The present state of Mental health care in Slovakia

Štefan Laššán
Depression reduces survival in patients with chronic somatic disorder

Prospective cohort study enrolling 376 hospitalized patient with COPD; median follow-up 369 days

OR 1.93
Barriers to treatment (mental disorders) in EU

Respondents to the EU Compass for Action on Mental Health and Well-being 2016 survey indicated the following barriers:

- **insufficient funding for mental health services** was reported by 19 out of 22 member states having some (27.3%), high (18.2%) or very high impact (27.3%);
- **insufficient availability of mental health professionals** was reported by 16 out of 22 member states, having some (31.8%), high (27.3%) or very high (13.6%) impact;
- **attitudinal barriers** (lack of trust, willingness to handle problems by one’s own, stigma) was reported by 17 of the 22 member states, having some (40.9%) high (27.3%) or very high (9.1%) impact.
The integration of mental health care in primary health services is a critical component of a comprehensive mental health system. Essential services at this level include early identification of mental disorders, management of stabilized severe mental disorders, referral of complex cases to specialized services.

The specialized services are at the top of the pyramid:
- a process of deinstitutionalization,
- limiting the role of mental hospitals
- building a network of community services (including community mental health centers, general hospital psychiatric units, day centers and community residential facilities)

That all increases the accessibility of services. Actually, hospital treatment is required for a minority of people with mental disorders, even in cases of severe disorders.
Problems of slovak healthcare system in the management of mental disorders

- **Institutionalization** of healthcare. Equipment and arrangement of institutional healthcare providers (MTS, PS).
- Absence of **Psychiatric facilities with special designation**.
- Unmet needs in the area of **pediatric psychiatry** (inpatient and outpatient care, human resources...).
- **Insufficient connection/collaboration** between inpatient and outpatient **psychiatric care** with social services.
- **Insufficient connection/collaboration** between inpatient and outpatient **psychiatric care** with primary health services.
- Absence of a network of **community psychiatric healthcare services**: community mental health centers, day centers and community residential facilities, early-intervention centers, crisis centers and other services including mobile (multidisciplinary) teams, specialized psychiatric community nurses etc.
- Public health insurance payment system in outpatient healthcare.
Outpatient psychiatric care (2016)

<table>
<thead>
<tr>
<th>Age group</th>
<th>L. r.</th>
<th>Patients at outpatient clinics</th>
<th>Domestic visits</th>
<th>Domestic visits performed by nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 18</td>
<td>01</td>
<td>1</td>
<td>86 499</td>
<td>4</td>
</tr>
<tr>
<td>19 +</td>
<td>02</td>
<td>2</td>
<td>1 702 055</td>
<td>1 019</td>
</tr>
</tbody>
</table>

Activity

<table>
<thead>
<tr>
<th>Number of visits</th>
</tr>
</thead>
<tbody>
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<td>I. r.</td>
</tr>
</tbody>
</table>

G1.1 Proportion of examined persons by diagnoses in outpatient units

Disorders of psychological development

- Intellectual disorder
- Developmental delay
- Mental retardation
- Learning disorders
- Attention deficit hyperactivity disorder
- Reading disorders
- Sensory impairment

Mental and behavioural disorders

- Anxiety disorders
- Neurotic, stress-related and somatoform disorders
- Adjustment disorders
- Dissociative disorders
- Conduct disorder
- Oppositional defiant disorder
- Emotional disorders
- Separation anxiety disorder
- Separation anxiety disorder in children
- Pervasive developmental disorder
- Autism spectrum disorder
- Childhood disintegrative disorder
- Childhood disintegrative disorder
- Retarded development
- Developmental regression
- Preschool autism
- Autism
- Asperger syndrome
- Childhood disintegrative disorder
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Institutional psychiatric care (2016): Hospitalisations

<table>
<thead>
<tr>
<th>Skupina psychiatrických diagnóz</th>
<th>Rok</th>
</tr>
</thead>
<tbody>
<tr>
<td>spolu / total</td>
<td>40 800</td>
</tr>
</tbody>
</table>

G 2.2 Štruktúra hospitalizácií podľa skupín psychiatrických diagnóz
Structure of hospitalisations by groups of psychiatric diagnoses

- Mental and behavioural disorders due to alcohol use
- Organic, including symptomatic, mental disorders
- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Schizophrenia, schizotypal and delusional disorders
- Disorders of adult personality and behaviour
- Disorders of psychological development
- Mental and behavioural disorders due to other psychoactive substance use

43 516 (3.5% of all hospital admissions)
How much do we spend on mental health disorders?

| Expenses of Health Insurance Companies in Mil € on Group F and X diagnoses (F* and X6* to X84*) | 2014 | 2015 | 2016 🔺
|-----------------------------------------------|------|------|------
| Year                                          |      |      |      
| Outpatient healthcare                         | 27,3 | 27   | 29,3 🔻
| Medications                                   | 51,8 | 49,2 | 49   🔺
| Inpatient healthcare                          | 62,5 | 64   | 71,5 🔺
| Together                                      | 141,6| 140,2| 149,8 🔺
| Overall expenses of Health Insurance Companies | 3 853| 3 986| 4 113 🔺

Proportion of expenses on psychiatric diseases compared with overall expenses on healthcare

3,7%  3,5%  3,6%
The lack of physicians and nurses in Slovakia – compared with EU

Nurses per 1000 inhabitants, 2015 or nearest year

Physicians Nr. low
Nurses Nr. high

Physicians Nr. high
Nurses Nr. high

Physicians Nr. low
Nurses Nr. low

Physicians per 1000 inhabitants, 2015 or nearest year

EU: 3.6
EU: 8.4

Physicians Nr. low
Nurses Nr. low

Physicians Nr. high
Nurses Nr. high

Physicians Nr. low
Nurses Nr. low

Physicians Nr. high
Nurses Nr. high
The number of physicians and other healthcare professionals who are missing in the Slovak healthcare system

<table>
<thead>
<tr>
<th>Healthcare profession</th>
<th>2010</th>
<th>2016</th>
<th>% change 2010 - 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>1,277</td>
<td>1,032</td>
<td>19%</td>
</tr>
<tr>
<td>Physician</td>
<td>1,038</td>
<td>820</td>
<td>21%</td>
</tr>
<tr>
<td>Scrub Nurse</td>
<td>273</td>
<td>254</td>
<td>7%</td>
</tr>
<tr>
<td>Health Assistant</td>
<td>172</td>
<td>77</td>
<td>55%</td>
</tr>
<tr>
<td>Midwives</td>
<td>87</td>
<td>53</td>
<td>39%</td>
</tr>
<tr>
<td>Physiotherapeutists</td>
<td>24</td>
<td>44</td>
<td>-83%</td>
</tr>
<tr>
<td>Technicians in Radiology</td>
<td>43</td>
<td>40</td>
<td>7%</td>
</tr>
</tbody>
</table>
Number of missing specialists in Slovakia according to NCHI data

<table>
<thead>
<tr>
<th>Profesjní titul</th>
<th>2010</th>
<th>2013</th>
<th>2016</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>internista</td>
<td>164</td>
<td>77</td>
<td>71</td>
<td>81</td>
</tr>
<tr>
<td>pediater</td>
<td>75</td>
<td>43</td>
<td>63</td>
<td>39</td>
</tr>
<tr>
<td>neurolog</td>
<td>58</td>
<td>33</td>
<td>31</td>
<td>42</td>
</tr>
<tr>
<td>gynekolog a pôrodník</td>
<td>58</td>
<td>55</td>
<td>55</td>
<td>65</td>
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<tr>
<td>chirurg</td>
<td>139</td>
<td>49</td>
<td>56</td>
<td>71</td>
</tr>
<tr>
<td>anestesiolog a intenzivista</td>
<td>103</td>
<td>65</td>
<td>57</td>
<td>65</td>
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<tr>
<td>lekar urgentnej medicíny</td>
<td>79</td>
<td>38</td>
<td>102</td>
<td>164</td>
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<tr>
<td>kardiolog</td>
<td>20</td>
<td>14</td>
<td>21</td>
<td>54</td>
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<tr>
<td>radiolog</td>
<td>44</td>
<td>60</td>
<td>30</td>
<td>30</td>
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<tr>
<td>neonatolog</td>
<td>42</td>
<td>58</td>
<td>27</td>
<td>29</td>
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<td>hematolog a transfuziolog</td>
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<td>9</td>
<td>7</td>
<td>19</td>
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<tr>
<td>geriater</td>
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<td>25</td>
<td>31</td>
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<tr>
<td>klinický onkológ</td>
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<td>17</td>
<td>18</td>
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<td>pneumoštizeolog</td>
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<td>11</td>
<td>30</td>
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<td>oftalmolog</td>
<td>10</td>
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<td>16</td>
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<tr>
<td>psychiater</td>
<td>28</td>
<td>27</td>
<td>50</td>
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<tr>
<td>otorinolaryngolog</td>
<td>20</td>
<td>12</td>
<td>21</td>
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<td>ortoped</td>
<td>20</td>
<td>15</td>
<td>31</td>
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<tr>
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<td>14</td>
<td>21</td>
<td>54</td>
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<tr>
<td>detský chirurg</td>
<td>22</td>
<td>1</td>
<td>3</td>
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<tr>
<td>neurochirurg</td>
<td>10</td>
<td>11</td>
<td>7</td>
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<tr>
<td>pediater intenzívnej medicíny</td>
<td>13</td>
<td>4</td>
<td>7</td>
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<tr>
<td>infektológ</td>
<td>15</td>
<td>7</td>
<td>20</td>
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</tr>
</tbody>
</table>


Deficiency of physicians specialized in psychiatry will rise...
Slovak physicians are getting older...
Number and average age of physicians acting in the area of psychiatric care according to their location

<table>
<thead>
<tr>
<th>Discipline of medicine</th>
<th>District</th>
<th>Number of physicians</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>Slovak republic</td>
<td>651</td>
<td>46,93</td>
</tr>
<tr>
<td></td>
<td>Bratislavský kraj</td>
<td>141</td>
<td>48,37</td>
</tr>
<tr>
<td></td>
<td>Trnavský kraj</td>
<td>33</td>
<td>46,15</td>
</tr>
<tr>
<td></td>
<td>Trenčiansky kraj</td>
<td>66</td>
<td>47,48</td>
</tr>
<tr>
<td></td>
<td>Nitriansky kraj</td>
<td>67</td>
<td>47,82</td>
</tr>
<tr>
<td></td>
<td>Žilinský kraj</td>
<td>95</td>
<td>46,53</td>
</tr>
<tr>
<td></td>
<td>Banskobystrický kraj</td>
<td>59</td>
<td>47,95</td>
</tr>
<tr>
<td></td>
<td>Prešovský kraj</td>
<td>76</td>
<td>45,24</td>
</tr>
<tr>
<td></td>
<td>Košický kraj</td>
<td>124</td>
<td>45,55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discipline of medicine</th>
<th>District</th>
<th>Number of physicians</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric psychiatry</td>
<td>Slovak republic</td>
<td>45</td>
<td>50,93</td>
</tr>
<tr>
<td></td>
<td>Bratislavský kraj</td>
<td>20</td>
<td>46,10</td>
</tr>
<tr>
<td></td>
<td>Trnavský kraj</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Trenčiansky kraj</td>
<td>3</td>
<td>51,33</td>
</tr>
<tr>
<td></td>
<td>Nitriansky kraj</td>
<td>5</td>
<td>60,80</td>
</tr>
<tr>
<td></td>
<td>Žilinský kraj</td>
<td>4</td>
<td>64,00</td>
</tr>
<tr>
<td></td>
<td>Banskobystrický kraj</td>
<td>6</td>
<td>55,50</td>
</tr>
<tr>
<td></td>
<td>Prešovský kraj</td>
<td>0</td>
<td>-</td>
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<tr>
<td></td>
<td>Košický kraj</td>
<td>7</td>
<td>46,14</td>
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Currently, there are 205 physicians in preparing for the psychiatric specialization, however only 23 physicians are listed for pedopsychiatry...

198 psychiatrists, but only 23 pediatric psychiatrists over a period of last 10 years...

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<th></th>
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<tbody>
<tr>
<td><strong>Ukazovateľ\ Indicator</strong></td>
<td><strong>Rok / Year</strong></td>
<td></td>
</tr>
<tr>
<td>Postele (počet)</td>
<td>4 450</td>
<td>4 379</td>
</tr>
<tr>
<td>Beds (number)</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>neuropsychiatriu</td>
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<tr>
<td>Lekárske miesta</td>
<td>295,31</td>
<td>296,29</td>
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<td>(počet)</td>
<td>(Number)</td>
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<td>Postele na 1 LM</td>
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<td>14,8</td>
</tr>
<tr>
<td>Beds per 1 PhP</td>
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<tr>
<td>Postele na 10 000</td>
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<td>obyvateľov</td>
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<tr>
<td>Beds per 10 000</td>
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<tr>
<td>population</td>
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<tr>
<td>Využitie postelí (%)</td>
<td>78,8</td>
<td>80,1</td>
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<tr>
<td>Bed occupancy (%)</td>
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</table>

3739 beds (Addictology not included) stands for 12% of the entire resources.
### Indicators of access to care in EU countries

<table>
<thead>
<tr>
<th></th>
<th>Mental health services</th>
<th>Mental health professionals</th>
<th>Access to mental health services</th>
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<tr>
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<td>Psychiatric beds in hospitals</td>
<td>Outpatient facilities</td>
<td>Psychiatrists</td>
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<tr>
<td>Austria</td>
<td>61.6(^a)</td>
<td>-</td>
<td>19.7(^a)</td>
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<tr>
<td>Belgium</td>
<td>173.5(^f)</td>
<td>0.8(^c)</td>
<td>20.3(^e)</td>
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<td>Bulgaria</td>
<td>66.8(^e)</td>
<td>0.2(^c)</td>
<td>6.7(^a)</td>
</tr>
<tr>
<td>Croatia</td>
<td>98.8(^e)</td>
<td>4.1(^e)</td>
<td>10.2(^a)</td>
</tr>
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<td>Cyprus</td>
<td>21.8(^f)</td>
<td>2.1(^e)</td>
<td>2.7(^e)</td>
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<tr>
<td>Czech Republic</td>
<td>96.5(^f)</td>
<td>9.4(^e)</td>
<td>11.8(^b)</td>
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<tr>
<td>Denmark</td>
<td>53.8(^e)</td>
<td>-</td>
<td>88.1(^e)</td>
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<td>Estonia</td>
<td>55.5(^f)</td>
<td>-</td>
<td>13.5(^b)</td>
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<td>60.7(^f)</td>
<td>1.2(^e)</td>
<td>18.4(^e)</td>
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<td>87.5(^f)</td>
<td>-</td>
<td>14.1(^e)</td>
</tr>
<tr>
<td>Germany</td>
<td>127.1(^f)</td>
<td>1.4(^c)</td>
<td>15.2(^a)</td>
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<td>1.4(^a)</td>
<td>14.1(^e)</td>
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<td>4.1(^e)</td>
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<td>2.8(^a)</td>
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<tr>
<td>Lithuania</td>
<td>107.9(^f)</td>
<td>3.1(^b)</td>
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<td>Malta</td>
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<td>3.9(^a)</td>
<td>3.2(^a)</td>
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<tr>
<td>Netherlands</td>
<td>139.3(^a)</td>
<td>261.2(^e)</td>
<td>20.1(^e)</td>
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<tr>
<td>Poland</td>
<td>65.2(^f)</td>
<td>4.1(^e)</td>
<td>5.1(^f)</td>
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<tr>
<td>Portugal</td>
<td>62.7(^f)</td>
<td>0.3(^e)</td>
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<td>Romania</td>
<td>82.9(^f)</td>
<td>0.5(^e)</td>
<td>6.0(^e)</td>
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<td>Slovakia</td>
<td>81.8(^f)</td>
<td>5.7(^e)</td>
<td>11.5(^b)</td>
</tr>
</tbody>
</table>
The number of beds for pedopsychiatric institutional healthcare – the present state

Adverse consequences:

- Lack of pedopsychiatric beds, their structure and occupancy are limiting the treatment of mental disorders in the pediatric and adolescent age groups.
- The number of patients demanding institutional follow-up treatment is increasing. Particularly, it refers mainly to adolescents with disorders of personality, patients with suicide risk or self-mutilation, patients with mental disorders due to psychoactive substance use or with disorders of food intake.
- Absence of After-treatment beds and Pediatric day centers.

Limitation of accessibility.

Source: J. Šuba
There are unmet needs in the field of community psychiatric care services

• There is an urgent need for efforts aiming at the development of Standard preventive, diagnostic and therapeutic procedures. Moreover, according to holistic approach, the complex patient management has to be applied. Patients are frequently unable to take care of themselves and manage their common everyday activities. Therefore:

  • It is necessary to improve outpatient psychiatric care as well as to provide psychosocial rehabilitation and resocialization to bring people into community and fully integrate them so they are able to work and live independently. The current network of day centers and community residential facilities is inappropriate owing the demands of the mental health care.

  • It is desirable to improve the access to Long-term domiciliary services in order to avoid prolonged hospital stays, suicidal behaviour, nosocomial infections etc.
Multisectorial cross connection
Reform of the Mental Health Care in the Czech republic – Inspiration for us?

Main target: Improving the Quality of Life for all patients with mental disorders

- Main target: Improving the Quality of Life for all patients with mental disorders
  - Development of standards and methodology
  - Improvement of Psychiatric care network
  - Humanisation of Psychiatric care
  - Destigmatization and communication
  - Research and education
  - Legislative activities
  - Sustainable financing
  - Interdepartmental cooperation
Základné opatrenia a postupné kroky na zlepšenie psychiatrickej starostlivosti a smerovanie k cieľovému modelu.

1. Rýchle doplnenie pracovníkov do existujúcich psychiatrických lôžkových zariadení podľa navrhnutého kľúča (doplnenie by malo byť spojené s takým výberom, ktorý zaistí, že pracovník bude mať predpoklady na prácu v odbore a na odborný vývoj).
2. Lekárov prijímať nad odporúčaný kľúč, aby sa mohli vyškoliť pre prácu v nových zariadeniach, ktoré budú vznikať.
3. Rýchle doplnenie siete psychiatrických ambulancií — pre dospelých, detí, mladistvých a seniorov.
4. Budovanie chýbajúcich psychiatrických inštitúcií v definovaných regiónoch štandardnej starostlivosti so 60 000 až 150 000 obyvateľmi: podľa lokálnej situácie, a) doplnenie alebo vznik nového lôžkového oddelenia pre dospelých a osobitne pre geriatričských pacientov.

b) zakladanie denných psychiatrických sanatórií, ktoré môžu predieňať vznik psychiatrických lôžkových zariadení;
c) súčasne zriadovať chránené dielne a rehabilitačné dielne,
d) nočné sanatóriá môžu byť samostatné alebo pričlenené priestorovo k psychiatrickým oddeleniam, rovnako dobre môžu byť však pričlenené aj k denným sanatóriám,
e) zakladanie chránených bytov,
f) chránené domovy a opatrovateľské domovy môžu sčasti vznikať reprofiláciou existujúcich „domovov dôchodcov“ a „ústavov sociálnej starostlivosti“. Tam, kde ich kapacita nebude dostatočná, musia sa zriadiť nové,
European Committee for the Prevention of Torture and Inhuman or Degrading Treatment and Punishment (CPT)

• Past CPT activities in Slovakia:
  • 2000 – Audit and visit to Slovakia – the committee detected severe violations against human rights among residents with mental disorders living in nursing
  • 2018 – forthcoming visit to Slovakia
  • Member: MUDr. D. Breznoščáková, PhD.

• Ongoing activities:
  • Creation of Detention centers in Slovakia
  • Creation of Psychiatric facilities with special designation within the frame of existing concurrent psychiatric facilities
Detention institute in Hronovce

Estimated completion date 2020
Standard preventive, diagnostic and therapeutic procedures
What is the aim of SPDTP?

• Definition of clear guidelines for all healthcare providers.
• Standardisation and harmonisation of procedures aiming at prevention, diagnostics and treatment in selected areas.
• Specification of the competences for all stakeholders.
• Consolidation of the quality appraisal during healthcare providing.
• Preservation of equality during healthcare providing.
• Creation of qualified estimation of resources demanded for financing of healthcare.
• Legislative changes.
SPDTP and psychiatry

• Processing of SPDTP for the area of mental disorders represents the modern Europe-wide approach to psychiatric care.

• It will definitely contribute to the quality of healthcare.

• It is important to respect and realistically review current diagnostic and therapeutic resources and conditions in Slovakia.

• Expert Working Group for the 1st phase of SPDTP:
  • Chairman: assoc. prof. Ivan Dóci
  • Vice-Chairman: prof. Ján Pečeňák
  • Secretary: Dr. Breznoščáková
  • Members: Dr. Ján Důžek, Dr. Ľubica Ferenčáková, Dr. Jana Grešková, Dr. Katarína Kubašovská, Dr. Lívia Vavrušová, Dr. Marek Zelman

• Selection of diagnoses for the 1st phase (ICD): F30-34, F20-25 /F40-43/
• The development of the NPMH was initiated according to the WHO recommendations and decision of the Slovak government from June 27th 2001.

• NPMH act as a national programme document and it represents the most complex program dedicated to the mental healthcare. Thanks to the document, mental health became one of the politic priorities in the Slovak republic.

• The document has been prepared with respect to the holistic multidisciplinary approach to the mental health. All efforts should be done to secure an equal access to both somatic and mental health services.

• This strategical material describes the framework of global actions within 10 key areas. The main purpose is the improvement of mental health.

• Cooperation and collaboration of multiple departments is necessary – healthcare, social affairs, culture, justice, education, finance, internal affairs etc.

• The Council for Mental Health at the MoH is responsible for the preparation of the document; the members from the psychiatric community are: Ľ. Izáková, I. Dóci (Vice-chairman), D. Breznoščáková, J. Šuba and Ľ. Okruhlica

• Currently, legislative process is in progress.
The EU-Compass for Action on Mental Health

The resources are structured around the 5 priority areas of the European Pact in Mental Health and Wellbeing:

• Prevention of Suicide and Depression
• Promotion of Mental Health and Well-being of Children and Adolescents
• Promoting Mental Health and Well-Being in Workplaces
• Older People’s Mental Health and Well-being
• Promoting Social Inclusion and Combating Stigma

http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm
Conclusions from the EU Compass for Action on mental Health and Well-being scientific paper

- The **access to mental health care** in European Union is far from being satisfactory.
- **Coverage** is better for **severe mental disorders**, such as psychoses, and much worse for depression and common mental disorders.
- **Structural barriers** may be more important in countries with limited health coverage and less developed community care, **attitudinal barriers** are important everywhere. However, trends in containment of **health costs can raise the role of financial barriers** even in countries with universal health coverage.
- **Low perception** of need is an important attitudinal barrier.
- The **lack of coverage** is especially relevant for **psychological and psychosocial treatments**, despite indication from guidelines about evidence-based care models.
Cooperation is the key to success!