BASIC PRINCIPLES OF PSYCHIATRIC CARE REFORM IN SLOVAKIA

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Slovenská psychiatrická spoločnosť SLS
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1. INTRODUCTION: PSYCHIATRIC CARE REFORM AS PART OF MENTAL HEALTH CARE

The aim of **the reform of psychiatric care in Slovakia** is to change the system of care provision in the field of psychiatry. This change is part of two more comprehensive reforms: the health care reform and the mental health care reform. Only when they are linked, the goal of better and more accessible mental health care will be achieved, from the prevention of the development of mental disorders to the treatment of most severe conditions. The support received in the frame of the Recovery and Resilience Plan, provided to Slovakia by the European Commission, makes it possible to kick-start reform changes. The prerequisite for their implementation is the formulation of individual steps and the cooperation of all professionals working in the system of care for people with mental disorders.

Because this is a challenging and complex process, we have prepared this document, which sets out the basic theses of the reform and our vision. We are aware that it is not possible, at this stage, to definitively name all the reform steps and define their solutions, as this will be an active process that will cut across many areas.

Areas affected by the reform of psychiatric care in Slovakia:

- Destigmatizing mental disorders and psychiatric care,
- Adding new services and increasing access to psychiatric care,
- Linking health and social care and defining the patient pathway in outpatient and inpatient psychiatric care,
- Introducing new approaches in the diagnosis and treatment of mental disorders,
- Modernising and humanising psychiatric care.

Together, we will create an effective, high quality and comprehensive system of care for people with mental disorders. I believe that our patients will be the first to benefit from the reform, and together with them, all of us who provide care for them will also feel the positive changes. Our work will be carried out in better conditions and in a coordinated system that is more focused on achieving the goal of the highest possible quality of life and degree of recovery for the patient and, in a broader context, on improving the wellbeing of society as a whole.

Assoc. Prof. Ľubomíra Izáková, MD, PhD.
President of the Slovak Psychiatric Association, o. u. SkMA

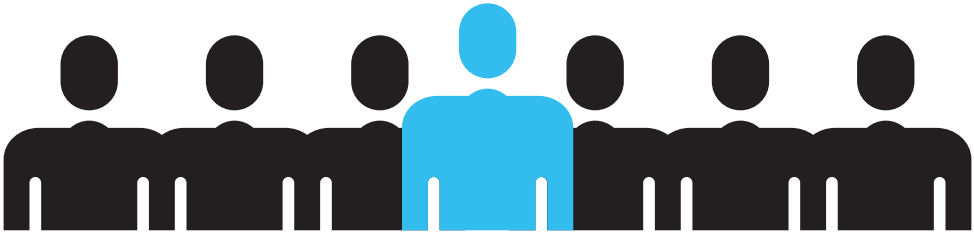
2. WHO IS PSYCHIATRIC CARE FOR?

Around one in seven people in the European Union will experience some form of mental disorder at least once in their lifetime. In the US, research suggests that a person has up to a 50% chance of developing a mental disorder at least once in their lifetime, compared to 40% for cancer or diabetes. In the European Union, about one in seven people will fall ill. From the available data, it can be estimated that in Slovakia in 2017, one in nine people suffered from one or more mental disorders. In 2020, 364 464 patients (approximately 6% of the total Slovak population) were examined in all psychiatric outpatient units in Slovakia, and 17% of them for the first time in their lives. The most common diagnoses were: mood disorders (33%), neurotic disorders (26%), organic disorders (20%) and addiction (10%).

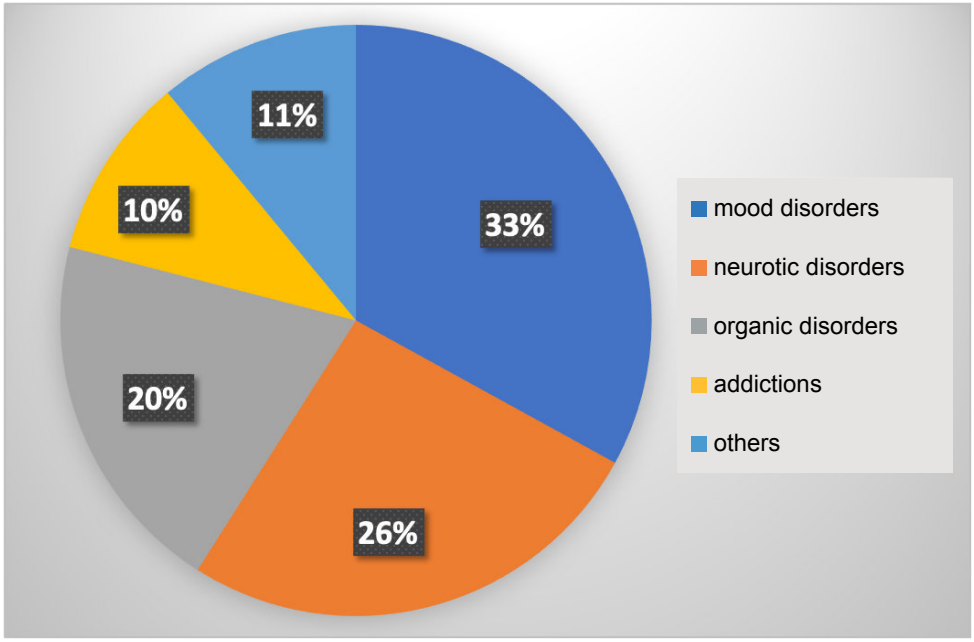
Alarming figures include the fact that 50% of chronic psychiatric disorders start in people before the age of 14 and up to 75% before the age of 24. It is early diagnosis and treatment that have the greatest potential to positively influence the prognosis of the disease.

The prevalence of mental disorders in Slovakia is expected to be comparable to that in other European Union countries, so it can be assumed that there is still a large number of those who do not seek professional help. These people experience discomfort or suffering, their functionality and quality of life decline, and many of them are at risk of social exclusion, poverty, disability, the development and adverse course of other illnesses or suicide. They do not know where and how to seek help or are ashamed of their difficulties, and this prevents them from seeking treatment. Patients diagnosed with a mental disorder often suffer from various chronic or residual symptoms, which are at least partially resolvable with more intensive treatment. However, there is insufficient access to such treatment in Slovakia. The urgency to address the topic of mental health more intensively and comprehensively, including funding, is highlighted by the WHO and by a discussion paper by the Value for Money Unit of the Slovak Ministry of Finance, published in May 2020.

Zdroje:
National health information centre. Statistical Yearbook of the Slovak Republic 2020. NCZI, Bratislava 2021, 690.
Grajcarová L. Mental health and public finance. A discussion paper (Duševné zdravie a verejné financie. Diskusná štúdia). Value for Money Unit of the Ministry of Finance of the Slovak Republic, 2020.
Izáková Ľ. et al. The most common mental disorders in outpatient psychiatric clinics – the presence and new ICD-11 classification. Čes a slov Psychiat 2021, 117 (1): 33-41.



In the European Union around one in seven people will experience some form of mental disorder at least once in their lifetime



The most common mental disorders in Slovakia in 2020

3. WHY REFORM? DATA AND FACTS

There are several reasons for the reform of psychiatric care.

The first is the fact that the system of organisation of care for people with mental disorders in Slovakia is **insufficiently effective**. Psychiatric care in our country was already in need of systemic changes in the 1990s, and although the objectives of the reform were defined, they have not been implemented. At that time, Slovakia was one of the first three countries in Europe to seek reform. Unfortunately, it remained one of the last countries not to modernise its system of care for people with mental disorders. Another reason is the **lack of access to** psychiatric care. We need to reflect the increasing number of people with mental disorders, currently highlighted by the effects of the ongoing pandemic or the ageing of the global population. **There is an absence of specialists,** and the most serious shortcomings are in the care of special groups of patients, especially children and the elderly. There is a need to **modernise, make more attractive** and **expand both the education and care** we provide in order to motivate others to become mental health professionals. The way in which outpatient and inpatient psychiatric care is linked **does not sufficiently allow patients** who need pharmacotherapy for residual symptoms to be linked to other services, i.e. to various forms of psychotherapy and psychosocial rehabilitation. The creation of new outpatient community psychiatry services and the definition of an individual patient pathway, including personalised care, will help to improve this situation so as to enable the highest possible quality of life and degree of recovery. At the same time, it is important to establish **the missing link with social services.** The current care system does not provide sufficient support for patients in their natural environment. **Inpatient psychiatric care has not been modernised for a long time** either, and it is necessary to humanise it, to improve the material and technical equipment of medical facilities, to equip it with modern devices, to optimise staff numbers, to complete the system of staff training, to ensure greater safety for the patient and his surroundings, so that it can function according to the current Standard Diagnostic and Therapeutic Procedures, which is a prerequisite for the correct provision of health care. It is also necessary to make changes to the system of care for certain special groups of patients and to clarify the rules for the practice of **forensic psychiatry.** It is very important to actively involve the patient in the decision-making process in the diagnosis and treatment of mental disorders.

The main prerequisites for achieving the objectives of the reform are a change in the mindset and attitude of mental health care workers, their cooperation with each other and also patience, as this will be a difficult and long-term process. The basic documents defining the system of care for patients with mental disorders, which have been developed in a broad cooperation of experts, are the Concept of Health Care in Psychiatry (Bulletin of the Ministry of Health of the Slovak Republic, Vol. 69, No. 31-35, effective from 1 January 2022), the Concept of Health Care in Child Psychiatry (Bulletin of the Ministry of Health of the Slovak Republic, Vol. 70, No. 3-8, effective from 1 March 2022), and the Concept of Health Care in Addiction Medicine (Bulletin of the Ministry of Health of the Slovak Republic, Vol 70, No 28-29, effective from 18 May 2022).

4. WHAT KIND OF CARE SYSTEM DO WE WANT AND WHY?

A fundamental change in the system of care for people with mental disorders will be the systematic provision of individualised, comprehensive, interconnected care focused on recovery. The network of health and social services will need to be linked and coordinated to ensure continuity of care. Multidisciplinary collaboration in teams, across health care and social services, and within the community is essential for such a system to function.

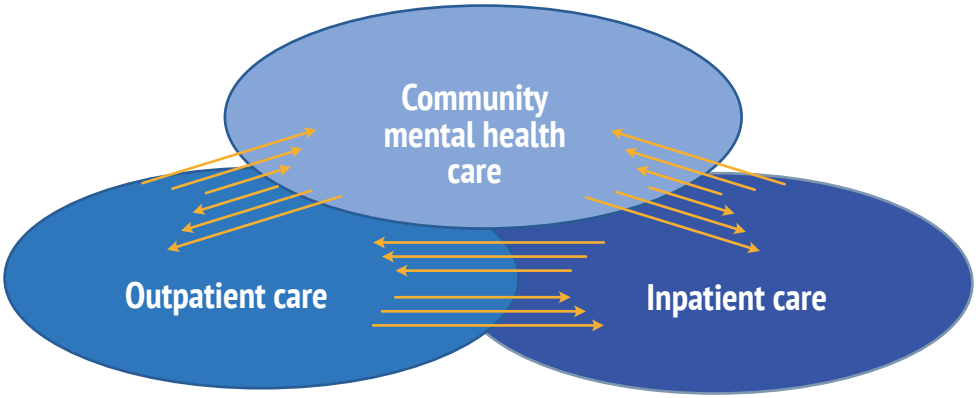
Healthcare providers will know the patient's journey through these services and will have the responsibility to 'tailor' treatment to the patient individually, in accordance with the health condition, respecting the patient's choice. With the support of the regions, there will be a range of treatments and other supportive methods and approaches to choose from. A person can live a satisfying and quality life despite not being able to fully recover from his/her illness. Recovery means being able to overcome or accept the consequences of one's illness and build a new meaning in life.

Changing the system of care for people with mental disorder will achieve:

- greater access to outpatient psychiatric care, earlier diagnosis of mental disorders and their relapses,
- creating new approaches and services to treat and support patients,
- reduction in length of hospital stay, reduction in the number of hospital admissions and reduction in the need for long-term institutionalisation of the patient,
- promotion of education and employment, prevention of incapacity for work and subsequent disability of the patient, avoidability of deaths,
- maximum possible inclusion of the patient in society,
- respect for patients' rights in accordance with binding international human rights conventions,
- full partnership of patients and their families in all essential decision-making processes related to diagnosis, treatment, assistance and support.

An assertive approach is important for patients who require help and support but do not feel the need or are unable to seek it because of their mental disorder. It is based on a proactive, direct, non-manipulative and considerate approach, delivered in their natural environment according to their individual needs.

LINKING OF HEALTH CARE AND SOCIAL SERVICES



CONTINUUM OF MENTAL HEALTH CARE

5. OUTPATIENT PSYCHIATRIC CARE AFTER THE REFORM

The psychiatric outpatient unit is a core component of psychiatric care, providing health care for the majority of patients with mental disorders who do not require inpatient care. It is provided on a community basis so as to be as **accessible** as possible **to all, geographically, temporally, wheelchair accessible and low-threshold,** i. e. without referral by other physician. Psychiatric outpatient health care can also be provided to some extent by telemedicine (telepsychiatry, telepsychotherapy, tele-education).

The reform proposes to specify outpatient health care for different groups of patients and to create several **types** of psychiatric outpatient units:

- Psychiatric outpatient unit for **adults**,
- **Child** psychiatry outpatient unit,
- **Gerontopsychiatric** outpatient unit,
- Outpatient unit for **addiction treatment**,
- Outpatient unit for psychiatric **sexology**,
- **A community psychiatric outpatient unit** and a **community child psychiatric outpatient unit** – newly established types of psychiatric outpatient units in community **psychiatric facilities**,
- **Other specialised** psychiatric outpatient units – specifically targeted according to diagnoses and/or therapeutic methods, e.g. for the implementation of protective treatment in an outpatient form.

It is not necessary for each type of unit to operate separately, it is possible to link them within one unit, which will attend to specific groups of patients in dedicated time.

6. WHY COMMUNITY PSYCHIATRIC CARE?

One of the main aims of the reform is to create a functional network of community psychiatric facilities that will link outpatient and inpatient care. They will provide comprehensive mental health care linked to social services. Their aim will be to improve the functioning of patients with residual symptoms of mental disorder, to support their recovery and to integrate them into an active life in their natural environment, while positively influencing the course and improving the prognosis of their illness.

At present, with the exception of an insufficient network of psychiatric day care centres, which are underfunded, community-based psychiatric care does not exist in Slovakia. The creation and completion of a network of psychiatric day care centres, within which various programmes for the functioning of community psychiatric facilities will be established, will relieve the existing psychiatric outpatient units of the burden of providing health care for patients with mental disorders at stages when their intensive health and social management is needed. This is particularly the case for patients with residual symptoms despite having received specialised outpatient or inpatient psychiatric care. They will benefit from outpatient psychiatric treatment linked to various forms of psychotherapy and psychiatric and psychosocial rehabilitation, which will be 'tailor-made' for them. For hospitalised patients, the need for further hospitalisation will be reduced or avoided. Increased availability of psychiatric outpatient units will allow previously untreated patients to be diagnosed and treated earlier.

Community psychiatric facilities will also provide services to users in their natural environment, especially in cases where they do not feel the need or are unable to seek psychiatric care because of their mental disorder. The competences of the professionals working in these facilities in multidisciplinary teams will be used not only efficiently for the benefit of the patient, but also economically. The network of community psychiatric facilities should be formed on the basis of regional need.

7. COMMUNITY PSYCHIATRIC FACILITIES

Community psychiatric facilities will provide care to patients with mental disorders primarily with the aim of:

- achieving a level of recovery that allows the best possible work-social reintegration of the patient – **psychiatric** day care centre **(PDCC)** – a high-threshold facility where systematic very intensive episodic daily treatment is provided during all working days, with a maximum duration of 3 months per year; the level of support for the patient in this type of community facility is very high.
- curing/reducing reversible residual manifestations of psychiatric disorders and achieving the highest degree of recovery – **Community Psychiatric Care Clinic (CPCC)** – a low-threshold facility with an emphasis on medical care, where systematic regular treatment is provided for a few hours on some weekdays, until the treatment goal is achieved.
- supporting the patient's self-sufficiency and functionality, even when it is not possible to achieve a cure of a chronic mental disorder, in his/her natural social environment without the need for long-term hospitalization or lifelong institutionalization – **Psychosocial Centre (PSC)** – a low-threshold health care facility with higher support of social services, where care is provided for a few hours on some weekdays, until the achievement of the therapeutic goal.

Community psychiatric facilities operate on the basis of multidisciplinary teams on a regional basis in cooperation with outpatient and inpatient health care providers, social service facilities and other specialists. **CPCC** and **PSC** also have mobile field teams that provide health and social services to patients in their natural environment and establish assertive contact with them. Cooperation with relatives of people with mental disorders, peer-consultants and patient organisations is also important. Once the treatment goal has been achieved, the patient will continue the treatment in a psychiatric outpatient unit.

8. MULTIDISCIPLINARY TEAMS IN COMMUNITY PSYCHIATRIC CARE

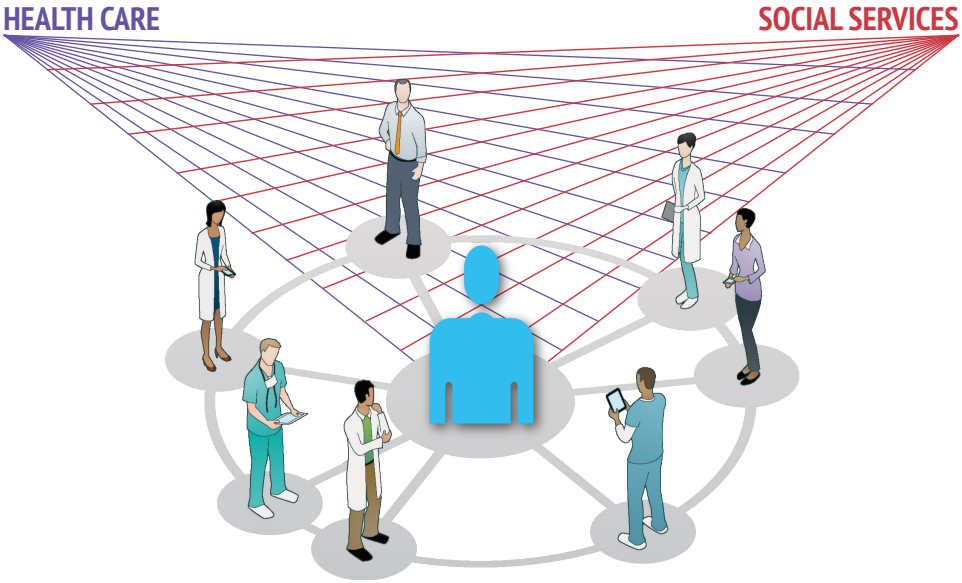
The system of care for people with mental disorders must be able to provide them with diagnosis and treatment for these illnesses, while at the same time providing them with help and support in other areas of life and functioning, allowing for **a multidisciplinary approach**. Coordination and cooperation between different professionals and services, as well as between institutions (including local authorities), is essential.

Multidisciplinary teams also operate in community psychiatric facilities, where they provide individualized comprehensive health and social care to patients with mental illness. The composition of the team depends on the requirements of the specific type of community health facility and they operate as:

- **psychiatrist,**
- **nurse** with specialisation in **nursing care in psychiatry,**
- **clinical psychologist,**
- **social worker,**
- **a peer-consultant (guide),** i. e. a person who has first-hand experience of mental illness and the recovery process. He or she is an important part of the multidisciplinary team and provides feedback to the team from the perspective of the service consumer,
- **other staff,** such as: **doctor/specialist, psychologist, nurse, health care assistant, physiotherapist, special educator, curative educator, clinical speech therapist.**

The psychiatrist acts as a guarantor of health care and, together with the **case manager** of the individual patient, creates an individual treatment plan for him or her. The case manager then draws up a plan for the patient's treatment process, psychotherapy, psychosocial rehabilitation and resocialisation and also coordinates the team members in the implementation of the individual activities of this plan. For the patient, the case manager is the reference person who accompanies him/her throughout the treatment process in the community health facility. Any member of the multidisciplinary team may act as case manager, but it is preferable that a nurse with a specialty in psychiatric nursing takes on this role. In the case of lack of cooperation or if the patient is unable to travel to the facility, the members of the multidisciplinary team, coordinated by the patient's case manager, in a composition dependent on the patient's needs, can provide health and social services to the patient in his/her home or other natural environment through a **mobile field teams.** The members of the multidisciplinary team meet regularly to share information and jointly solve current problems. However, they also work closely with other health care and social service providers to enable the patient to integrate in the community in his/her natural environment (shortening or preventing hospitalisation, preventing institutionalisation).

To ensure the implementation of community psychiatric care in multidisciplinary teams, the number of professionals and the training system also need to be supplemented.



Health care and social services will be interconnected, so patient won't be lost in the system

9. INPATIENT PSYCHIATRIC CARE AFTER THE REFORM

Inpatient psychiatric care will be provided on a **regional** and **integrated health care basis** with links to other medical disciplines. The **psychiatric wards/departments of general hospitals** are designed to provide regionally available acute psychiatric care that cannot be dealt with on an outpatient or community basis. They are also a platform for close collaboration between psychiatry and other medical disciplines. **Specialist psychiatric hospitals** allow for specialised treatment according to diagnosis (e.g. addiction treatment, psychosomatic, neuropsychiatric, gerontopsychiatric ward/department, etc.), or a certain type of therapy (rehabilitation, aftercare ward/department, etc.), more structured treatment regimes, more intensive psychotherapy and rehabilitation, targeting specific diagnostic groups, or the provision of protective treatment. Within the principle of **longitudinal care,** they may also integrate some community-based components such as a psychiatric day care centre or a crisis intervention centre. **Psychiatric treatment hospitals** provide care for patients with chronic or recurrent mental disorders whose condition does not allow outpatient treatment or community psychiatric care and require longer-term hospitalisation. However, treatment must include intensive **psychosocial rehabilitation** and **links to community psychiatric services** in order to achieve deinstitutionalisation of the patient.

One of the priorities of the reform is to **modernise** these facilities so that they are able to provide treatment in the most natural environment possible, in which the provision of health care is based on mutual trust, respect, dignity and a good therapeutic relationship.

10. HUMANISATION OF INPATIENT PSYCHIATRIC CARE

The humanisation of psychiatry is a prerequisite for successful treatment and means creating as natural an environment as possible, where the provision of health care is based on mutual trust, respect, dignity and cooperation between the patient and the health professionals. It is important to minimise patient suffering and maximise patient well-being. It involves changing the healthcare delivery system and environment to meet patients' needs while respecting their rights. This process not only changes the conditions of the patient's hospitalisation itself, but also, and above all, aims to prevent and reduce hospital admissions and to deinstitutionalise them.

Inpatient health care, including psychiatric care, has not been modernized in Slovakia for several decades, and therefore, in accordance with the latest trends, it is necessary to improve its quality, not only in material terms, to ensure greater safety of the patient and his surroundings, to implement it in suitable premises with modern instrumentation and adequately educated staff, so that it can function according to the current Standard Diagnostic and Therapeutic Procedures, which are a guarantee of properly provided health care. A crucial role in humanisation will be played by the way in which a change in the mindset and approach of the staff in providing care is adopted, their cooperation with each other and also their patience, as this will be a difficult and long process.

The humanization of inpatient psychiatric care primarily involves:

- Modernization of diagnostic and treatment methods and development of Standard Diagnostic and Therapeutic Procedures/Standard Operating Procedures for them.
- Improvement of material and technical equipment of health facilities.
- Optimising staffing levels, encouraging collaboration in multidisciplinary teams.
- Establishment of internal regulations in individual inpatient psychiatric facilities.
- Patient involvement in the decision-making process in the diagnosis and treatment of mental disorders.
- Prevention of aggressive behaviour by training patients' social and communication skills and staff de-escalation techniques.
- Modernization of restraints (reduction in the number of net beds, creation of seclusion rooms and safety units for patients with severe behavioural disorders, creation of a registry of aggressive behaviours and restraints used).
- Optimizing conditions for protective measures - protective treatment and detention.
- Ensuring active leisure time for patients both indoor and outdoor, providing leisure activities for patients and enabling them to communicate with the environment also with the use of information and communication technologies.
- Linking inpatient - community - outpatient care, including cooperation with social

and educational services.

- Staff training.
- Ensuring optimal working conditions for staff working in inpatient health facilities.
- Monitoring the quality of care provided.

11. CHILD PSYCHIATRIC CARE

The field of child psychiatry in Slovakia has long struggled with a number of shortcomings in staffing, outpatient units, inpatient facilities, and community-based psychiatric care for children has not been established. To address these, it is primarily necessary to fill the capacity gaps in the currently functioning outpatient and inpatient care system. An important task is also to create a functional network of community-based child psychiatric facilities as centres for comprehensive health-educational-social care provided in the patient's natural environment. Their aim is to support the development of the child patient with a mental disorder, to enable him or her to reintegrate as fully as possible into school and social life, to integrate him or her into an active life in his or her natural family and school environment, to improve his or her functional capacity in order to achieve the highest possible quality of life and, at the same time, to positively influence the course and improve the prognosis of the illness. Community Child Psychiatric Care Clinics will relieve the burden on the existing network of child psychiatric outpatient units to care for patients with severe forms of mental disorders who require a comprehensive approach. This cannot be provided by standard child psychiatry outpatient units because it is time-consuming and the range of services or health care provided is insufficient (lack of access to psychotherapy, psychosocial rehabilitation, etc.). At a later stage, community care also has the potential to positively influence inpatient psychiatric care (especially length of hospital stays, need for re-hospitalisation), which may contribute to reducing the increasing demands on insufficient bed capacity. Community Child Psychiatric Care Clinics need to be linked to outpatient and inpatient health care providers, social service facilities and centres that work with the family of the child patient.

The reform of child psychiatric care implies the emergence of new forms of community care in line with the care provided to adult patients, so that together they form a continuum across the life course of the individual.

The above changes in the health care system in child psychiatry are justified not only by the need to modernise health care, but also to respond to the increasing number of child patients with mental and behavioural disorders. The basic premise that defines the care system is the Concept of Health Care in Child Psychiatry, which has been developed in a broad collaboration of experts and has been in force since 1 March 2022.

12. CARE FOR OTHER SPECIFIC PATIENT POPULATIONS

Addiction medicine reflects the current specifics of the issues it addresses, in particular the high number of people with mental disorders related to the use of psychoactive substances in Slovakia, the ageing of the population with addictions, the increasing proportion of dual diagnoses, non-substance and multiple addictions, through the development of community-based care (following the model of existing Centres for Treatment of Drug Dependencies) and the creation of a network of psychiatric day care centres for adults with a focus on addiction treatment.

The role of addiction medicine is to promote a non-moralising, non-stigmatising and non-discriminatory approach to people with mental disorders related to psychoactive substance use and addiction on the part of health professionals and a non-judgemental attitude on the part of the public. Their integration into society is an important prerequisite for successful treatment, so it should also be a focus of the reform.

The provision of health care to patients in the field of addiction medicine shall be aimed to perform:

- in a psychiatric outpatient unit for adults,
- in a child psychiatry outpatient unit,
- in a day care centre for adult patients with a focus on addiction treatment and in a day care centre for adult patients,
- in inpatient wards in Centres for Treatment of Drug Dependencies,
- in specialised units in psychiatric wards/departments of general hospitals,
- in addiction wards/departments of specialist psychiatric hospitals and psychiatric treatment hospitals.

In the reform of psychiatric care, special attention should also be paid to other selected groups of patients. In view of the ageing of the population, cooperation with general practitioners needs to be stepped up and screening for mental disorders at an older age needs to be introduced. The increase in the prevalence of organic mental disorders in this age group justifies support for the development of gerontopsychiatric outpatient units, including community-based services, as well as specialised **gerontopsychiatric** units or wards in inpatient psychiatric facilities. In order to make sexological psychiatric care more accessible, the development of outpatient units for **psychiatric sexology** should be made possible, as should the establishment of specialised sexological wards for patients with court-ordered inpatient sexological protective treatment.

Specialised psychiatric care for specific groups of patients is significantly limited by the number of trained professionals, which is currently in short supply in Slovakia. For this reason, it is necessary to support their training, but also to extend it to other professionals, such as general practitioners, who are part of the system of care for these patients.

13. FORENSIC PSYCHIATRIC FACILITIES

Forensic psychiatric facilities are designed to carry out **forensic evaluations, protective treatments** and **detention** for offenders with mental disorders.

One of the tasks of the psychiatric care reform is to create a standard diagnostic and therapeutic procedure of the Ministry of Health of the Slovak Republic (MH SR) in cooperation with the Ministry of Justice of the Slovak Republic, which will guide the procedures of expert psychiatrists in recommending protective measures and their implementation. An important part of this will be the introduction of regular assessment and management of the risks of dangerous behaviour, which will contribute significantly to the quality of the assessment of the fulfilment of the medical purpose of treatment in this specific group of patients.

Currently, there are no specialised outpatient or inpatient forensic psychiatric facilities. Without differentiation of care, these activities are carried out in the usual conditions of psychiatric practice. In order to improve the quality of care for this group of patients and to provide them with a specialised diagnostic and therapeutic approach, the reform foresees the establishment of the following facilities:

Forensic psychiatric outpatient unit: focused on the performance of protective treatments on an outpatient basis. It can be further specialized according to the type of protective treatment - psychiatric, sexological, for the treatment of addictions. Such an outpatient unit does not have to exist independently, but within a regular psychiatric outpatient unit, part of the office hours may be reserved for this activity.

Forensic psychiatric inpatient facilities and units: provide forensic expertise (i.e. examination of mental state by observation in an institution) and the performance of protective treatment in an inpatient form: psychiatric, sexological, for the treatment of addictions. They will also serve for the safe transition of the patient to community or outpatient services.

A detention centre is a facility used for the execution of detention imposed by a court under the Criminal Code. Its purpose is the protection of society and the provision of continuous health care on the basis of individual management of a detainee who suffers from a mental disorder and cannot be treated in inpatient health care facilities such as psychiatric hospitals and psychiatric treatment hospitals. The first detention centre in Slovakia is expected to be operational soon. The differentiation of forensic care in all its forms must also respect the conditions of the separate regime **for juveniles.**

14. ACTORS IN PSYCHIATRIC CARE REFORM

The reform of psychiatric care is primarily aimed at improving the quality of the services provided and helping their users – **patients (clients, users) and their relatives.** They must therefore play an indispensable role and participate in the reform process. However, it is equally important for the quality of psychiatric care that its **providers** work in a functioning, interdependent system, know the patient's journey, their competences and have the necessary training to carry them out. However, such a system must be created and made functional for them, and the **state and local authorities** must play their part in this. Psychiatric care is part of mental health care, and it is therefore essential that its implementation should take account of its overlap with other areas. The reform of psychiatric care concerns the **entire population of the Slovak Republic.** It is necessary to involve them in it, for example in terms of greater awareness and education, which is a prerequisite for changing attitudes towards mental disorders and people with mental disorders. Long-term and effective **destigmatisation campaigns** are beneficial.

The main actors in psychiatric care reform need to be linked and work together:

- mental health professionals
- professional organisations for mental health professionals
- Ministry of Health of the Slovak Republic
- Ministry of Labour, Social Affairs and Family of the Slovak Republic
- National Mental Health Commission
- Higher territorial units (health departments)
- Territorial governments (municipalities, cities, higher territorial units)
- Local government (district/ county authorities)
- patient organisations
- service users - patients, clients, and their relatives
- peer-consultants

What is important is a change of attitude: **not WE** (the state, professionals, healthy population) **for YOU** (people with mental disorders), **but we are creating a common work for us all.**

15. INTER-MINISTERIAL COOPERATION

In order to systematically provide individualised, comprehensive, interconnected care focused on recovery (the concept of 'recovery'), very close cooperation between the departments, with an agenda for people with mental disorders, is essential. In addition to the Ministry of Health, these are in particular: the **Ministry of Labour, Social Affairs and Family, the Ministry of Finance, the Ministry of Education, Science, Research and Sport, and the Ministry of Justice.** That is why in most developed countries, the cooperation and responsibility of the various ministries in the field of mental health is regulated by a special law. The formulation of the Mental Health Act, although it exceeds the currently stated objectives of psychiatric care reform, is intended to be a long-term and important goal for Slovakia.

It is the cooperation with the Ministry of Labour, Social Affairs and Family that is expected to create the missing link between psychiatric care and social services. Patients with mental disorders are supposed to live in the same place and in the same way of life as other citizens, they have the right to assistance and to (re)integration into society if they have been excluded from society because of a mental disorder. Social workers are obligatory members of multidisciplinary teams in community psychiatric care clinics, psychiatric day care centres, psychosocial centres, and also in psychiatric inpatient care facilities. In order to link health and social services for patients with mental disorders, it is necessary to ensure a regional network of services provided in their natural environment, where **municipalities** play a very important role in their concrete implementation.

Cooperation with **professional organisations, the National Mental Health Commission, professional chambers, governmental and non-governmental organizations involved in the field of mental health** is important. Mental health care is always provided in accordance with international human rights conventions **(UN, WHO, Council of Europe)**.

16. COOPERATION WITH PATIENT ORGANISATIONS

In the context of mental health policies, the **World Health Organization** (WHO) emphasizes the role of patient empowerment in strengthening patients' rights, promoting their autonomy, seeking opportunities for their participation in decision-making processes, and sharing responsibility for their own mental health. One of the best ways to empower patients and empower them to participate in decision-making on issues that directly affect them is through **patient organisations** representing patients, their families and other stakeholders with lived experience of mental illness. Collaboration with patient organisations is a prerequisite for achieving the objectives of mental health care reform in all its strategic areas. Key partners in this cooperation are representatives of the **Association for the Protection of Patients' Rights of the Slovak Republic, the National Council of Citizens with Disabilities, and human rights organisations in the National Mental Health Commission**. An important precursor to reform efforts is the mapping of the problems, needs and preferences of users of psychiatric care, as well as potential barriers and constraints of the patient organisations themselves in their position in the design and development of reform policy.

Based on experiences from countries with reformed psychiatric care systems, it is possible to outline a structure of selected opportunities for collaboration with patient organisations in different areas and positions (so-called "top" and "bottom"):

- **Destigmatization**
- **Humanization**
- **Developing a network of community psychiatric care**
- **Staff training**
- **Development of standards, methodologies and other strategic documents**
- **Quality control system for healthcare provision**
- **Legislative changes**

An important fact is that in Slovakia there has long been a lively cooperation between patient organisations and professionals providing psychiatric care, which is developed and supported by the Slovak Psychiatric Association (SPA). The dialogue takes place on the basis of round tables, workshops, conferences, etc.

17. THE NATIONAL MENTAL HEALTH COMMISSION AND ITS TASKS

The **National Mental Health Commission** (Rada vlády SR pre duševné zdravie, RVDZ) was established on 24 February 2021 as a **supra-ministerial body for mental health and a permanent advisory body to the Government of the Slovak Republic** within the meaning of Section 2(2) of Act No. 575/2001 Coll. on the Organisation of Government Activities and the Organisation of the Central State Administration, as amended (https://www.health.gov.sk/?rvdz). The proposal for the establishment and establishment of the RDVZ was submitted by the Ministry of Health of the Slovak Republic in accordance with the Government's Programme Statement for 2020-2024, on the basis of the recommendations of the WHO, the requirements of experts in the field of mental health and following the example of other countries (in particular the Czech Republic) where such bodies already exist. **The main objective** of the establishment of the RVDZ was to create a functional body coordinating state and academic institutions, professional organisations, providers and recipients of care and NGOs in the development and implementation of the state's mental health policy.

The RVDZ performs coordinating, consultative and professional tasks in the field of **mental health protection and promotion, prevention of** mental disorders, **diagnosis, treatment of** mental disorders, **follow-up care** of patients with mental disorders, mental health **research, education of** professionals providing mental health care and services, **development of** mental health **policy** and **quality monitoring** in the above mentioned areas. The remit of the RVDZ also implies its role in mental health care reform, as it is the RVDZ base that should enable a broad interprofessional and interagency discussion towards the realisation of the reform objectives.

18. FINANCING PSYCHIATRIC CARE REFORM

Care for people with mental disorders must include both a medical and a social component. However, the health and social systems have funding based on different mechanisms. Health care is primarily financed by the health insurance system. Social services are covered by a number of sources, a list of which is set out in Act No 448/2008 on social services.

The existing reimbursement system is inadequate. It does not incentivise providers to work together, it creates disparities between them. Acute inpatient care, which is paid at a flat rate per hospital admission, is not plannable. Long-term inpatient care, which is paid on a per-bed basis, encourages prolonged admissions and full bed occupancy. Outpatient care has major shortcomings in the scoring system, which also underpins its underfunding. The point value is low, it is difficult to combine individual procedures and some items are completely absent. Community and outreach services do not yet have reimbursement mechanisms in place.

One of the aims of the reform is to optimise the system of financing care for people with mental disorders in both the health and social spheres. Reimbursement mechanisms need to be set up in such a way as to motivate providers to implement the objectives of the reform and to enable them to use and balance the different forms of care for people with mental disorders according to their individual needs (outpatient, community, outreach, institutional). The new funding system is to be financed by a number of sources (the state budget, health insurance and local authorities).

The situation is also reflected in the Government's Programme Statement for 2020 – 2024, according to which the priority in the field of psychiatry/mental health is to establish and ensure the availability of community health care in the field of psychiatry. For this reason, the expansion and upgrading of psychiatric care in terms of the construction of new facilities, but not their operation, has been included in the Recovery and Resilience Plan in Component 12 and partially in Component 13. It is also possible to obtain funding from European Structural Funds for further reform activities.

19. MANAGEMENT OF PSYCHIATRIC CARE REFORM

The psychiatric care reform strategy assumes the operation of a complex process with well-defined procedures. Its prerequisite is the partnership and co-responsibility of all actors, especially representatives of the professional society and representatives of individual departments of the Ministry of Health of the Slovak Republic, representatives of patient organisations, including other key partners of the reform.

The basis that declares it is the Memorandum on cooperation in the implementation of the reform of psychiatric care between the Ministry of Health of the Slovak Republic and the SPA. With the signing of the Memorandum, which took place on 6 June 2022, the parties involved confirmed their common interest for cooperating in the implementation of the individual steps of the reform and its sustainability.

The framework for active cooperation should aim at:

a) the establishment of a functional party coordination system involved in the functioning and management of the reform in accordance with the publication Basic Principles of Psychiatric Care Reform in Slovakia, published by the SPA,

b) ensuring active participation of the concerned organisational units of the Ministry of Health and experts involved in the achievement of the individual objectives of the reform,

c) addressing the financing of the various steps needed to achieve the reform objectives and the long-term sustainability of this financing,

d) creating space for involvement of service users (patients), health insurers, local government, other professional associations, RVDZ, professional chambers, government and non-government organisations involved in mental health,

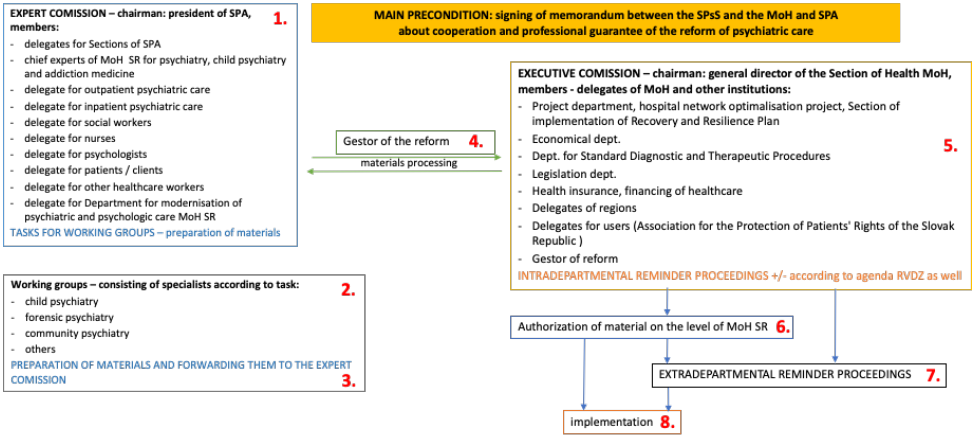
e) sharing of staff, technical and knowledge capacities and resources.

Vladimir Lengvarsky, Minister of Health, in a press release at the signing of the memorandum said, *"This area of health care has been severely neglected for many years in the past, which became apparent during the pandemic and the war. We need to change this through our reform. And if we want to have a good reform, one that is not done 'from the table', we will work intensively with the experts. We don't want to make piecemeal or small changes, we want comprehensive and improved care for patients with mental disorders. And this care, thanks to the collaboration with professionals and thanks to the reform, will be more humane and will be more linked to social services and the integration of patients into the community in which they live."*

20. PROPOSAL FOR COORDINATION OF WORK ON PSYCHIATRIC CARE REFORM

The structure of cooperation between the different actors of the reform, which is essential for its coordination and functioning, has not yet been agreed.

The SPsS has submitted the following proposal to the MoH, which will be further negotiated by both sides.



Expert Commission: composed of experts representing the main groups of the professionals, whose task will be to guarantee the professional content of the reform.

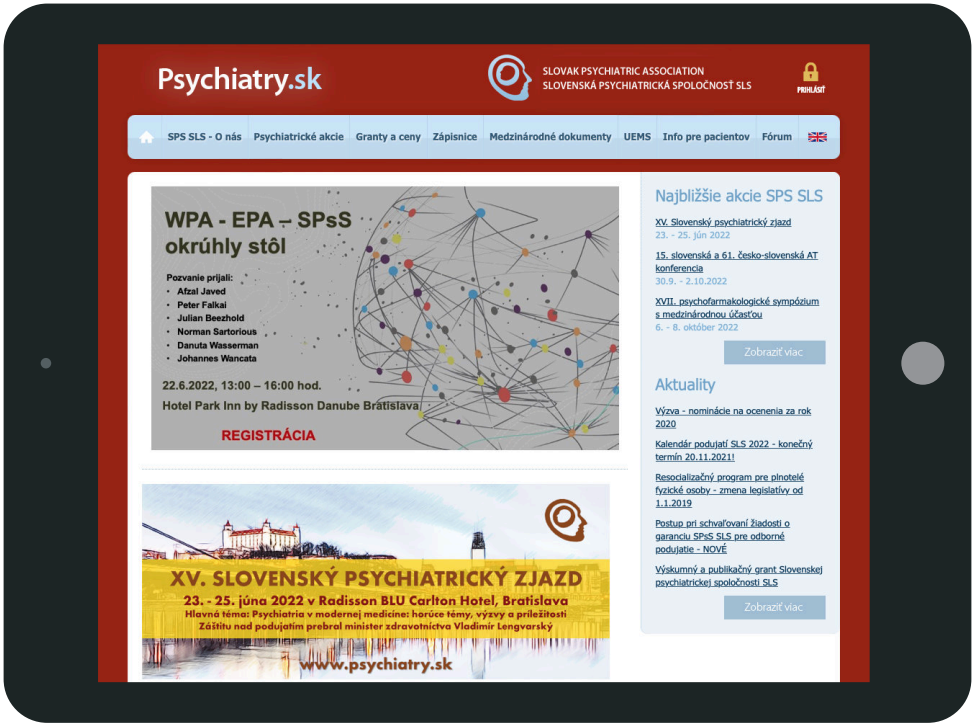
Executive Commission: composed of representatives of individual organizational units of the MoH and other key partners of the reform, whose task will be to prepare the implementation of the reform.

Working groups: experts, representatives of service users and other cooperating entities involved in a specific task (or project).

Gestor of the reform: process manager of the reform from the Ministry of Health of the Slovak Republic, who will ensure coordination of the activities of the expert and executive commission, working teams, implementation of tasks (projects).

21. INFORMATION ON REFORM

More detailed and up-to-date information on psychiatric care reform can be obtained at ***www.psychiatry.sk***.



22. LIST OF NEW TERMS

- Community psychiatric outpatient unit
- Safety units for psychiatric patients with severe behavioural disorders
- Case manager
- Crisis Intervention Centre (CIC)
- Detention centre
- Forensic psychiatric facilities (outpatient, inpatient)
- Humanization
- Multidisciplinary team
- Peer-consultant (guide)
- Psychosocial Centre (PSC)
- National Mental Health Commission (RVDZ)
- The Seclusion Room
- Mobile field team
- Community Psychiatric Care Clinic (CPCC)

The topic of psychiatric care reform has been developing in Slovakia for more than 30 years, during which both more active and more passive periods have been recorded. At a time when the Slovak Government declared in its Programme Statement in 2020 that it plans to address the topic of mental health proactively, the Board of the Slovak Psychiatric Association decided at its meeting on September 8, 2021 to create an Expert Working Group on Psychiatric Care Reform (EWG) and to approach its members with an offer to participate in it. The EWG met for the first time on November 16, 2021 and subsequently began to work actively on the formulation of the main themes of reform. It drew its basis from the theses named by the Board of the SPA on the basis of information from the committees of the SPsS Sections at the beginning of 2021. At the same time, it drew on the Concepts of Health Care in Psychiatry, Child Psychiatry, Addiction Medicine and the Concept of Humanization of Inpatient Care in Psychiatry, which were being prepared at that time. Important inspiration and support were obtained from the expert group WPA - EPA - SPA, which worked in parallel and was assisted by the leaders of world psychiatry in integrating the Slovak reform plans with the functional reformed systems of psychiatric care in the world..

Between December 2021 and February 2022, the EWG formulated the ***"Basic principles of psychiatric care reform in Slovakia"***. They represent a kind of navigation in the complex changes that are planned to be implemented during the reform. They were approved by the Board of the SPA on 16.2.2022 and until the publication of this paper, they were published on the SPA website with an offer to the members to comment on the text. At the same time, the board of the SPA submitted the document to the Ministry of Health together with a draft memorandum of cooperation between the SPA and the Ministry of Health on the reform of psychiatric care. This memorandum was signed on 6 June 2022. We believe that the reform of psychiatric care in Slovakia will finally move towards its implementation. For the sufferers we care for in the field of psychiatry, for those who care for the sufferers, for a better and more mature society. In the SPA we are very grateful to the president of EPA, prof. Peter Falkai, who proposed the translation of the book into English language in order to create an example and a template for other countries with the ambition to implement psychiatric care reform.

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