental illness placed in institutional facilities.

SPECIFIC OBJECTIVE 4.3

Implement the development of other necessary community-based services supporting deinstitutionalization.

Reason for including the specific objective: The aim of mental health care reform in the area of the service network is to create a model of care called BALANCED CARE, which reflects the priorities of care users and responds specifically to their needs. This system has a balanced ratio between community and hospital (conventional) services, between day care and mobile services, with an emphasis on providing them close to the users' place of residence. Such a system includes the availability of crisis assistance and various forms of outpatient and residential services, including day care centres.

Measure 4.3.1

Strengthen crisis centres and services, in particular to help the victims of violence and trauma and suicide prevention. Establish specialized centres for children with complex trauma.

Method of performance: In connection with the AP for gender-motivated violence and in cooperation with the Association of Day Care and Crisis Centres (ADCCC), setting up a working group and drafting a network of crisis centres, securing funding and motivating providers. The creation of a pilot project of 4 centres for children with complex trauma, evaluation. The creation of at least 14 crisis centres for the adult population regionally distributed throughout the Czech Republic.

Responsibility: MoH, MoLSA

Cooperating entity: OG, ADCCC

Fulfilment deadline: Ongoing until 2030

Budget: CZK 22 million per year per crisis centre, source p.h.i., MoLSA chapter, CZK 10 million per crisis centre for children, source EEA funds.

Indicator: The number of persons served in crisis centres is min. 18,000/year. The existence of an evaluation report from a pilot project for children with complex trauma.

Measure 4.3.2

To develop inpatient care for children and adults with mental illness according to regional needs and population structure (also focused on people with mental disabilities and developmental disorders, including autism spectrum disorders).

Method of performance: Within the existing Working Group for Sustainable Funding of Psychiatric Care Reform, the elaboration of a pilot project of an open day care centre, as a prevention or shortening of hospitalizations. Implementation of the pilot project at a min. of 3 providers. Evaluation of the pilot project. In cooperation with health insurance companies, the ADCCC and the Expert Council for the implementation of the Psychiatric Care Reform Strategy, completion of the concept of inpatient care for all necessary target groups. Elaboration of standards and methodologies for all introduced types of day care and their development.

Responsibility: MoH, MoLSA

Cooperating entity: ADCCC

Fulfilment deadline: Ongoing until 2030

Budget: CZK 3.2 million per year per day care centre in the pilot programme, source: p.h.i.

Indicator: In 2030, there are 60 new day care programmes on the level of all regions.

Measure 4.3.3

Develop a network of outpatient clinics of clinical psychologists, outpatient clinics of child clinical psychologists and ensure the availability of a wide range of psychotherapy (provided by the specializations: psychiatry, clinical psychology, psychiatric nursing, addictology and other non-medical professions) and supportive psychotherapeutic interventions, including necessary counseling services for other services in the system of care.

Reason for including the measure: At present, the practical unavailability of psychotherapeutic care is a serious problem for people with mental illness. There is also a lack of legislative anchoring in psychotherapy for physicians. Independent outpatient clinics of clinical psychologists and child clinical psychologists help maintain the threshold of perceived stigma associated with the need to seek mental health care services at the lowest level. The legislative enshrinement of education in systematic psychotherapy by amending Act No. 95/2004 Coll. Amendment to Act No. 96/2006 Coll. and Act No. 108/2006 Coll.

Responsibility: MoH.

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC, MoLSA, ACP, Czech Psychotherapeutic Society of the CMA JEP

Fulfilment deadline: 1/2020 legislative change in education in systematic psychotherapy, 1/2021 proposal of the concept of a network of psychotherapy and psychosocial interventions, the rest on an ongoing basis.

Budget: CZK 840 million for 700 outpatient clinics of clinical psychologists, source. p.h.i., other expenditures for increasing the volume of psychotherapy and psychosocial interventions according to the elaborated plan, source p.h.i., costs for the introduction of supportive psychosocial interventions under the responsibility of the MoLSA, MoLSA chapter.

Indicator: Approved amendment to Acts No. 95/2004 Coll., No. 96/2006 Coll. and Act No. 108/2006 Coll. The existence of a service development strategy implementation plan.

SPECIFIC OBJECTIVE 4.4
Establish a system for engaging patients/clients and family members, and enabling and supporting the development of patients'/clients' natural resources for recovery, including the support of peer consultants and self-help groups, in mental health care.

Measure 4.4.1
Ensuring the development and funding of user and parent organizations.

Reason for including the measure: Uncertain financial security for patient/client organizations is one of the biggest obstacles to the equal status of representatives of people with mental illness in individual decision-making groups. Mutual informing of the professional public and representatives of psychiatric care users is considered a priority, because it significantly helps to improve the state of care for people with an experience of mental illness in the Czech Republic.

Method of performance: Allocation of funds for user and parent organizations in the form of a grant programme of the Ministry of Health, which will be announced annually and will cover methodological support in securing funding for organizations, contracting legal and other advice, and education and other key activities to maintain and develop these groups with a legal entity, and will partly cover the self-help activities of these organizations. Self-help groups and informal platforms for the involvement of users and family members are established in all regions of the Czech Republic. At the level of regions and municipalities in the Czech Republic, the creation of subsidy titles for the involvement of users and lay carers and the funding of the activities of user and parent organizations.

Responsibility: MoH, MoLSA

Cooperating entity: regions

Fulfilment deadline: 1/2020 subsidy programme of the MoH, 1/2023 subsidy titles at the regional level

Budget: Subsidy programme of the MoH, CZK 1 million/year, then variable according to the possibilities of the regions.

Indicator: Existence of subsidy titles, existence of a platform for engaging users and family members in every region of the Czech Republic.

Measure 4.4.2
Anchor peer consultants in the mental health care system, including amending legislation and securing funding.

Reason for including the measure: Although the help of peer consultants (people with a personal experience of mental illness helping people battling it) has a therapeutic effect on people experiencing mental illness, their employment status is not anchored in the law, it is not defined as a type position in the National Classification of Occupations or the National Classification of Qualifications.

Method of performance: Establishment of a working group from representatives of the existing working group for education at the MoH (psychiatric care reform projects), representatives of user organizations and informal caregivers' organizations, and representatives of the relevant departments of the MoH and the MoLSA. Elaboration of a proposal for the education of a peer consultant. Elaboration of the proposal of an amendment to Act No. 108/2006 Coll. and No. 372/2011 Coll., and Acts No. 95/2004 Coll. and No. 96/2004 Coll. and their implementing legal regulations in relation to peer consultants. A fundamental amendment to

Decree No. 271/2012 Coll., on the Establishment of a List of Diseases, Conditions or Defects that Exclude or Limit the Medical Fitness to Practice the Profession of Physician, Dentist, Pharmacist, Non-medical Healthcare Worker and other Professional Worker, the Content of Medical Examinations and Medical Requirements (Decree on the Medical Fitness of Healthcare and other Professionals). Introduction of a system of training peer consultants into practice. Defining the type position of a social service worker-peer consultant and the type position of a nurse-peer consultant. The first type of position will be defined as the specialization of the profession of a worker in social services, with reference to the definition of this new job position in Act No. 108/2006 Coll. The second type position will be defined as the specialization of the profession of nurse, with reference to the definition of this job position in Act 96/2004 Coll. Both type positions will be entered in the National Classification of Occupations and in the National Classification of Qualifications.

Responsibility: MoH, MoLSA

Fulfilment deadline: 1/2023

Budget: N/A

Indicator: Existence of the definition of peer consultants as a specification of the profession of a worker in social services and nurse in the National Classification of Occupations and in the National Classification of Qualifications. The specification of the position of worker in social services-peer consultant in Act No. 108/2006 Coll. and the specification of the position of nurse-peer consultant in Act No. 96/2004 Coll. The existence of education recognized in social services and healthcare, amendment of Acts No. 95/2004 Coll. and No. 96/2004 Coll. and No. 372/2011 Coll. and their implementing legal regulations, including Decree No. 271/2012 Coll. The number of peer consultants who undergo training will be 8 per year.

STRATEGIC OBJECTIVE 5:
The building of mental health systems that function in a well coordinated partnership with other sectors, including equal access to somatic health care.

The goals and measures under this objective ensure effective intra-ministerial and inter-ministerial cooperation, necessary for the effective functioning of services within the mental health care system and meeting all the needs of people with mental illness, enabling their recovery and full participation in society.

SPECIFIC OBJECTIVE 5.1
Systemically (inter-ministerially) solve the issue of protective treatment (institutional, outpatient, community).

Measure 5.1.1
Create a concept of inpatient aftercare, outpatient and community care for patients/clients in need of protective treatment, including an implementation plan.

Reason for including the measure: The most significant deficit of the system of protective treatment in the Czech Republic is the absent application of the principle of "Risk-need responsivity", where the intensity of treatment should correspond to the risk. The most dangerous offenders should be treated most intensively and the treatment programme should be tailored to these risks, which will be objectively evaluated and regularly reassessed. In addition, this subgroup of patients bears specific entitlements in both inpatient and outpatient care, which are not taken into account in the current method of funding. At present, the treatment system also fails to sufficiently respect patients' rights and their right to recovery and, at the same time, it does not provide effective protection for society as a whole. There is also a lack of services for specific subgroups (children and adolescents, women, people with mental disabilities) of patients who are ordered to receive protective treatment at all levels of the system. There is no database available for this group of patients, which limits the building of an adequate system of services. The care system is financed almost exclusively from general health insurance, which, based on foreign experience, limits its functionality and development opportunities.

Method of performance: The creation and implementation of the concept of an effective system of care for patients/clients in need of protective treatment in both institutional treatment, outpatient and community care (Forensic Multidisciplinary Teams). The functional interconnection of this system with the Institute of Security Detention and programmes implemented by the Ministry of Justice in prisons. Part of the solution will be the definition of treatment standards, cooperation of medical units among themselves and setting up multiagency cooperation (medical facilities – mediation and probation service – labour offices – social facilities – courts – police). Implementation of the concept into practice. Existence of the concept of a system of data collection concerning patients with protective treatment. The design, modeling and implementation of an effective model of funding this area of care.

Responsibility: MoH, MoJ, MoLSA

Fulfilment deadline: 1/2025

Budget: Creating a concept CZK 150 thousand, source ESF+, others according to the proposal of existing working groups at the MoJ and MoH.

Indicator: Existence of a concept, including an implementation plan.

Measure 5.1.2

Analyze specific laws and implementing regulations governing the ordinance, performance, termination and conversion of protective treatment and related regulations, including standards governing the collection of data and information on this group of patients, with the aim of ensuring a comprehensive and effective solution to the issue of protective treatment both in the field of medical care and in prison facilities and Institutes of Security Detention. Subsequently, on the basis of the performed inter-ministerial analysis, amend laws and by-laws.

Reason for including the measure: Protective treatment is regulated by the provisions of Act No. 373/2011 Coll., on Specific Health Services (hereinafter Act No. 373/2011 Coll.), especially in the performance of institutional protective treatment; outpatient care is relatively very briefly regulated, community care is not included.

Method of performance: On the basis of the established inter-ministerial working group and relevant departments of the involved ministries, the assignment of the processing of analytical material. Approval of the analytical material by the Government Council for Mental Health and the Government of the Czech Republic, and the implementation of legislative changes.

Responsibility: MoH, MoJ, MoLSA

Fulfilment deadline: analysis 1/2021, valid amendments to laws 1/2025

Budget: Analysis CZK 100 thousand, source ESF+, others N/A

Indicator: The existence of analytical material. Amendments to the laws identified by the input analysis, including implementing regulations. Existence of a legal basis for the system of data collection concerning patients with protective treatment.

Measure 5.1.3

Development of inpatient, community and outpatient care for patients/clients with court-ordered protective treatment (based on an approved concept).

Reason for including the measure: The institutional form of protective treatment is addressed within the framework of routine inpatient aftercare in psychiatry, the outpatient form does not have sufficient capacity and community multidisciplinary field care is lacking. There is no systematic application of risk assessment tools and protective factors or concept of an interconnected system of services with adequate funding.

Method of performance: In response to measures 5.1.1 and 5.1.2, a restructuring of inpatient care for patients/clients with prescribed protective treatment. The design and construction of a network of wards providing care for patients with high/medium/low risk with adequate technical equipment and sufficient professional and material capacities. The development of a methodology for assessing risk and protective factors in patients with prescribed protective treatment, cooperation of inpatient facilities with FMT and outpatient psychiatrists, and within outpatient clinics with extended care. Part of this system will be the evaluation of the course of this treatment and the definition of standards, including the application of the principles of recovery specifically applied to the group of patients with protective treatment. The system will enable the treatment of children and adolescents, women and people with mental disabilities so that it is carried out in accordance with their needs, including educational and social needs. The creation and publication of a binding standard for this service and the introduction of sustainable funding based on the evaluation of the pilot operation of 2 multidisciplinary teams for patients/clients with imposed protective treatment. The establishment of eleven multidisciplinary teams for this target group (beyond pilot operations). An increase in staffing and improvement in the coordination of outpatient care for patients with protective treatment; the definition of a regional network of outpatient services. The functional connection of this system of protective treatment with Institutes of Security Detention and programmes implemented by the Ministry of Justice in prisons. Implementation of a data collection system for patients with protective treatment in all of its components.

Responsibility: MoH, MoLSA

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC, MoJ

Fulfilment deadline: Evaluation of the pilot project of multidisciplinary teams 2022, others on an ongoing basis.

Budget: CZK 200 million development of multidisciplinary teams, source p.h.i., regional budgets, others according to measure 5.1.1.

Indicator: The area of care for patients/clients with prescribed protective treatment has about 1,000 beds for protective treatment, regionally distributed, stratified according to the risk levels of patients/clients and 13 multidisciplinary teams in close cooperation with inpatient facilities by 2030. The area has a defined network of outpatient services. The system enables the specialized treatment of children and adolescents, women and people with mental disabilities. There is a functional system of data collection concerning the PT population enabling the development of the system of services, and the application of state policies in this area and needs of the target population. There is a defined financial security system of the PT system.

SPECIFIC OBJECTIVE 5.2
The involvement of regions and municipalities in the creation and implementation of an effective mental health care network.

Measure 5.2.1
At the municipal level, the introduction of a functional case management mechanism (coordination of care) and multidisciplinary cooperation.

Reason for including the measure: The need to set up cooperation at the level of municipalities with extended powers in the field of MHC operations. The introduction of the function of case managers in municipalities will lay the foundation for a system of case work with people with mental illness and the interconnection of services at the level of the health-social boundary.

Method of performance: Create methodological procedures and an education system. Define staffing and introduce and implement a training system. Implement the work of case managers (care coordinators) in municipalities (performing multidisciplinary work of the third type for all target groups) into the system of work in municipalities in the Czech Republic.

Responsibility: MRD

Cooperating entity: Union of Towns and Municipalities, regions, MoH.

Fulfilment deadline: Ongoing until 2030.

Budget: CZK 170 million/year for 300 people, source state budget and municipal budgets

Indicator: By 2029, there are 300 case managers for mental health care in the Czech Republic.

Measure 5.2.2
Introduce a system of available residential social services provided in the natural community with different levels of health and social support according to the individual needs of mental health service users, including a specialized community-based residential social service for people with complex needs based on individual types of dual diagnoses and F00-F03 diagnoses, in the extent of all-day social services. Housing must be of a homelike nature, with a low number of users in individual households, and must not be of an institutional nature. The provider must systematically prevent the institutionalization of these persons.

Reason for including the measure: When reducing capacity at inpatient care providers in the field of psychiatry, it will be necessary to work with people with serious mental illness with higher comorbidity and social failure, and thus a need for higher levels of support and supervision, including dual diagnoses and F00-F03 diagnoses. In accordance with the necessity of the systematic implementation of the Convention on the Rights of Persons with Disabilities, in connection with Section 38 of Act No. 108/2006 Coll., as amended, and following WHO recommendations, community-based social services should be built (regardless of the type of registration or whether they are residential or field, but nevertheless in response to the needs of a specific target group), as a prevention of trans-institutionalization leading to the deterioration of the mental health of these particularly vulnerable target groups caused by institutionalization, including the depersonification resulting from it, and an increase in the level of risk behaviour. These target groups are, for example, the elderly with diagnoses F00-F03 and people with mental disabilities and associated mental illness, including diagnoses F70-F79. The whole system of residential social services, field social services and other types of housing is effective only if it is permeable, flexible and favours the independence of a person with a mental illness.

Method of performance: On the basis of mapping the needs of providers of after-care in the field of psychiatry and within the regions, identification of the necessary capacities and intensity of support in housing. In cooperation with the MRD, the MoLSA, regions, municipalities and cities, the creation and implementation of plans to increase the capacity of defined forms of housing.

Responsibility: MoLSA, MRD, MoH

Cooperating entity: Union of Towns and Municipalities, regions, municipalities

Fulfilment deadline: ongoing

Budget: CZK 500 million/year, adaptation according to the result of mapping and the created plan, source: IROP + LAG

Indicator: Evaluation and annual report on capacity development and the number of patients/clients who have found a good place to live with the necessary level of social and health support. The report is prepared at the regional level. Implementation of 1 sheltered housing in each 100,000 region in 2029, with a total capacity of 800 beds.

Measure 5.2.3

Creating a housing system for the mentally ill in standard built-up areas. Utilize social housing models, housing first, co-operation with municipalities, real estate brokers, etc. Connect the system to the service of field community teams that work on the support and development of competences of a person with mental illness.

Reason for including the measure: A lack of sheltered, supported and social housing, high rents in rented flats, and a lack of job opportunities for people with mental illness in the open labour market very often do not allow people with mental illness to live independently, which is contrary to Article 19 of the Convention: Living independently and being included in the community

Method of performance: Based on the mapping of needs in psychiatric hospitals and within the regions, identification of the necessary housing capacities. Using available housing models in cooperation with municipalities and cities, create and implement a plan to ensure sufficient housing capacity in built-up areas connected to the support of field community teams.

Responsibility: MRD, MoLSA, MoH

Cooperating entity: Union of Towns and Municipalities, regions

Fulfilment deadline: ongoing until 2030

Budget: N/A (use of the existing housing fund, free market with flats), others according to the result of mapping and the created plan, source IROP, LAG, budgets of cities and municipalities.

Indicator: The existence of 3,000 beds for people with serious mental illness in built-up areas in the Czech Republic in 2029.

SPECIFIC OBJECTIVE 5.3
Ensuring the effective coordination of mental and somatic health care.

Measure 5.3.1
Integrate mental health care into the primary care of general practitioners and provide care for patients with psychosomatic problems, and psychological and psychiatric care for the somatically ill.

Reason for including the measure: Primary care physicians play an important role in uncovering latent psychiatric illness – in identifying depressive, anxiety and psychosomatic disorders or in the early detection of psychosis or alcohol dependence. In recent years, the number of mentally ill people has been rising, the vast majority of whom are at higher risk of somatic comorbidities. This fact determines in advance the importance of close cooperation between primary care physicians and psychiatrists.

Method of performance: Increasing the competence of general practitioners in screening symptoms of mental illness and caring for stabilized patients/clients through education and methodological support. Ensuring the connection of general practitioners to specialized care and community services and increasing communication skills. Ensuring financial motivation and lifting indication restrictions for defined drugs in the treatment of anxiety, depressive disorders and Alzheimer's dementia. Ensuring the availability and interconnection of psychotherapeutic services with providers of health services in the field of somatic health, ensuring the financing of counseling services. Ensuring the availability of comprehensive care for the psychosomatically ill, including physiotherapy.

Responsibility: MoH.

Cooperating entity: GENERAL HIC, ASSOCIATION OF HIC

Fulfilment deadline: Ongoing until 2030

Budget: According to the extent of shared care, source p.h.i.

Indicator: The number of general practitioners who have completed accredited mental health education in 2030 is 500.

BUDGET EXPLANATORY NOTES

N/A – Non applicable – in the document, the abbreviation is used in relation to the budget for activities that correspond to the current agenda of individual organizations or are provided within another ongoing activity so that the implementation of measures does not incur additional costs.

In the case of the EEA funds, these must be specified as a possible source of funding because the projects financed by the EEA funds are selected in a free grant competition, so there is no guarantee that a project with a focus according to the definition of these measures will be selected and supported. An alternative funding option are ESF+ (within innovations), the OPRDE, subsidy titles of regions, grant agencies of the Czech Republic, etc.

LIST OF ABBREVIATIONS

ACP: Czech Association of Clinical Psychologists
OCEC: Outpatient clinic with extended care
ASI: Agency for Social Inclusion
OSH: Occupational Safety and Health
MHC: Mental Health Centre
CRPD: Convention on the Rights of Persons with Disabilities
CMA JEP: Czech Medical Association of Jan Evangelista Purkyně
HFD: Home for the disabled
HSR: Home with a special regime
ESF: European Social Fund
ESIF: European Structural and Investment Funds
IROP: Integrated Regional Operational Programme
MRRDPS: Methodology for Records Respecting the Development of Psychiatric Services
MF: Ministry of Finance
MRD: Ministry of Regional Development
MRD: Ministry of Regional Development
MoLSA: Ministry of Labour and Social Affairs
MoJ: Ministry of Justice
MEYS: Ministry of Education, Youth, and Sports
MoI: Ministry of the Interior
MoH: Ministry of Health
MoE: Ministry of the Environment
NAPAD: National Action Plan for Alzheimer's Disease and Other Similar Diseases
NMHAP: National Mental Health Action Plan
NSPAP: National suicide prevention action plan
NNO: Non-government non-profit organization
NIMH: National Institute of Mental Health
NHIP: National Health Information Portal
NHIS: National Health Information System
OPE: Operational Programme Employment
PS CMA JEP: Psychiatric Society of the Czech Medical Association of J. E. Purkyně.
Coll. of Int. Conventions: Collection of international conventions
Coll.: Collection of laws
ASSOCIATION OF HIC: Association of Health Insurance Companies
IHIS: Institute of Health Information and Statistics
p.h.i: Public health insurance
GENERAL HIC: General Health Insurance Company
WHO: World Health Organization

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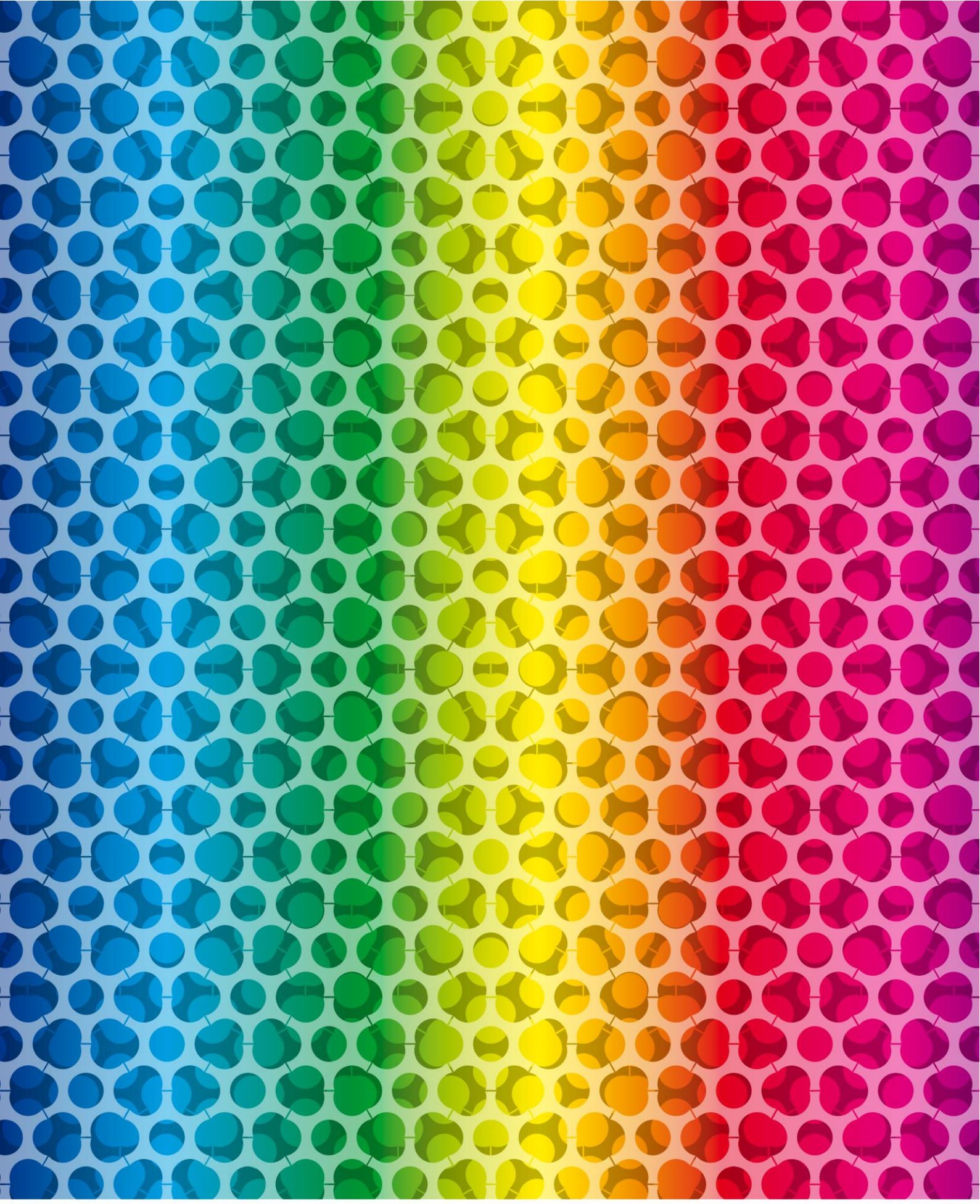

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