NIMH NATIONAL INSTITUTE OF MENTAL HEALTH

Contextualization

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- Learning objectives
  - To understand current mental health challenges
  - To understand current mental health care systems in CZ and beyond
  - To understand the role of prevention and innovation in the current mental health landscape
  - To understand the logic behind the Exchange Visit Programme in CZ

Agenda

- Mental health in CEE
- Mental health care systems in CEE
- Mental health care reform in CZ: Deinstitutionalization, prevention and innovation

- Program of Exchange Visit Programme in CZ

Agenda

- **Mental health in CEE**
- Mental health care systems in CEE
- Mental health care reform in CZ: Deinstitutionalization, prevention and innovation

- Program of Exchange Visit Programme in CZ

NIMH NATIONAL INSTITUTE OF MENTAL HEALTH

Mental health in CEE

Prevalence of mental disorders in general adult population

NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ

F10 – F19
Mental and behavioural disorders due to psychoactive substance use

F10. – Mental and behavioural disorders due to use of alcohol

F11. – Mental and behavioural disorders due to use of opioids

F12. – Mental and behavioural disorders due to use of cannabinoids

F13. – Mental and behavioural disorders due to use of sedatives or hypnotics

F14. – Mental and behavioural disorders due to use of cocaine

F15. – Mental and behavioural disorders due to use of other stimulants, including caffeine

F16. – Mental and behavioural disorders due to use of hallucinogens

F17. – Mental and behavioural disorders due to use of tobacco

F18. – Mental and behavioural disorders due to use of volatile solvents

F19. – Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

Four- and five-character categories may be used to specify the clinical conditions, as follows:

F1*x*.0 Acute intoxication
- .00 Uncomplicated
- .01 With trauma or other bodily injury
- .02 With other medical complications
- .03 With delirium
- .04 With perceptual distortions
- .05 With coma
- .06 With convulsions
- .07 Pathological intoxication

F1*x*.1 Harmful use

F1*x*.2 Dependence syndrome
- .20 Currently abstinent
- .21 Currently abstinent, but in a protected environment
- .22 Currently on a clinically supervised maintenance or replacement regime [controlled dependence]
- .23 Currently abstinent, but receiving treatment with aversive or blocking drugs
- .24 Currently using the substance [active dependence]
- .25 Continuous use
- .26 Episodic use [dipsomania]

F1*x*.3 Withdrawal state
- .30 Uncomplicated
- .31 With convulsions

F1*x*.4 Withdrawal state with delirium
- .40 Without convulsions
- .41 With convulsions

F1*x*.5 Psychotic disorder
- .50 Schizophrenia-like
- .51 Predominantly delusional
- .52 Predominantly hallucinatory
- .53 Predominantly polymorphic
- .54 Predominantly depressive symptoms
- .55 Predominantly manic symptoms
- .56 Mixed

F1*x*.6 Amnesic syndrome

F1*x*.7 Residual and late-onset psychotic disorder
- .70 Flashbacks
- .71 Personality or behaviour disorder
- .72 Residual affective disorder
- .73 Dementia
- .74 Other persisting cognitive impairment
- .75 Late-onset psychotic disorder

F1*x*.8 Other mental and behavioural disorders

F1*x*.9 Unspecified mental and behavioural disorder

F20-F29
Schizophrenia, schizotypal and delusional disorders

F20 Schizophrenia
- F20.0 Paranoid schizophrenia
- F20.1 Hebephrenic schizophrenia
- F20.2 Catatonic schizophrenia
- F20.3 Undifferentiated schizophrenia
- F20.4 Post-schizophrenic depression
- F20.5 Residual schizophrenia
- F20.6 Simple schizophrenia
- F20.8 Other schizophrenia
- F20.9 Schizophrenia, unspecified

A fifth character may be used to classify course:
- .*x*0 Continuous
- .*x*1 Episodic with progressive deficit
- .*x*2 Episodic with stable deficit
- .*x*3 Episodic remittent
- .*x*4 Incomplete remission
- .*x*5 Complete remission
- .*x*8 Other
- .*x*9 Course uncertain, period of observation too short

F21 Schizotypal disorder

F22 Persistent delusional disorders
- F22.0 Delusional disorder
- F22.8 Other persistent delusional disorders
- F22.9 Persistent delusional disorder, unspecified

F23 Acute and transient psychotic disorders
- F23.0 Acute polymorphic psychotic disorder without symptoms of schizophrenia
- F23.1 Acute polymorphic psychotic disorder with symptoms of schizophrenia
- F23.2 Acute schizophrenia-like psychotic disorder
- F23.3 Other acute predominantly delusional psychotic disorders
- F23.8 Other acute and transient psychotic disorders
- F23.9 Acute and transient psychotic disorders unspecified

A fifth character may be used to identify the presence or absence of associated acute stress:
- .*x*0 Without associated acute stress
- .*x*1 With associated acute stress

F24 Induced delusional disorder

F25 Schizoaffective disorders
- F25.0 Schizoaffective disorder, manic type
- F25.1 Schizoaffective disorder, depressive type
- F25.2 Schizoaffective disorder, mixed type
- F25.8 Other schizoaffective disorders
- F25.9 Schizoaffective disorder, unspecified

F28 Other nonorganic psychotic disorders

F29 Unspecified nonorganic psychosis

F30 – F39
Mood [affective] disorders

F30 Manic episode
- F30.0 Hypomania
- F30.1 Mania without psychotic symptoms
- F30.2 Mania with psychotic symptoms
- F30.8 Other manic episodes
- F30.9 Manic episode, unspecified

F31 Bipolar affective disorder
- F31.0 Bipolar affective disorder, current episode hypomanic
- F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms
- F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms
- F31.3 Bipolar affective disorder, current episode mild or moderate depression
  - .30 Without somatic syndrome
  - .31 With somatic syndrome
- F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms
- F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms
- F31.6 Bipolar affective disorder, current episode mixed
- F31.7 Bipolar affective disorder, currently in remission
- F31.8 Other bipolar affective disorders
- F31.9 Bipolar affective disorder, unspecified

F32 Depressive episode
- F32.0 Mild depressive episode
  - .00 Without somatic syndrome
  - .01 With somatic syndrome
- F32.1 Moderate depressive episode
  - .10 Without somatic syndrome
  - .11 With somatic syndrome
- F32.2 Severe depressive episode without psychotic symptoms
- F32.3 Severe depressive episode with psychotic symptoms
- F32.8 Other depressive episodes
- F32.9 Depressive episode, unspecified

F33 Recurrent depressive disorder
- F33.0 Recurrent depressive disorder, current episode mild
  - .00 Without somatic syndrome
  - .01 With somatic syndrome
- F33.1 Recurrent depressive disorder, current episode moderate
  - .10 Without somatic syndrome
  - .11 With somatic syndrome
- F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms
- F33.3 Recurrent depressive disorder, current episode severe with psychotic symptoms
- F33.4 Recurrent depressive disorder, currently in remission
- F33.8 Other recurrent depressive disorders
- F33.9 Recurrent depressive disorder, unspecified

F34 Persistent mood [affective] disorders
- F34.0 Cyclothymia
- F34.1 Dysthymia
- F34.8 Other persistent mood [affective] disorders
- F34.9 Persistent mood [affective] disorder, unspecified

F38 Other mood [affective] disorders
- F38.0 Other single mood [affective] disorders
  - .00 Mixed affective episode
- F38.1 Other recurrent mood [affective] disorders
  - .10 Recurrent brief depressive disorder
- F38.8 Other specified mood [affective] disorders

F39 Unspecified mood [affective] disorder

F40 – F48
Neurotic, stress-related and somatoform disorders

F40 Phobic anxiety disorders
- F40.0 Agoraphobia
  - .00 Without panic disorder
  - .01 With panic disorder
- F40.1 Social phobias
- F40.2 Specific (isolated) phobias
- F40.8 Other phobic anxiety disorders
- F40.9 Phobic anxiety disorder, unspecified

F41 Other anxiety disorders
- F41.0 Panic disorder [episodic paroxysmal anxiety]
- F41.1 Generalized anxiety disorder
- F41.2 Mixed anxiety and depressive disorder
- F41.3 Other mixed anxiety disorders
- F41.8 Other specified anxiety disorders
- F41.9 Anxiety disorder, unspecified

F42 Obsessive – compulsive disorder
- F42.0 Predominantly obsessional thoughts or ruminations
- F42.1 Predominantly compulsive acts [obsessional rituals]
- F42.2 Mixed obsessional thoughts and acts
- F42.8 Other obsessive – compulsive disorders
- F42.9 Obsessive – compulsive disorder, unspecified

F43 Reaction to severe stress, and adjustment disorders
- F43.0 Acute stress reaction
- F43.1 Post-traumatic stress disorder
- F43.2 Adjustment disorders
  - .20 Brief depressive reaction
  - .21 Prolonged depressive reaction
  - .22 Mixed anxiety and depressive reaction
  - .23 With predominant disturbance of other emotions
  - .24 With predominant disturbance of conduct
  - .25 With mixed disturbance of emotions and conduct
  - .28 With other specified predominant symptoms
- F43.8 Other reactions to severe stress
- F43.9 Reaction to severe stress, unspecified

F44 Dissociative [conversion] disorders
- F44.0 Dissociative amnesia
- F44.1 Dissociative fugue
- F44.2 Dissociative stupor
- F44.3 Trance and possession disorders
- F44.4 Dissociative motor disorders
- F44.5 Dissociative convulsions
- F44.6 Dissociative anaesthesia and sensory loss
- F44.7 Mixed dissociative [conversion] disorders
- F44.8 Other dissociative [conversion] disorders
  - .80 Ganser's syndrome
  - .81 Multiple personality disorder
  - .82 Transient dissociative [conversion] disorders occurring in childhood and adolescence
  - .88 Other specified dissociative [conversion] disorders
- F44.9 Dissociative [conversion] disorder, unspecified

F45 Somatoform disorders
- F45.0 Somatization disorder
- F45.1 Undifferentiated somatoform disorder
- F45.2 Hypochondriacal disorder
- F45.3 Somatoform autonomic dysfunction
  - .30 Heart and cardiovascular system
  - .31 Upper gastrointestinal tract
  - .32 Lower gastrointestinal tract
  - .33 Respiratory system
  - .34 Genitourinary system
  - .38 Other organ or system
- F45.4 Persistent somatoform pain disorder
- F45.8 Other somatoform disorders
- F45.9 Somatoform disorder, unspecified

F48 Other neurotic disorders
- F48.0 Neurasthenia
- F48.1 Depersonalization – derealization syndrome
- F48.8 Other specified neurotic disorders
- F48.9 Neurotic disorder, unspecified

F50 – F59
Behavioural syndromes associated with physiological disturbances and physical factors

F50 Eating disorders
- F50.0 Anorexia nervosa
- F50.1 Atypical anorexia nervosa
- F50.2 Bulimia nervosa
- F50.3 Atypical bulimia nervosa
- F50.4 Overeating associated with other psychological disturbances
- F50.5 Vomiting associated with other psychological disturbances
- F50.8 Other eating disorders
- F50.9 Eating disorder, unspecified

F51 Nonorganic sleep disorders
- F51.0 Nonorganic insomnia
- F51.1 Nonorganic hypersomnia
- F51.2 Nonorganic disorder of the sleep-wake schedule
- F51.3 Sleepwalking [somnambulism]
- F51.4 Sleep terrors [night terrors]
- F51.5 Nightmares
- F51.8 Other nonorganic sleep disorders
- F51.9 Nonorganic sleep disorder, unspecified

F52 Sexual dysfunction, not caused by organic disorder or disease
- F52.0 Lack or loss of sexual desire
- F52.1 Sexual aversion and lack of sexual enjoyment
  - .10 Sexual aversion
  - .11 Lack of sexual enjoyment
- F52.2 Failure of genital response
- F52.3 Orgasmic dysfunction
- F52.4 Premature ejaculation
- F52.5 Nonorganic vaginismus
- F52.6 Nonorganic dyspareunia
- F52.7 Excessive sexual drive
- F52.8 Other sexual dysfunction, not caused by organic disorders or disease
- F52.9 Unspecified sexual dysfunction, not caused by organic disorder or disease

F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified
- F53.0 Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified
- F53.1 Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified
- F53.8 Other mental and behavioural disorders associated with the puerperium, not elsewhere classified
- F53.9 Puerperal mental disorder, unspecified

F54 Psychological and behavioural factors associated with disorders or diseases classified elsewhere

F55 Abuse of non-dependence-producing substances
- F55.0 Antidepressants
- F55.1 Laxatives
- F55.2 Analgesics
- F55.3 Antacids
- F55.4 Vitamins
- F55.5 Steroids or hormones
- F55.6 Specific herbal or folk remedies
- F55.8 Other substances that do not produce dependence
- F55.9 Unspecified

F59 Unspecified behavioural syndromes associated with physiological disturbances and physical factors

F60 – F69
Disorders of adult personality and behaviour

F60 Specific personality disorders
- F60.0 Paranoid personality disorder
- F60.1 Schizoid personality disorder
- F60.2 Dissocial personality disorder
- F60.3 Emotionally unstable personality disorder
  - .30 Impulsive type
  - .31 Borderline type
- F60.4 Histrionic personality disorder
- F60.5 Anankastic personality disorder
- F60.6 Anxious [avoidant] personality disorder
- F60.7 Dependent personality disorder
- F60.8 Other specific personality disorders
- F60.9 Personality disorder, unspecified

F61 Mixed and other personality disorders
- F61.0 Mixed personality disorders
- F61.1 Troublesome personality changes

F62 Enduring personality changes, not attributable to brain damage and disease
- F62.0 Enduring personality change after catastrophic experience
- F62.1 Enduring personality change after psychiatric illness
- F62.8 Other enduring personality changes
- F62.9 Enduring personality change, unspecified

F63 Habit and impulse disorders
- F63.0 Pathological gambling
- F63.1 Pathological fire-setting [pyromania]
- F63.2 Pathological stealing [kleptomania]
- F63.3 Trichotillomania
- F63.8 Other habit and impulse disorders
- F63.9 Habit and impulse disorder, unspecified

F64 Gender identity disorders
- F64.0 Transsexualism
- F64.1 Dual-role transvestism
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified

F65 Disorders of sexual preference
- F65.0 Fetishism
- F65.1 Fetishistic transvestism
- F65.2 Exhibitionism
- F65.3 Voyeurism
- F65.4 Paedophilia
- F65.5 Sadomasochism
- F65.6 Multiple disorders of sexual preference
- F65.8 Other disorders of sexual preference
- F65.9 Disorder of sexual preference, unspecified

F66 Psychological and behavioural disorders associated with sexual development and orientation
- F66.0 Sexual maturation disorder
- F66.1 Egodystonic sexual orientation
- F66.2 Sexual relationship disorder
- F66.8 Other psychosexual development disorders
- F66.9 Psychosexual development disorder, unspecified

A fifth character may be used to indicate association with:
- .*x*0 Heterosexuality
- .*x*1 Homosexuality
- .*x*2 Bisexuality
- .*x*8 Other, including prepubertal

F68 Other disorders of adult personality and behaviour
- F68.0 Elaboration of physical symptoms for psychological reasons
- F68.1 Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder]
- F68.8 Other specified disorders of adult personality and behaviour

F69 Unspecified disorder of adult personality and behaviour

F70 – F79
Mental retardation

F70 Mild mental retardation

F71 Moderate mental retardation

F72 Severe mental retardation

F73 Profound mental retardation

F78 Other mental retardation

F79 Unspecified mental retardation

A fourth character may be used to specify the extent of associated behaviowal impairment:

F7*x*.0 No, or minimal, impairment of behaviour
F7*x*.1 Significant impairment of behaviour requiring attention or treatment
F7*x*.8 Other impairments of behaviour
F7*x*.9 Without mention of impairment of behaviour

F80 – F89
Disorders of psychological development

F80 Specific developmental disorders of speech and language
F80.0 Specific speech articulation disorder
F80.1 Expressive language disorder
F80.2 Receptive language disorder
F80.3 Acquired aphasia with epilepsy [Landau – Kleffner syndrome]
F80.8 Other developmental disorders of speech and language
F80.9 Developmental disorder of speech and language, unspecified

F81 Specific developmental disorders of scholastic skills
F81.0 Specific reading disorder
F81.1 Specific spelling disorder
F81.2 Specific disorder of arithmetical skills
F81.3 Mixed disorder of scholastic skills
F81.8 Other developmental disorders of scholastic skills
F81.9 Developmental disorder of scholastic skills, unspecified

F82 Specific developmental disorder of motor function

F83 Mixed specific developmental disorders

F84 Pervasive developmental disorders
F84.0 Childhood autism
F84.1 Atypical autism
F84.2 Rett's syndrome
F84.3 Other childhood disintegrative disorder
F84.4 Overactive disorder associated with mental retardation and stereotyped movements
F84.5 Asperger's syndrome
F84.8 Other pervasive developmental disorders
F84.9 Pervasive developmental disorder, unspecified

F88 Other disorders of psychological development

F89 Unspecified disorder of psychological development

F90 – F98
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

F90 Hyperkinetic disorders
- F90.0 Disturbance of activity and attention
- F90.1 Hyperkinetic conduct disorder
- F90.8 Other hyperkinetic disorders
- F90.9 Hyperkinetic disorder, unspecified

F91 Conduct disorders
- F91.0 Conduct disorder confined to the family context
- F91.1 Unsocialized conduct disorder
- F91.2 Socialized conduct disorder
- F91.3 Oppositional defiant disorder
- F91.8 Other conduct disorders
- F91.9 Conduct disorder, unspecified

F92 Mixed disorders of conduct and emotions
- F92.0 Depressive conduct disorder
- F92.8 Other mixed disorders of conduct and emotions
- F92.9 Mixed disorder of conduct and emotions, unspecified

F93 Emotional disorders with onset specific to childhood
- F93.0 Separation anxiety disorder of childhood
- F93.1 Phobic anxiety disorder of childhood
- F93.2 Social anxiety disorder of childhood
- F93.3 Sibling rivalry disorder
- F93.8 Other childhood emotional disorders
- F93.9 Childhood emotional disorder, unspecified

F94 Disorders of social functioning with onset specific to childhood and adolescence
- F94.0 Elective mutism
- F94.1 Reactive attachment disorder of childhood
- F94.2 Disinhibited attachment disorder of childhood
- F94.8 Other childhood disorders of social functioning
- F94.9 Childhood disorders of social functioning, unspecified

F95 Tic disorders
- F95.0 Transient tic disorder
- F95.1 Chronic motor or vocal tic disorder
- F95.2 Combined vocal and multiple motor tic disorder [de la Tourette's syndrome]
- F95.8 Other tic disorders
- F95.9 Tic disorder, unspecified

F98 Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- F98.0 Nonorganic enuresis
- F98.1 Nonorganic encopresis
- F98.2 Feeding disorder of infancy and childhood
- F98.3 Pica of infancy and childhood
- F98.4 Stereotyped movement disorders
- F98.5 Stuttering [stammering]
- F98.6 Cluttering
- F98.8 Other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- F98.9 Unspecified behavioural and emotional disorders with onset usually occurring in childhood and adolescence

F99
Unspecified mental disorder

F99 Mental disorder, not otherwise specified

Population surveys vs. healthcare registers

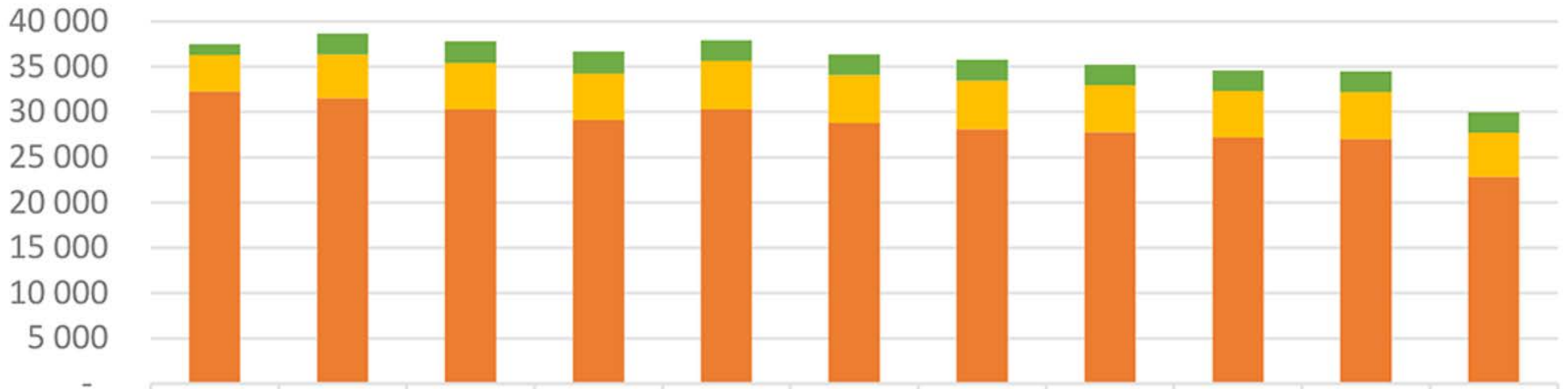
Population surveys vs. healthcare registers

People using healthcare for mental disorders

Ambulantní psychiatrická péče

Rok	Skupina diagnóz														Celkem
	F0 a G30	F10	F11-F19	F2	F3 (bez F32-F33)	F32-F33	F42	F4 (bez F42)	F5	F60-F61	F62-F69	F7	F8-F9	Ostatní	
2010	65095	21137	8521	42857	13147	79960	4709	180043	16445	15102	4174	19384	25208	14172	**509954**
2011	69306	21020	8906	43597	13487	82726	4950	189107	16897	15564	4215	19719	27464	14226	**531184**
2012	71787	20331	8945	43672	13721	83300	5122	195273	16960	15807	4210	20129	28763	14455	**542475**
2013	74678	20158	9418	44419	14120	84921	5383	202263	16991	16005	4278	20192	30808	14736	**558370**
2014	78407	20549	9723	44929	14507	85381	5557	207953	17134	15993	4261	20618	32283	15490	**572785**
2015	82885	20231	9648	45713	14659	85439	5912	213594	17543	15974	4299	20754	34267	15086	**586004**
2016	86545	20464	9765	46349	14811	85804	6023	219038	18297	16225	4420	21134	37537	14777	**601189**
2017	88599	20287	9808	46779	14943	86848	6407	224019	18928	16180	4364	21276	39207	15551	**613196**
2018	91549	20688	10163	46986	15084	87356	6684	226888	19436	16484	4402	22065	40135	16070	**623990**
2019	94076	20264	10516	46999	15159	89251	7138	233410	20183	17599	4525	22495	40578	15433	**637626**
2020	92315	19416	10665	46425	14804	88676	234127	7354	19699	4564	17207	21960	38012	12843	**628067**

Lůžková psychiatrická péče



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
dlouhodobé	1 178	2 299	2 367	2 379	2 280	2 242	2 259	2 242	2 206	2 266	2 243
střednědobé	4 042	4 851	5 099	5 148	5 354	5 311	5 413	5 220	5 165	5 211	4 864
krátkodobé	32 251	31 498	30 312	29 128	30 286	28 782	28 066	27 763	27 188	27 021	22 861

Suicides

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Úmyslné sebepoškození	**1 577**	**1 489**	**1 387**	**1 318**	**1 397**	**1 352**	**1 191**	**1 224**	**1 221**	**1 302**
10-14y	7	2	7	0	2	4	7	4	5	3
15-19y	41	34	21	37	44	37	27	24	30	39
20-24y	82	61	56	63	54	70	51	43	48	65
MEZISOUČET CAMH	**130**	**97**	**84**	**100**	**100**	**111**	**85**	**71**	**83**	**107**
25-29y	102	99	82	80	92	66	71	77	64	70
30-34y	96	84	89	91	105	96	72	78	68	86
35-39y	152	136	112	106	101	101	90	84	90	87
40-44y	141	137	133	126	155	139	101	112	99	102
45-49y	147	139	126	117	102	114	106	106	119	148
MEZISOUČET ADULTS	**638**	**595**	**542**	**520**	**555**	**516**	**440**	**457**	**440**	**493**
50-54y	153	149	119	128	136	121	86	94	114	97
55-59y	169	147	126	102	120	111	94	111	98	108
60-64y	138	118	138	111	123	94	112	101	82	81
65-69Y	99	107	106	115	110	109	105	86	85	107
MEZISOUČET LATE ADL	**559**	**521**	**489**	**456**	**489**	**435**	**397**	**392**	**379**	**393**
70-74y	85	99	83	77	82	95	100	99	121	98
75-79y	58	68	71	72	47	87	73	85	89	83
80-84y	52	54	72	53	61	50	43	62	55	66
85-89y	36	37	34	27	51	44	32	41	34	43
90-94	18	16	12	11	10	13	19	13	15	16
95+	1	2	-	2	2	1	2	4	5	3
MEZISOUČET SENIOR	**250**	**276**	**272**	**242**	**253**	**290**	**269**	**304**	**319**	**309**

Population surveys vs. healthcare registers

Increase in prevalence of current mental disorders in the context of COVID-19: analysis of repeated nationwide cross-sectional surveys

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Petr Winkler, Tomáš Formánek, Karolína Mladá, Pavla Cermakova

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Short communication

Prevalence of current mental disorders before and during the second wave of COVID-19 pandemic: An analysis of repeated nationwide cross-sectional surveys

Petr Winkler [a, b], Zuzana Mohrov
Tomas Formanek [a, c]

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Population mental health, help-seeking and associated barriers following the COVID-19 pandemic: Analysis of repeated nationally representative cross-sectional surveys in Czechia

Libor Potočár [a], Karolína Mladá [a b], Matěj Kučera [a c d], Pavel Mohr [e f], Petr Winkler [a g], Tomáš Formánek [a h]

	2017	May 2020	Nov 2020	2022
Any mental disorder	20.02 (18.64, 21.4)	29.63 (27.91, 31.35)	32.94 (31.11, 34.78)	27.22 (26.19, 28.26)
Alcohol use disorders	10.84 (9.76, 11.91)	9.88 (8.79, 10.98)	12.06 (10.78, 13.34)	11.51 (10.77, 12.25)
Alcohol dependence	6.61 (5.75, 7.47)	4.25 (3.5, 5)	4.97 (4.17, 5.77)	4.82 (4.32, 5.31)
Alcohol abuse	9.42 (8.41, 10.44)	7.85 (6.87, 8.82)	10.39 (9.19, 11.6)	10.08 (9.37, 10.78)
Major depressive episode	3.96 (3.29, 4.62)	11.77 (10.54, 13)	12.15 (10.92, 13.39)	8.82 (8.17, 9.47)
Anxiety disorders	7.79 (6.87, 8.7)	12.84 (11.61, 14.08)	13.08 (11.77, 14.39)	12.28 (11.52, 13.04)
Social phobia	1.67 (1.24, 2.1)	2.53 (1.97, 3.08)	3.35 (2.67, 4.04)	3.17 (2.77, 3.56)
Agoraphobia	5.16 (4.4, 5.92)	7.99 (6.98, 8.99)	8.67 (7.55, 9.79)	7.25 (6.65, 7.84)
Panic disorder	0.21 (0.05, 0.37)	0.88 (0.55, 1.2)	1.15 (0.75, 1.55)	0.77 (0.57, 0.97)
Generalized anxiety disorder	3.14 (2.54, 3.74)	5.17 (4.35, 5.98)	5.32 (4.49, 6.15)	5.88 (5.34, 6.42)
Posttraumatic stress disorder	0.96 (0.63, 1.3)	1.7 (1.24, 2.17)	2.34 (1.78, 2.9)	2.08 (1.76, 2.4)
Suicidal thoughts and behaviours	3.88 (3.22, 4.55)	11.88 (10.66, 13.09)	14.26 (12.88, 15.64)	10.47 (9.77, 11.18)

Treatment gap

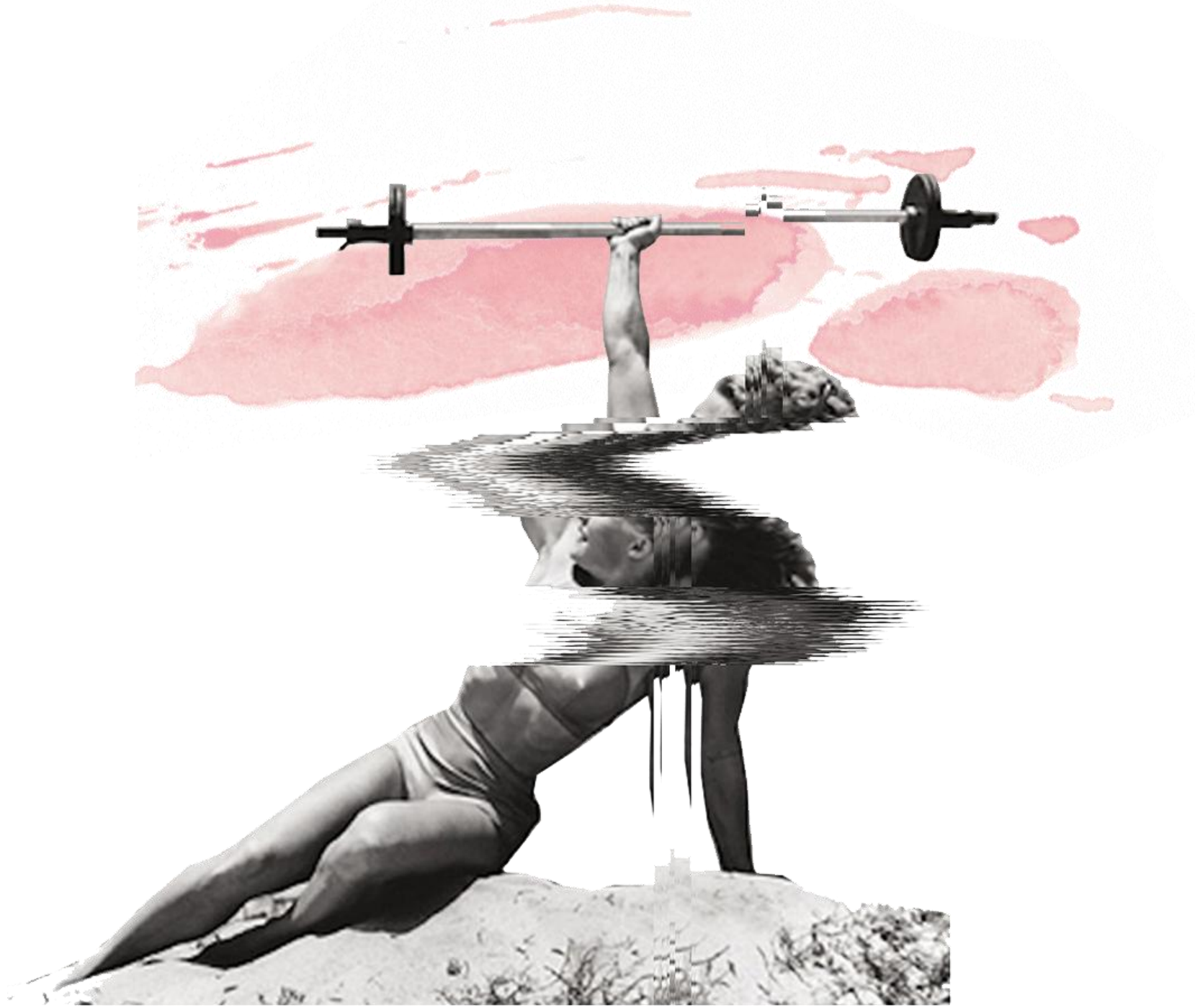


Table 2 Prevalence of treatment gap in mental healthcare between 2017 and 2022

	Legacy definition				Extended definition
	2017	**May 2020**	**Nov 2020**	**2022**	**2022**
Any mental disorder	82.22 (79.29, 85.15)	78.7 (76.06, 81.35)	76.02 (73.34, 78.69)	77.49 (75.66, 79.31)	77.34 (75.51, 79.17)
Alcohol use disorders	93.43 (90.82, 96.04)	86.29 (82.51, 90.08)	84.53 (80.79, 88.27)	86.39 (84.07, 88.71)	86.39 (84.07, 88.71)
Major depressive episode	58.33 (49.81, 66.85)	69.92 (65.15, 74.68)	66.49 (61.74, 71.25)	63.89 (60.25, 67.53)	63.6 (59.95, 67.24)
Anxiety disorders	67.05 (61.31, 72.79)	68.14 (63.6, 72.68)	62.31 (57.53, 67.09)	65.18 (62.1, 68.27)	64.97 (61.88, 68.05)
Suicidal thoughts and behaviours	59.84 (51.2, 68.49)	69.54 (64.84, 74.25)	68 (63.55, 72.45)	67.9 (64.63, 71.17)	67.64 (64.36, 70.92)

Burden

DALY

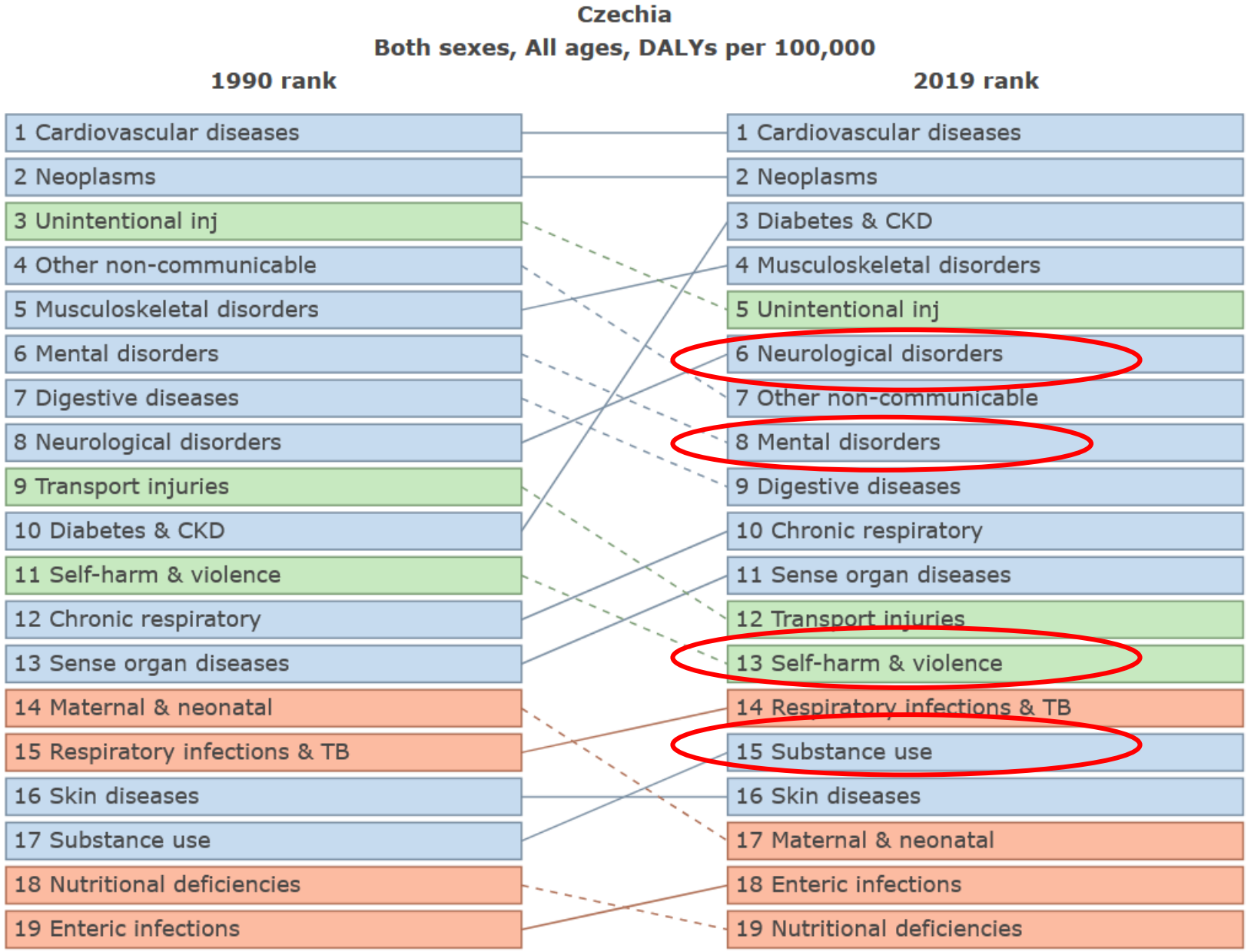
Disability Adjusted Life Year is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death

= YLD
Years Lived with Disability

\+ YLL
Years of Life Lost

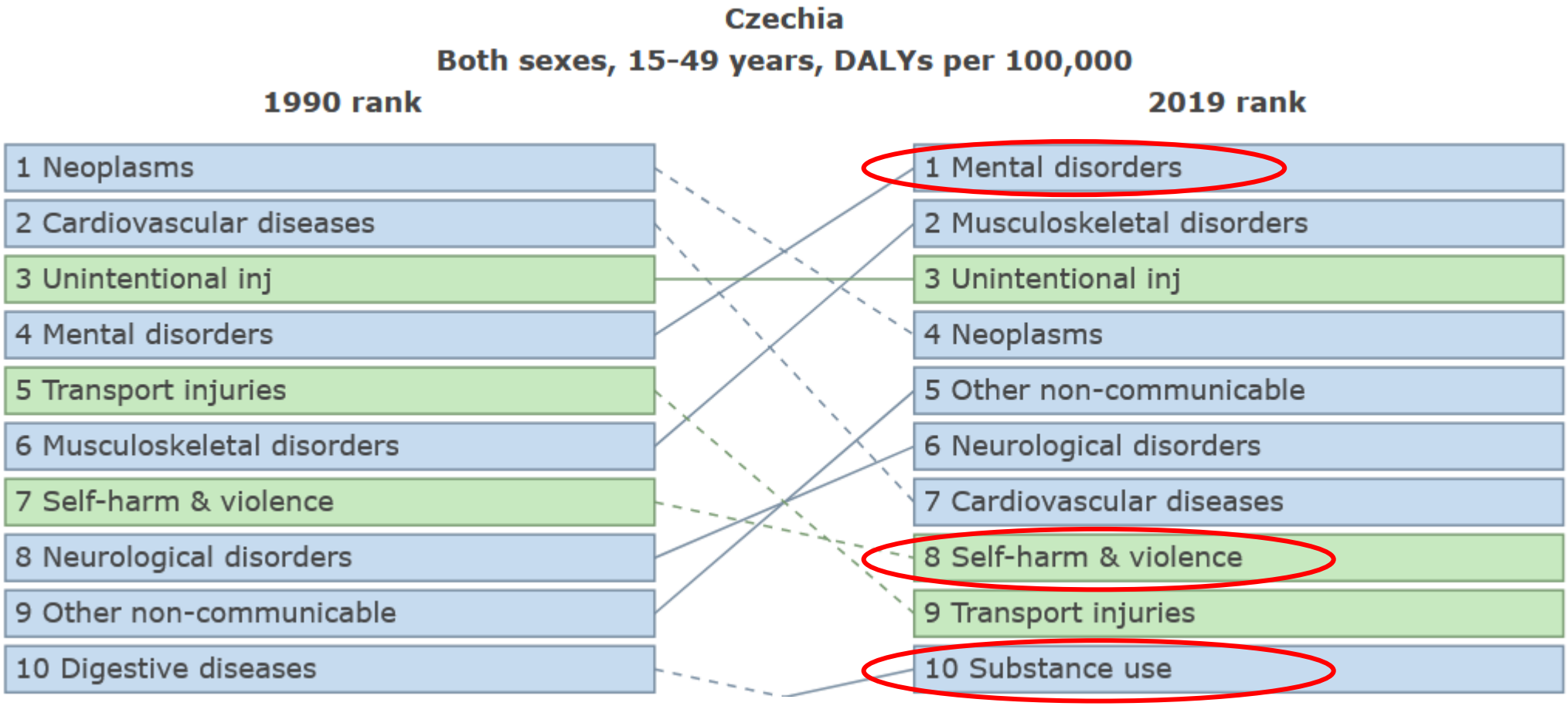
NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ

Burden



NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ

Burden



NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ

THE LANCET
Psychiatry

Volume 3, Issue 2, February 2016, Pages 171-178

Personal View

Estimating the true global burden of mental illness

Daniel Vigo MD [a, b], Prof Graham Thornicroft PhD [c], Prof Rifat Atun FRCP [a]

Summary

We argue that the global burden of mental illness is underestimated and examine the reasons for under-estimation to identify five main causes: overlap between psychiatric and neurological disorders; the grouping of suicide and self-harm as a separate category; conflation of all chronic pain syndromes with musculoskeletal disorders; exclusion of personality disorders from disease burden calculations; and inadequate consideration of the contribution of severe mental illness to mortality from associated causes. Using published data, we estimate the disease burden for mental illness to show that the global burden of mental illness accounts for 32·4% of years lived with disability (YLDs) and 13·0% of disability-adjusted life-years (DALYs), instead of the earlier estimates suggesting 21·2% of YLDs and 7·1% of DALYs. Currently used approaches underestimate the burden of mental illness by more than a third. Our estimates place mental illness a distant first in global burden of disease in terms of YLDs, and level with cardiovascular and circulatory diseases in terms of DALYs. The unacceptable apathy of governments and funders of global health must be overcome to mitigate the human, social, and economic costs of mental illness.

Mortality

Mortality in people with mental disorders in the Czech Republic: a nationwide, register-based cohort study

Dzmitry Krupchanka, Karolina Mladá, Petr Winkler, Yasser Khazaal, Emiliano Albanese

Summary

Background The region of central and eastern Europe is estimated to have high rates of premature mortality due to mental disorders. However, epidemiological evidence is scarce and insufficient to inform policy actions and health system development. We aimed to assess mortality associated with mental disorders in the Czech Republic.

Methods We did a nationwide, register-based, retrospective cohort study using routinely collected health data from two nationwide registries in the Czech Republic: the register of inpatient discharges (from Jan 1, 1994, to Dec 31, 2013) and the causes of death registry (from Jan 1, 1994, to Dec 31, 2014). We first identified all individuals discharged from mental health institutions with WHO International Classification of Diseases tenth edition (ICD-10) diagnoses of mental and behavioural disorders (from 1994 to 2013). We then did a deterministic individual-level linkage of these data with all-cause mortality data for the whole period (1994–2014). Standardised mortality ratios (SMRs) and 95% CIs were calculated for the year 2014, comparing deaths in people with mental and behavioural disorders discharged from psychiatric hospitals with deaths in the general population.

Findings The final study population comprised 283 618 individuals. 3819 of these individuals died in 2014, corresponding to a mortality risk more than two times higher than that of the general population (SMR estimate 2·2; 95% CI 2·2–2·3). Differences in SMR estimates across diagnostic groups were substantial, with the highest SMR for substance use disorders (3·5; 95% CI 3·4–3·7) followed by schizophrenia, schizotypal, and delusional disorders (2·3; 2·1–2·5), personality disorders (2·3; 2·0–2·6), neurotic, stress-related, and somatoform disorders (1·8; 1·6–1·9), and mood (affective) disorders (1·6; 1·5–1·7).

Interpretation Mortality among people with mental disorders in the Czech Republic is markedly higher than in the general population. Our findings should stimulate and inform policy in the central and eastern Europe region, as well as ongoing national mental health-care reforms in the Czech Republic.

Lancet Public Health 2018; 3: e289–95

See Comment page e264

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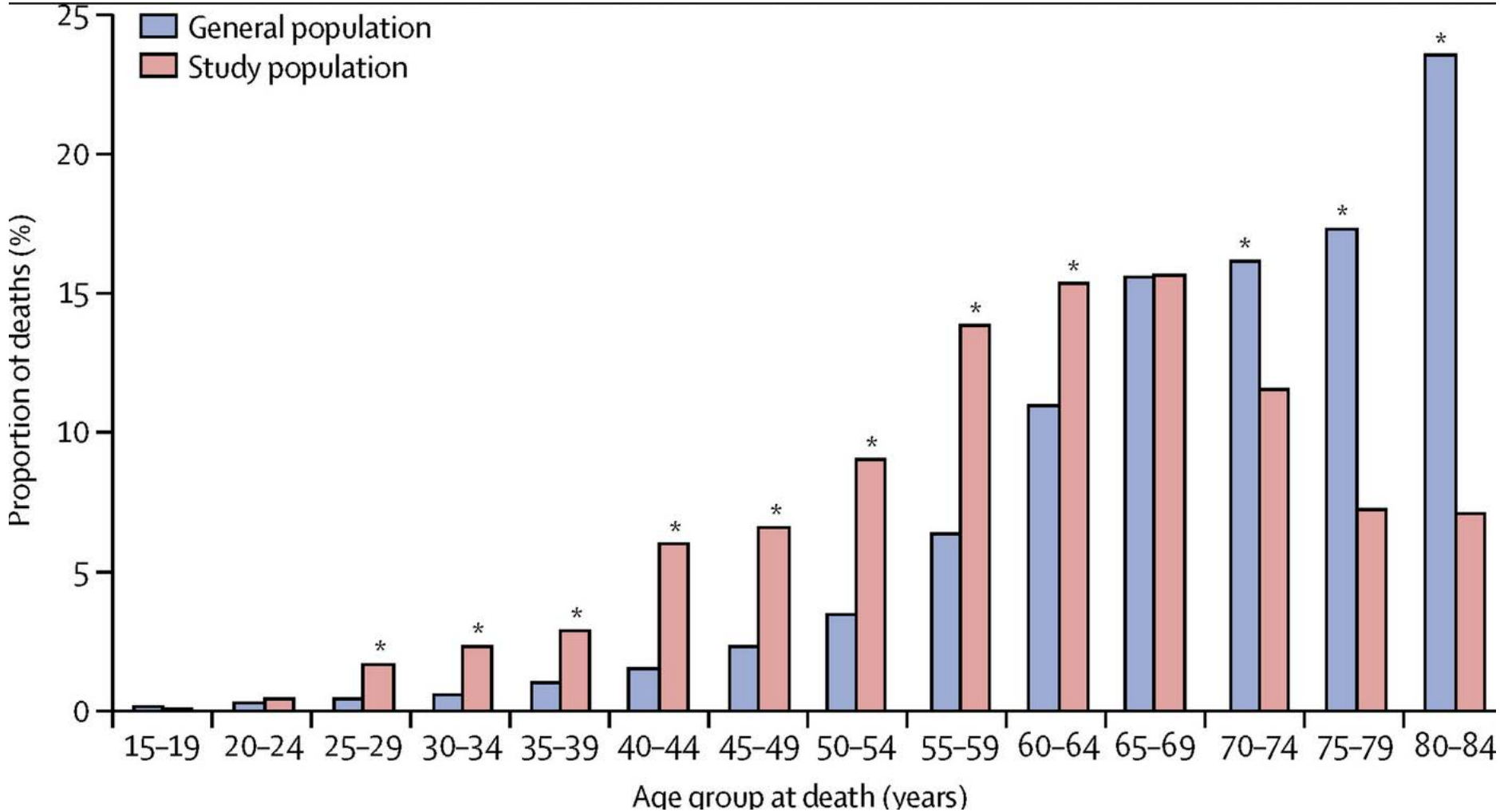
General population
Study population
Proportion of deaths (%)
25
20
15
10
5
0
*
15–19
20–24
25–29
30–34
35–39
40–44
45–49
50–54
55–59
60–64
65–69
70–74
75–79
80–84
Age group at death (years)

Economic burden

Náklady na poruchy mozku v České republice

Cost of Disorders of the Brain in the Czech Republic

Souhrn

Tato publikace si klade za cíl reprodukovat výsledky rozsáhlé studie „Náklady na poruchy mozku v Evropě" („Cost of Disorders of the Brain in Europe"), kterou realizovala a v roce 2011 a 2012 publikovala Evropská rada mozku (EBC, The European Brain Council). Studie se zaměřila na odhady prevalence širokého spektra onemocnění mozku a na odhady nákladů s nimi spojenými v různých oblastech – především ve zdravotní péči, v sociálních službách a v oblasti ztráty produktivity. V jejím rámci byla zpracována také detailní databáze s údaji pro jednotlivé zúčastněné státy Evropské unie. My se ve svém textu věnujeme především výsledkům týkajícím se České republiky. Pro zjištění prevalence nemocí v jednotlivých zemích byly použity metodiky rešerší v bibliografii i ve velkých medicínských databázích (Medline a Web of Science) a tyto pak interpolovány na ostatní evropské země. Podobně se postupovalo při odhadu nákladů, kdy informace o průměrných nákladech na konkrétní klinické problémy byly zjišťovány z dostupných zdrojů z některých zemí a rovněž interpolovány na ostatní evropské země. Výsledkem zkoumání pak byl odhad veškerých nákladů na onemocnění mozku v celé Evropě, v jednotlivých zemích, u jednotlivých onemocnění a ve struktuře důsledků těchto onemocnění. Výsledky studie dokazují, že výskyt onemocnění mozku je velmi častý a postihuje více než polovinu veškeré populace, že náklady s nimi spojené představují v Evropě i v jednotlivých zemích téměř 5 % HDP a až dosud byly politickými a ekonomickými autoritami Evropské unie i jednotlivých zemí podceňovány.

Autoři deklarují, že v souvislosti s předmětem studie nemají žádné komerční zájmy.
The authors declare they have no potential conflicts of interest concerning drugs, products, or services used in the study.
Redakční rada potvrzuje, že rukopis práce splnil ICMJE kritéria pro publikace zasílané do biomedicínských časopisů.
The Editorial Board declares that the manuscript met the ICMJE "uniform requirements" for biomedical papers.

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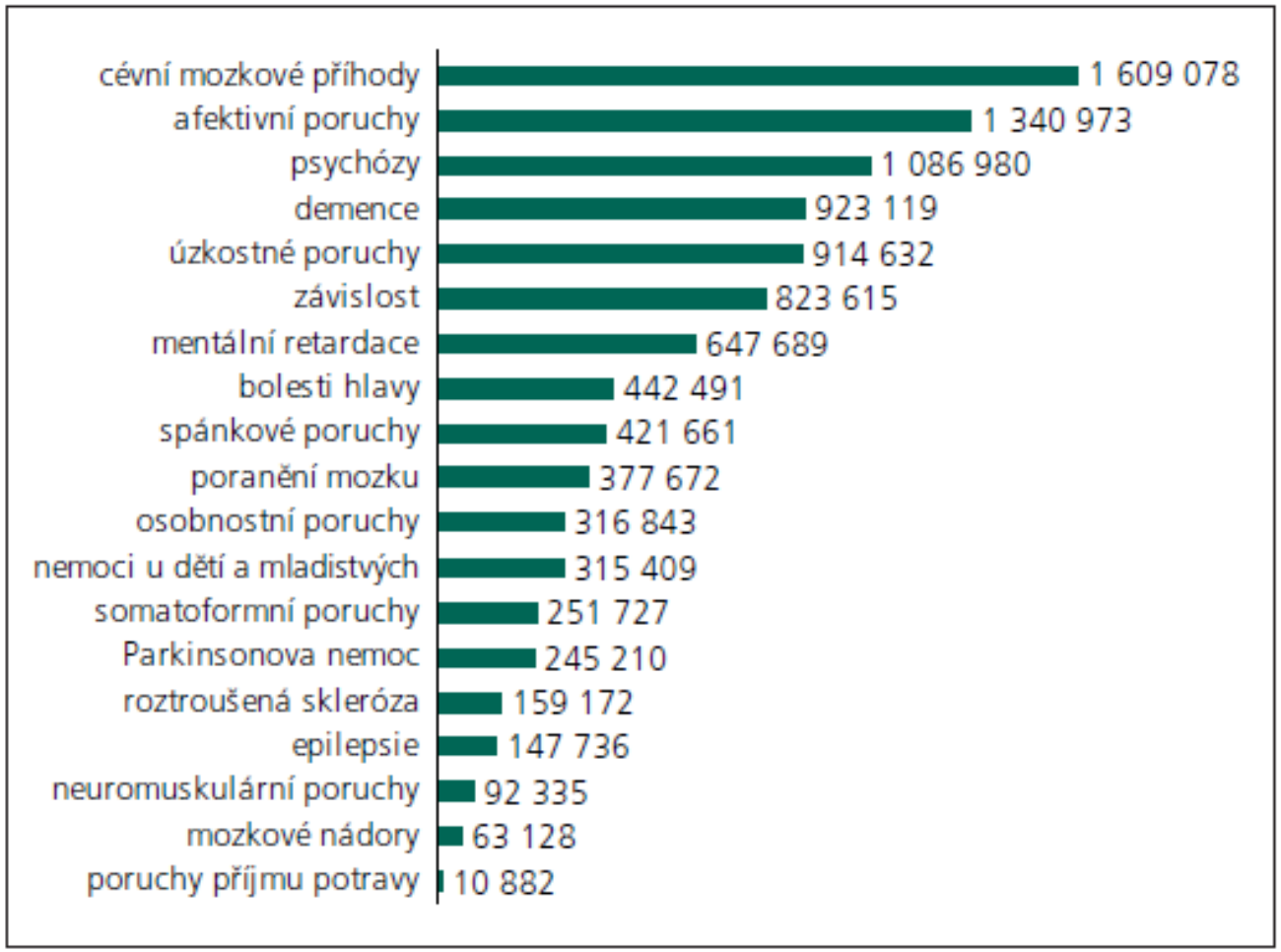


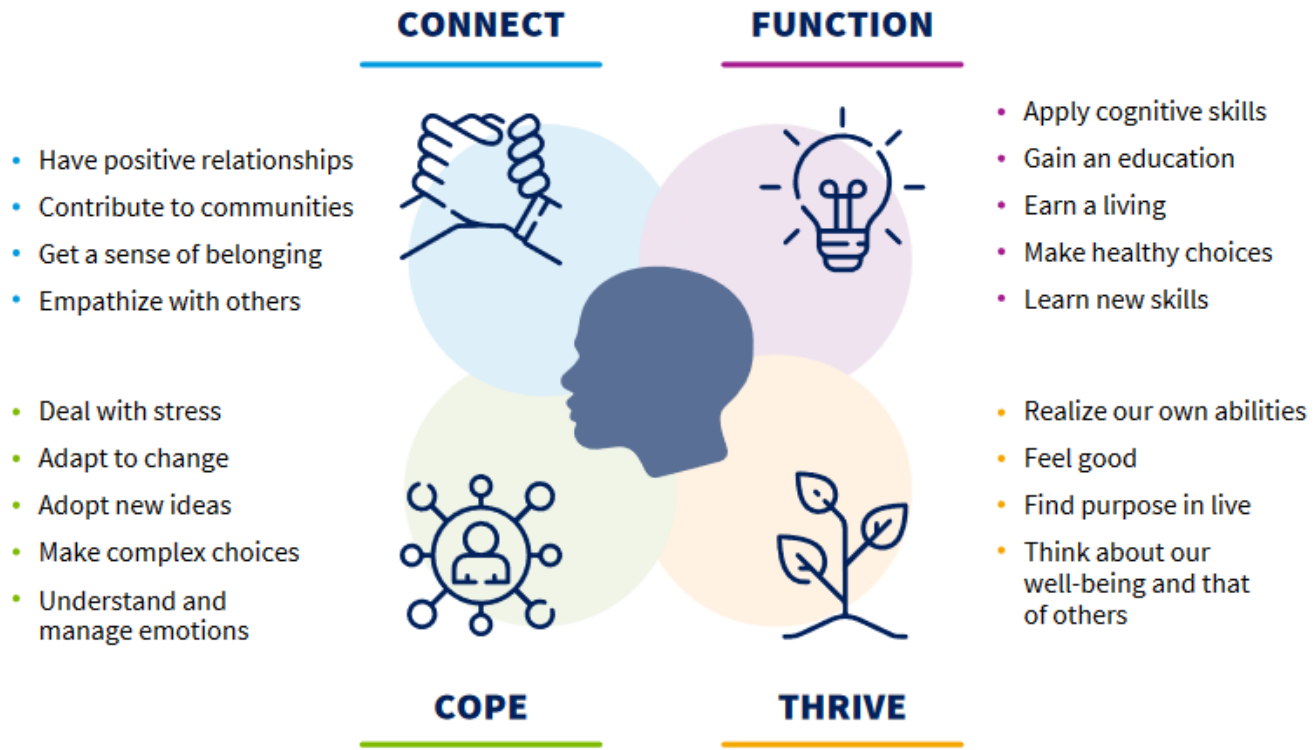
Graf 4. Celkové náklady (tisíce €PPP, 2010).

Mental health is more than an absence of mental disorders

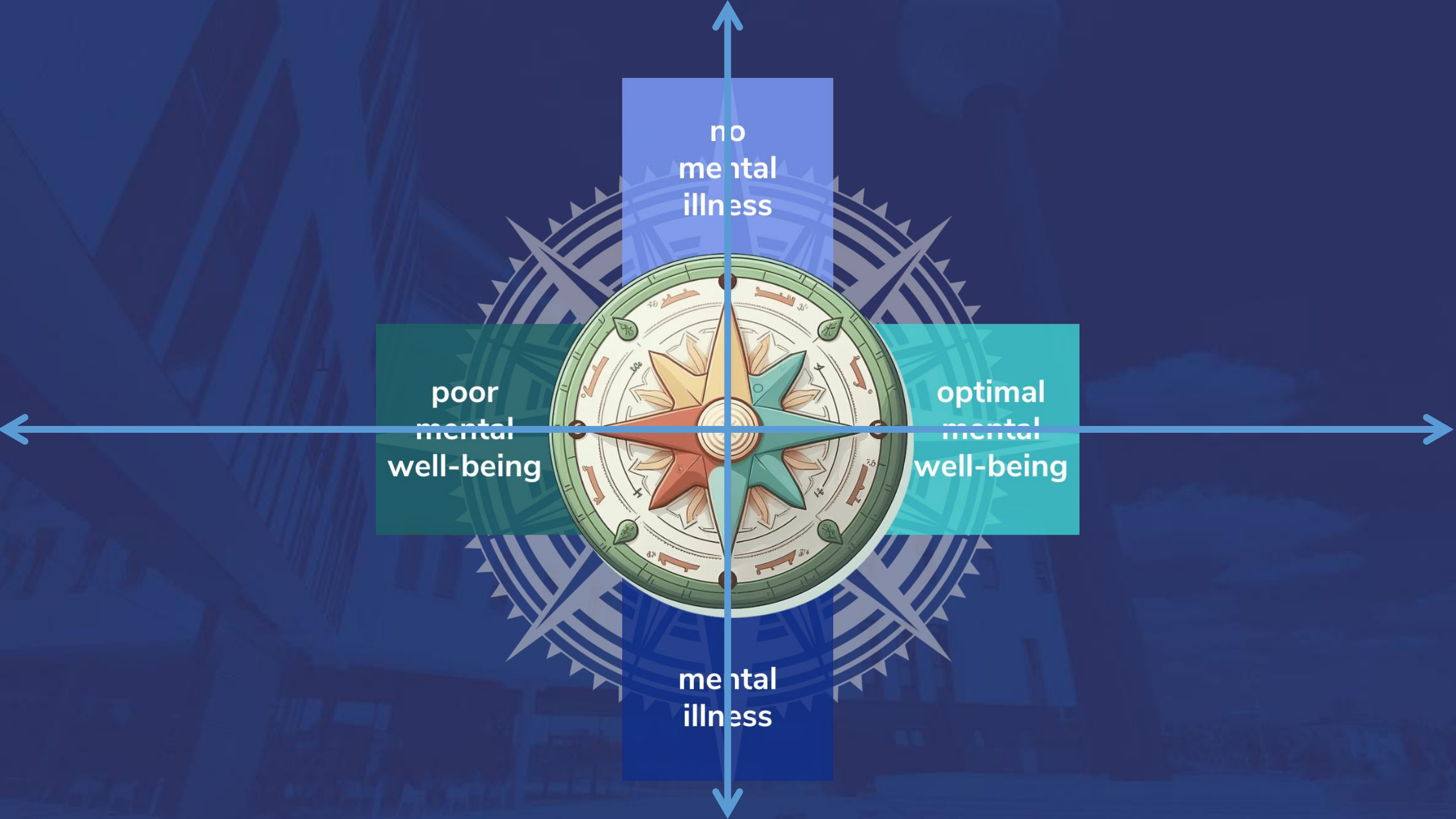
A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities.

FIG. 2.1

Mental health has intrinsic and instrumental value, helping us to connect, function, cope and thrive



World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.


no
mental
illness
poor
mental
well-being
optimal
mental
well-being
mental
illness

NIMH NATIONAL INSTITUTE OF MENTAL HEALTH

IN CRISIS	STRUGGLING	SURVIVING	THRIVING	EXCELLING
Very anxious	Anxious	Worried	Positive	Cheerful
Very low mood	Depressed	Nervous	Calm	Joyful
Absenteeism	Tired	Irritable	Performing	Energetic
Exhausted	Poor performance	Sad	Sleeping well	High performance
Very poor sleep	Poor sleep	Trouble sleeping	Eating normally	Flow
Weight loss	Poor appetite	Distracted	Normal social activity	Fully realising potential
		Withdrawn		

NIMH NATIONAL INSTITUTE OF MENTAL HEALTH

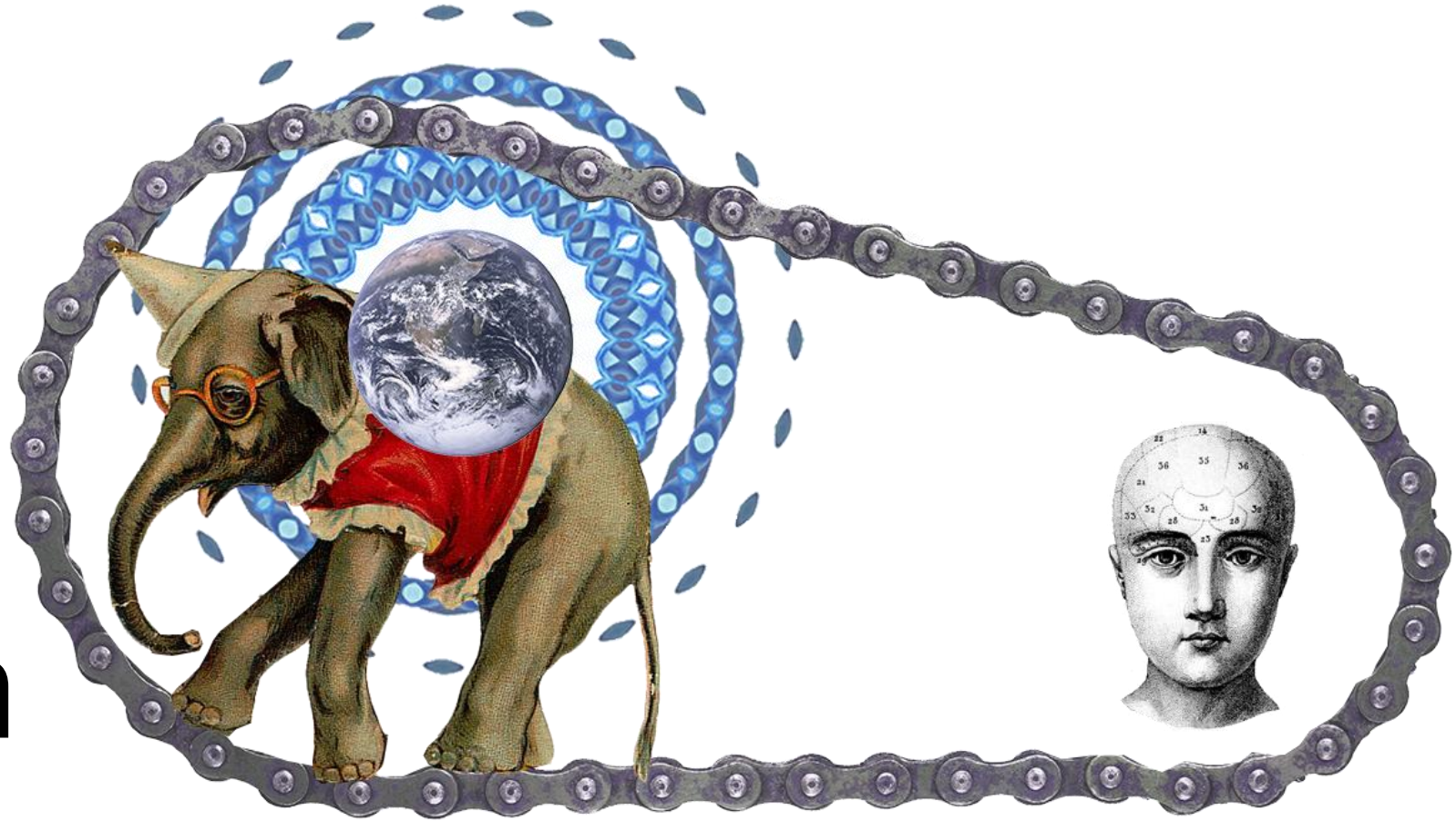
Think of your last 2 weeks… How have you been?

Agenda

- Mental health in CEE
- **Mental health care systems in CEE**
- Mental health care reform in CZ: Deinstitutionalization, prevention and innovation

- Program of Exchange Visit Programme in CZ

Mental health care systems in CEE



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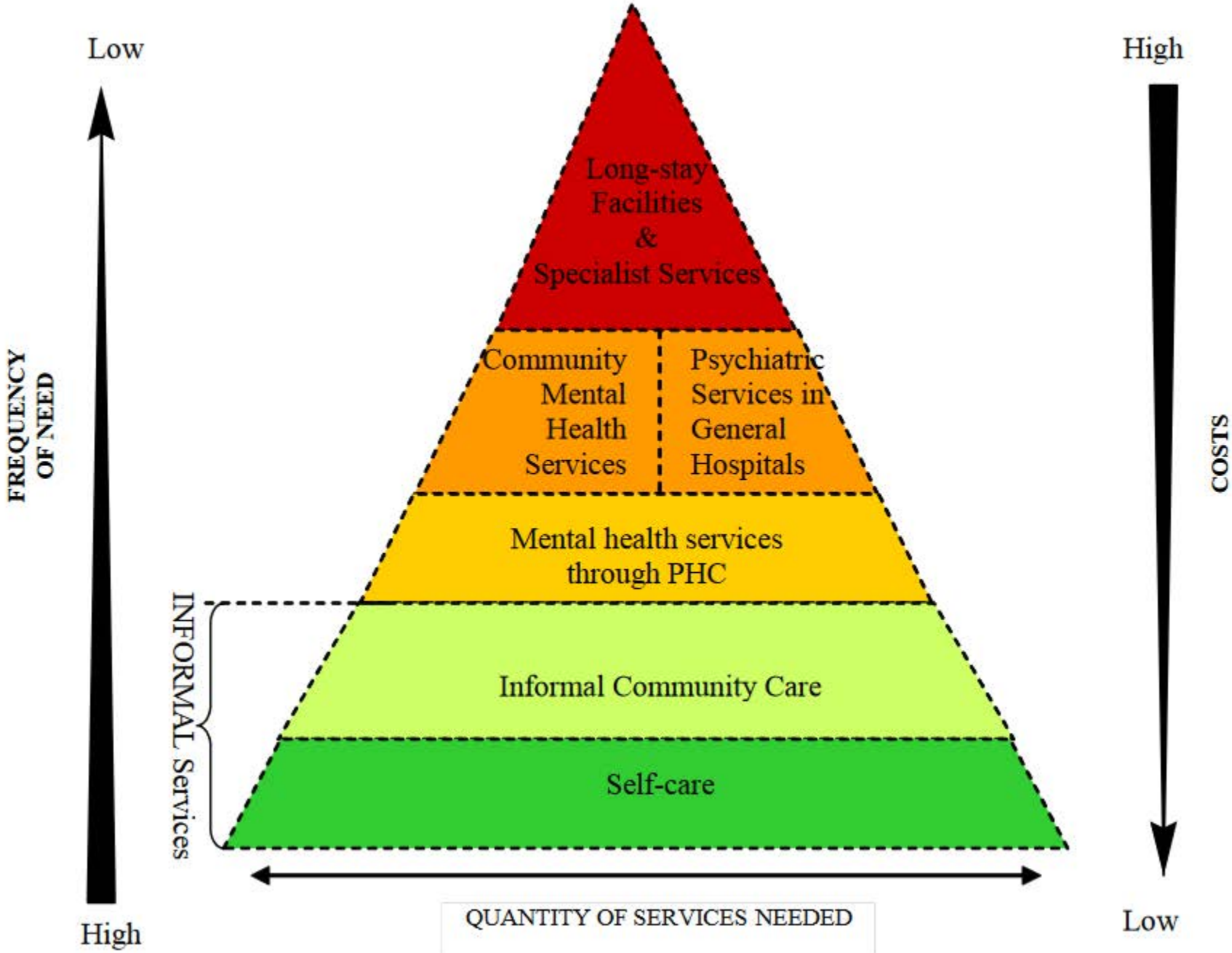

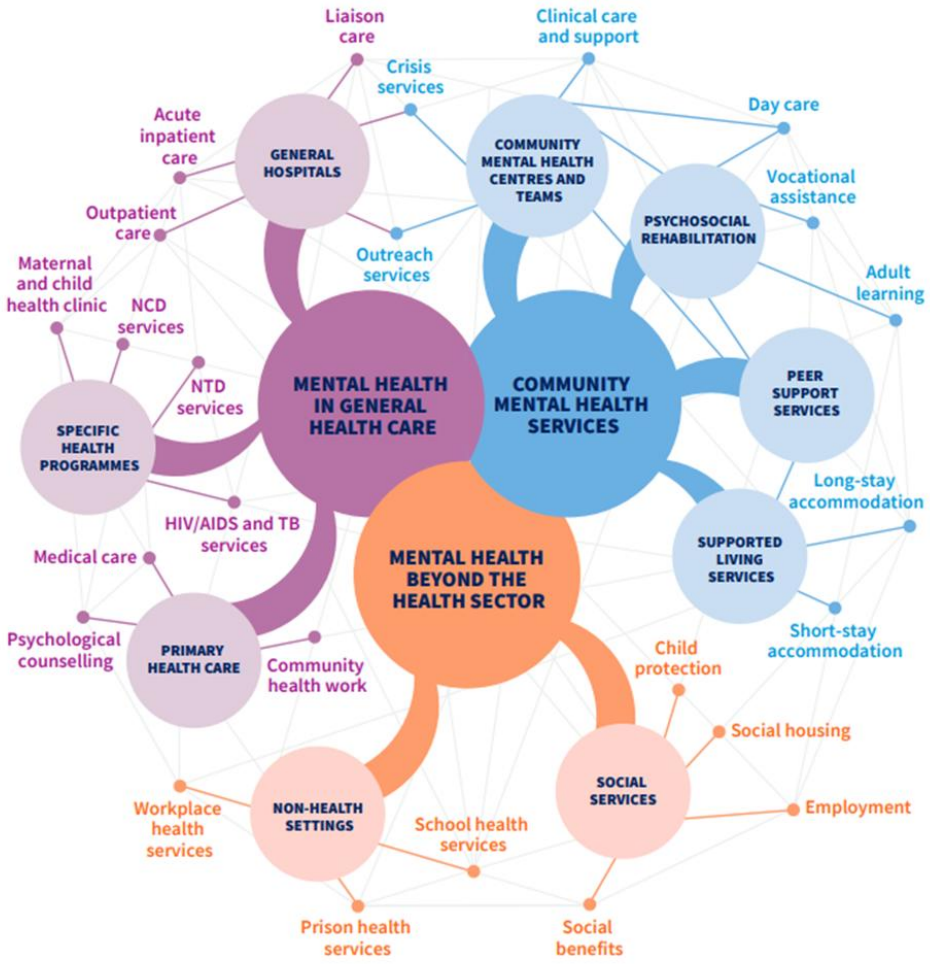

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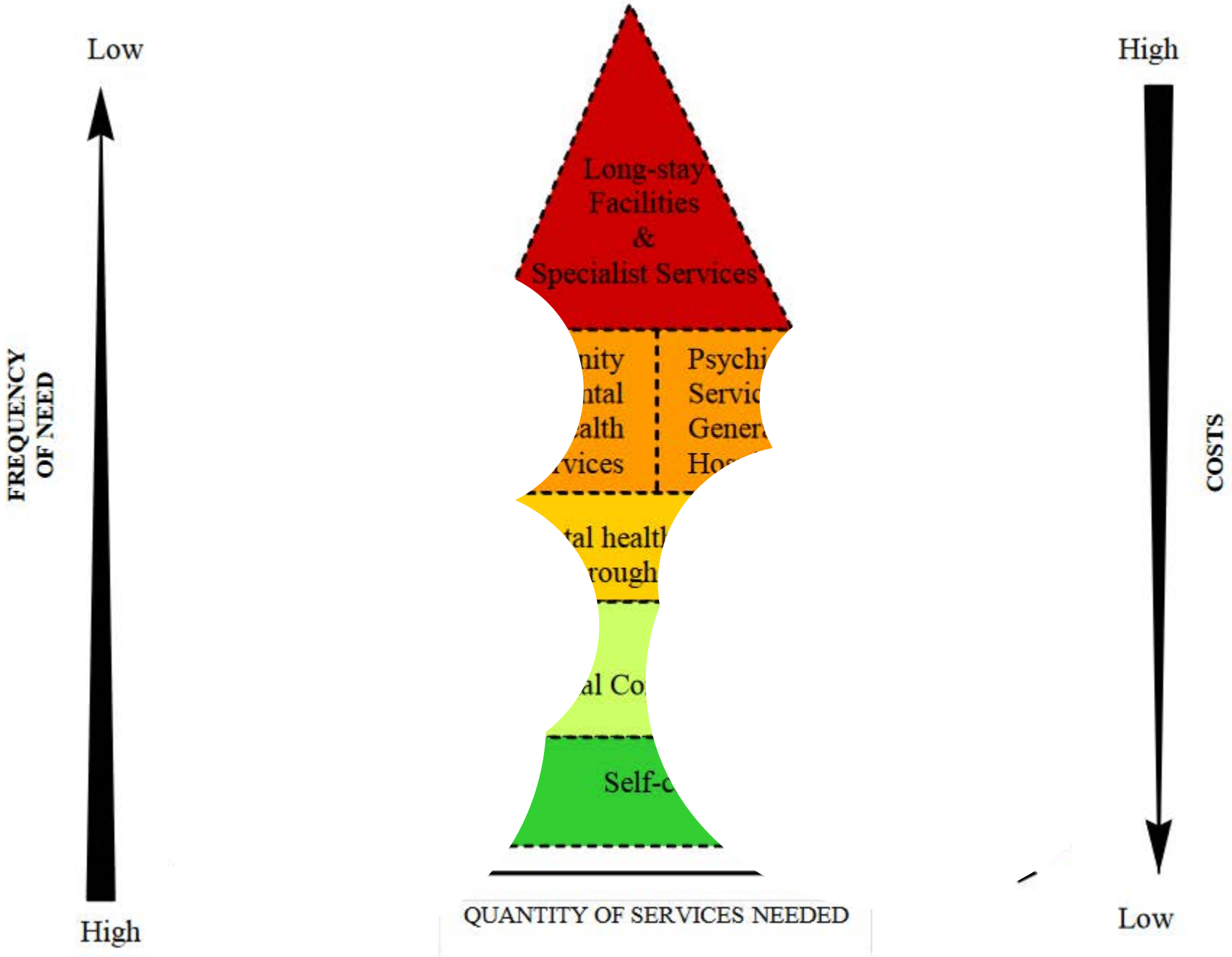


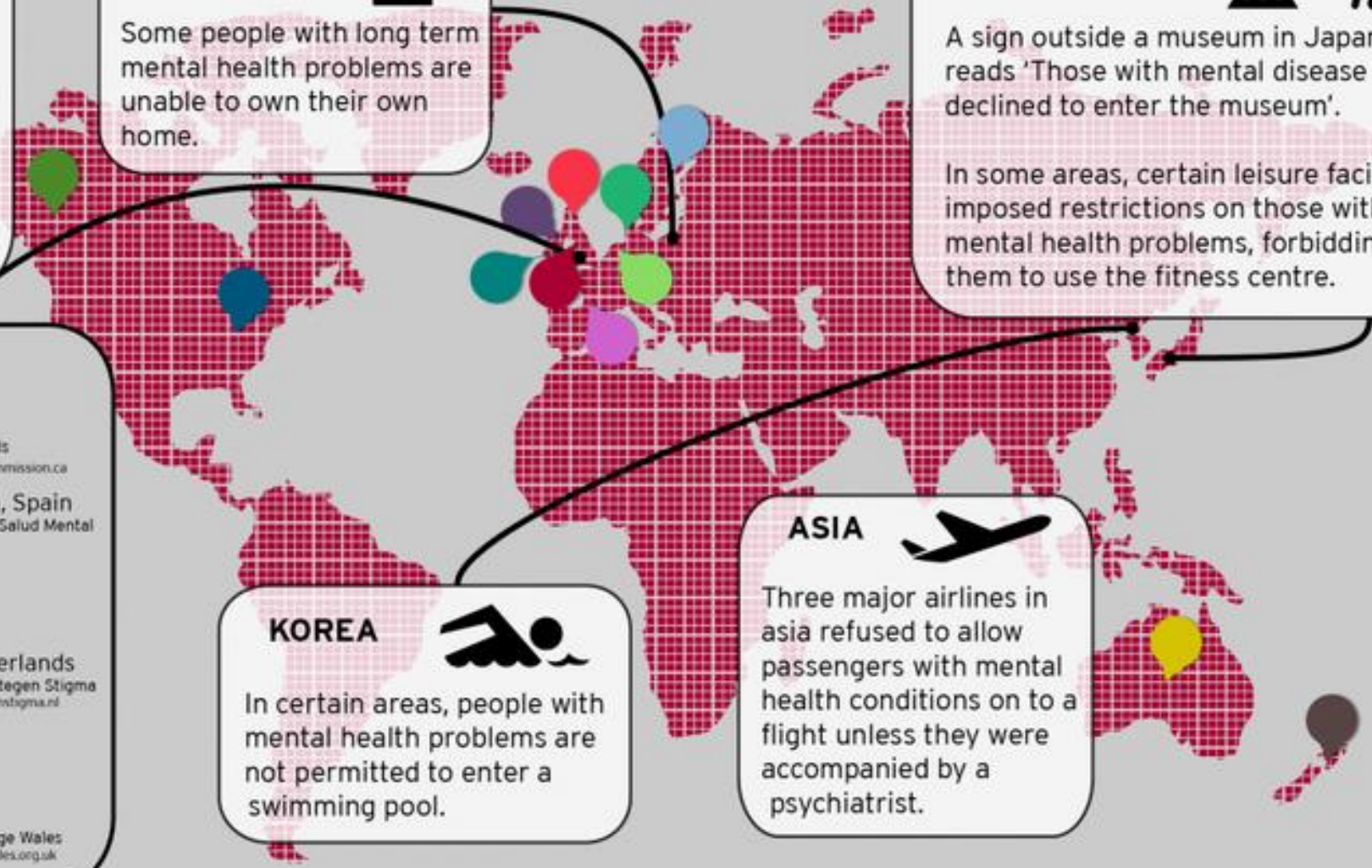
NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ

Stigmatization

Stigma - we've got it mapped

Regulations that stigmatise people with mental health problems around the world

time to change
let's end mental health discrimination
www.time-to-change.org.uk



UNITED KINGDOM

Until recently, laws prevented people with mental health problems from carrying out jury service or becoming a company director. This was only overturned in July 2013.

LITHUANIA

Some people with long term mental health problems are unable to own their own home.

JAPAN

A sign outside a museum in Japan reads 'Those with mental disease are declined to enter the museum'.

In some areas, certain leisure facilities imposed restrictions on those with mental health problems, forbidding them to use the fitness centre.

KOREA

In certain areas, people with mental health problems are not permitted to enter a swimming pool.

ASIA

Three major airlines in asia refused to allow passengers with mental health conditions on to a flight unless they were accompanied by a psychiatrist.

Anti-stigma campaigns

in order of initiation

- 1999 New Zealand — Like Minds Like Mine — mentalhealth.org.nz
- 2000 Australia — Beyond Blue — beyondblue.org.au
- 2002 Scotland — See Me — seemescotland.org
- 2003 England — Time to Change England — time-to-change.org.uk
- 2006 USA — BringChange2Mind — bringchange2mind.org
- 2009 Sweden — Hjarnkoll — hjarnkoll.se
- 2009 Canada — Opening Minds — mentalhealthcommission.ca
- 2010 Catalonia, Spain — Programa de Salud Mental — decada4.es
- 2010 Ireland — See Change — seechange.ie
- 2011 The Netherlands — Samen Sterk tegen Stigma — samensterktegenstigma.nl
- 2011 Denmark — One of Us — one-of-us.nu
- 2011 Wales — Time to Change Wales — timetochangewales.org.uk

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Original article

Reported and intended behaviour towards those with mental health problems in the Czech Republic and England

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ABSTRACT

This is one of the first studies, which compares the level of stigmatizing behaviour in countries that used to be on the opposite sides of the Iron Curtain. The aim was to identify the prevalence of reported and intended stigmatizing behaviour towards those with mental health problems in the Czech Republic and to compare these findings with the findings from England. The 8-item Reported and Intended Behaviour Scale (RIBS) was used to assess stigmatising behaviour among a representative sample of the Czech population ($n = 1797$). Results were compared with the findings of an analogous survey from England ($n = 1720$), which also used the RIBS. The extent of reported behaviour (i.e., past and present experiences with those with mental health problems) was lower in the Czech Republic than in England. While 12.7% of Czechs reported that they lived, 12.9% that they worked, and 15.3% that they were acquainted with someone who had mental health problems, the respective numbers for England were 18.5%, 26.3% and 32.5% ($P < 0.001$ in each of these items). On the other hand, the extent of intended stigmatizing behaviour towards those with mental health problems is considerably higher in the Czech Republic. Out of maximum 20 points attached to possible responses to the RIBS items 5–8, Czechs had a lower total score ($x = 11.0$, SD = 4.0) compared to English respondents ($x = 16.1$, SD = 3.6), indicating lower willingness to accept a person with mental health problems ($P < 0.001$). The prevalence of stigmatizing behaviour in the Czech Republic is worrying. Both, further research and evidence based anti-stigma interventions, should be pursued in order to better understand and decrease stigmatizing behaviour in the Czech Republic and possibly across the post-communist countries in Central and Eastern Europe.

Social Psychiatry and Psychiatric Epidemiology
September 2016, Volume 51, Issue 9, pp 1265–1273 | Cite as

Attitudes towards the people with mental illness: comparison between Czech medical doctors and general population

Authors | Authors and affiliations

Petr Winkler, Karolína Mladá, Miroslava Janoušková, Aneta Weissová, Eva Tušková, Ladislav Csémy, Sara Evans-Lacko

Development of public stigma toward people with mental health problems in Czechia 2013–2019

Published online by Cambridge University Press: **16 August 2021**

Petr Winkler, Tomáš Formánek, Karolína Mladá and Sara Evans Lacko
Show author details

Abstract

Background

We aimed to assess the changes in public stigma towards people with mental health problems in Czechia; and to investigate the association between these and the exposure to the ongoing mental health care reform and one of its implementation projects focused on reducing stigma.

Table 3
Frequency of responses to items 5–8 on the RIBS questionnaire for the English and Czech sample; Chi^2 square test used to determine statistical significance.

Intended behaviour	Strongly agree *n* (%)	Agree *n* (%)	No agree nor disagree *n* (%)	Disagree *n* (%)	Strongly disagree *n* (%)	Don't know *n* (%)	Sig. England vs. Czechia
5. In the future, I would be willing to live with someone with a mental health problem							
Eng.	541 (31.5)	421 (24.4)	422 (24.5)	123 (7.2)	140 (8.2)	73 (4.2)	$P<0.001$
Czech	60 (3.3)	204 (11.3)	461 (25.6)	425 (23.6)	308 (17.2)	341 (19.0)	
6. In the future, I would be willing to work with someone with a mental health problem							
Eng.	678 (39.4)	497 (28.9)	315 (18.3)	59 (3.4)	86 (5.0)	85 (4.9)	$P<0.001$
Czech	79 (4.4)	274 (15.2)	444 (24.7)	364 (20.2)	281 (15.6)	357 (19.8)	
7. In the future, I would be willing to live nearby to someone with a mental health problem							
Eng.	713 (41.4)	521 (30.3)	330 (19.2)	51 (3.0)	55 (3.2)	51 (3.0)	$P<0.001$
Czech	118 (6.6)	328 (18.2)	458 (25.5)	297 (16.5)	258 (14.3)	340 (18.9)	
8. In the future, I would be willing to continue a relationship with a friend who developed a mental health problem							
Eng.	969 (56.3)	440 (25.6)	205 (11.9)	36 (2.1)	31 (1.8)	39 (2.3)	$P<0.001$
Czech	142 (7.9)	349 (19.4)	489 (27.2)	253 (14.1)	222 (12.3)	344 (19.1)	

RIBS: Reported and Intended Behaviour Scale; Eng.: English; Sig.: significance.

Expenditures on MH

4.08% of the total health expenditures

Agenda

- **Mental health in CEE**
- Mental health care systems in CEE
- **Mental health care reform in CZ: Deinstitutionalization, prevention and innovation**

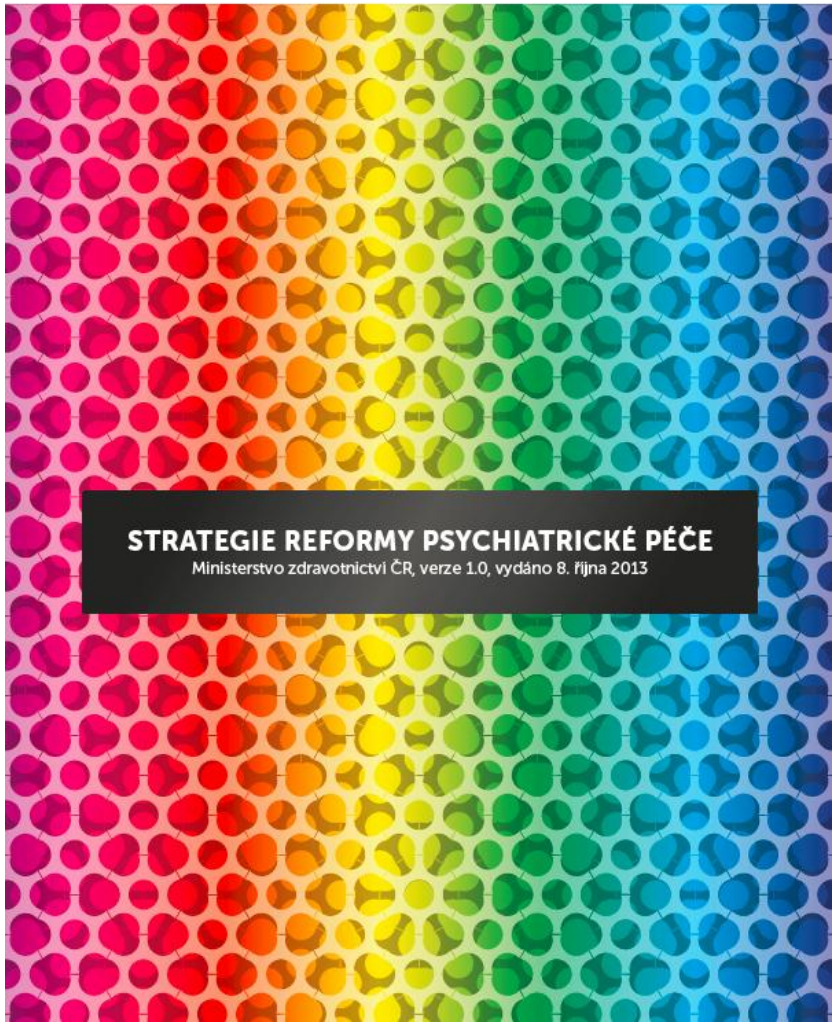
- Program of Exchange Visit Programme in CZ

Mental health care reform in CZ

2013

REFORMA PÉČE O DUŠEVNÍ ZDRAVÍ
Strategie reformy psychiatrické péče

MINISTERSTVO ZDRAVOTNICTVÍ ČESKÉ REPUBLIKY

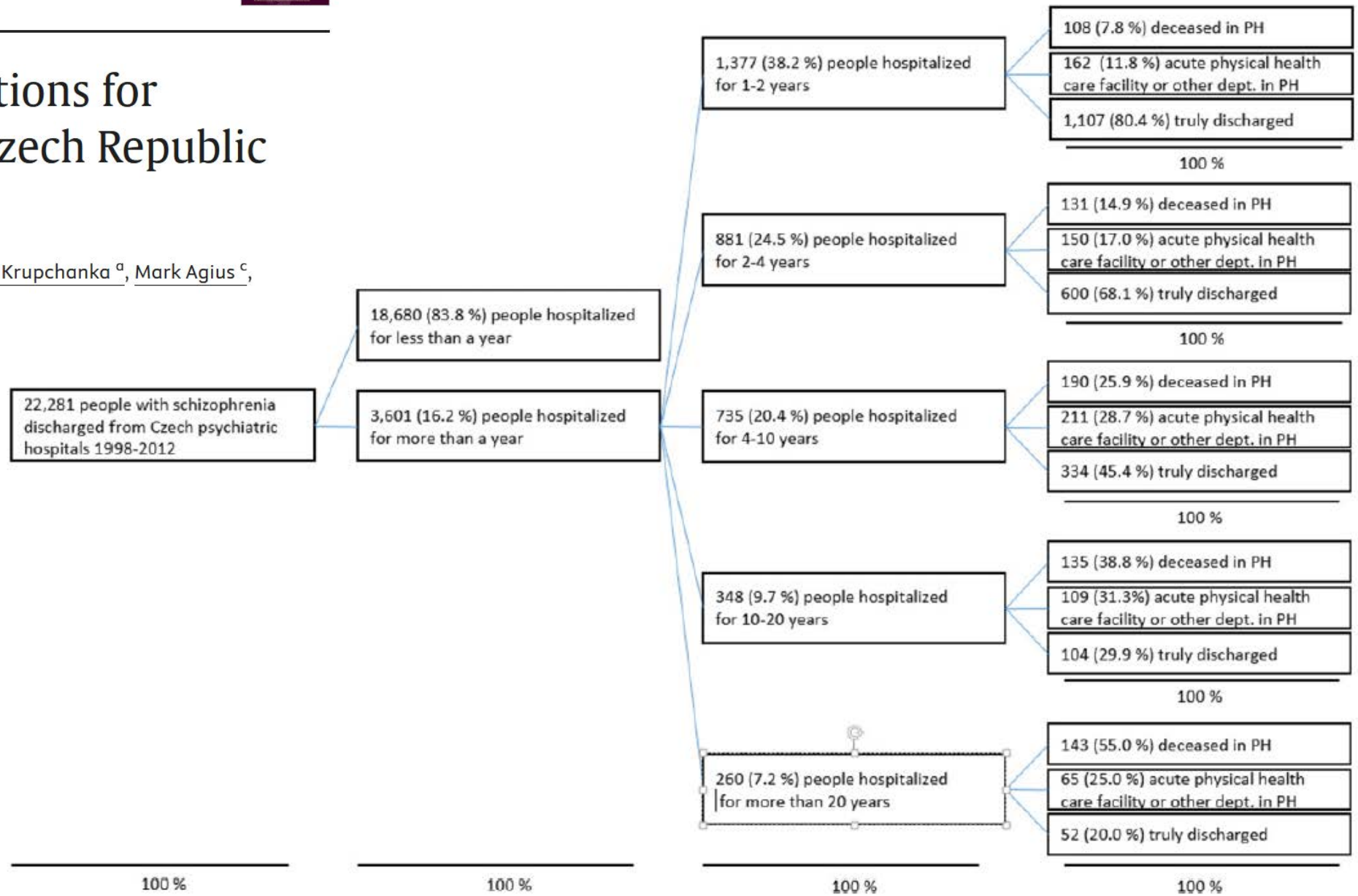


Deinstitutionalization

Schizophrenia Research
Volume 175, Issues 1–3, August 2016, Pages 180-185

Long-term hospitalizations for schizophrenia in the Czech Republic 1998–2012

Petr Winkler [a b] ✉, Karolína Mladá [a], Dzmitry Krupchanka [a], Mark Agius [c], Manaan Kar Ray [d], Cyril Höschl [a]



THE LANCET
Psychiatry

ARTICLES · Volume 5, Issue 12, P1023-1031, December 2018 Download Full Issue

Cost-effectiveness of care for people with psychosis in the community and psychiatric hospitals in the Czech Republic: an economic analysis

Petr Winkler, Leonardo Koeser, Lucie Kondrátová, Hana Marie Braullková, Marek Páv, Lucie Kališová, Barbara Barrett, Paul McCrone

Summary

Background The absence of economic evidence hinders current reforms of hospital-based mental health systems in central and eastern Europe. We aimed to assess the cost-effectiveness of discharge to community care for people with chronic psychoses compared with care in psychiatric hospitals in the Czech Republic.

Methods We did a prospective study of people aged 18–64 years with chronic psychotic disorders in the Czech Republic who had been discharged into community services or were receiving inpatient psychiatric care for at least 3 months at baseline. We measured health-related quality of life with the EuroQol five-dimension five-level questionnaire. Adjusting for baseline differences between the two groups, we assessed differences in societal costs in 2016 and quality-adjusted life-years (QALYs) during a 12-month follow-up, which we then used to estimate the incremental cost-effectiveness ratio (ICER). We did multiple sensitivity analyses to assess the robustness of our results.

Findings In our baseline case scenario, we included 115 patients who were either community service users (n=35) or inpatients (n=80) at baseline. The two groups were similar in terms of baseline characteristics. The annual QALY was 0·77 in patients receiving community care at baseline compared with 0·80 in patients in hospital at baseline (difference 0·03, 95% CI −0·04 to 0·10), but the costs of discharge to the community were €8503 compared with €16 425 for no discharge (difference €7922, 95% CI 4497–11 346), such that the ICER reached more than €250 000 per QALY. This ICER is substantially higher than levels that are conventionally considered to be cost-effective and the estimated probability that discharge to the community was cost-effective was very high (≥97%). None of the sensitivity analyses changed these results qualitatively.

Interpretation This study provides economic evidence for deinstitutionalisation by showing that discharge to community care is cost-effective compared with care in psychiatric hospitals in the Czech Republic. These findings add to the human rights and clinical-based arguments for mental health-care reforms in central and eastern Europe.

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Original article

Value of schizophrenia treatment II: Decision modelling for developing early detection and early intervention services in the Czech Republic

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ABSTRACT

Background: Positive findings on early detection and early intervention services have been consistently reported from many different countries. The aim of this study, conducted within the European Brain Council project "The Value of Treatment", was to estimate costs and the potential cost- savings associated with adopting these services within the context of the Czech mental health care reform.

Methods: Czech epidemiological data, probabilities derived from meta-analyses, and data on costs of mental health services in the Czech Republic were used to populate a decision analytical model. From the health care and societal perspectives, costs associated with health care services and productivity lost were taken into account. One-way sensitivity analyses were conducted to explore the uncertainty around the key parameters.

Results: It was estimated that annual costs associated with care as usual for people with the first episode of psychosis were as high as 46 million Euro in the Czech Republic 2016. These annual costs could be reduced by 25% if ED services were adopted, 33% if EI services were adopted, and 40% if both, ED and EI services, were adopted in the country. Cost-savings would be generated due to decreased hospitalisations and better employment outcomes in people with psychoses.

Conclusions: Adopting early detection and early intervention services in mental health systems based on psychiatric hospitals and with limited access to acute and community care could generate considerable cost- savings. Although the results of this modelling study needs to be taken with caution, early detection and early intervention services are recommended for multi-centre pilot testing accompanied by full economic evaluation in the region of Central and Eastern Europe.

2013-2017

BJPsych | The British Journal of Psychiatry (2016)
208, 421–428. doi: 10.1192/bjp.bp.114.161943

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Review article

Deinstitutionalised patients, homelessness and imprisonment: systematic review†

Petr Winkler, Barbara Barrett, Paul McCrone, Ladislav Csémy, Miroslava Janoušková and Cyril Höschl

Background
Reports linking the deinstitutionalisation of psychiatric care with homelessness and imprisonment have been published widely.

Aims
To identify cohort studies that followed up or traced back long-term psychiatric hospital residents who had been discharged as a consequence of deinstitutionalisation.

Method
A broad search strategy was used and 9435 titles and abstracts were screened, 416 full articles reviewed and 171 articles from cohort studies of deinstitutionalised patients were examined in detail.

Results
Twenty-three studies of unique populations assessed homelessness and imprisonment among patients discharged from long-term care. Homelessness and imprisonment occurred sporadically; in the majority of studies no single case of homelessness or imprisonment was reported.

Conclusions
Our results contradict the findings of ecological studies which indicated a strong correlation between the decreasing number of psychiatric beds and an increasing number of people with mental health problems who were homeless or in prison.

Declaration of interest
None.

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Praha - Chystaná reforma psychiatrické péče je podle kritiků nevyvážená, rušení psychiatrických léčeben může vést k masivnímu bezdomovectví duševně nemocných a jejich kriminalizaci. Zkušenosti z USA i Evropy prý ukazují, že komunitní péče nemá

2017-2022

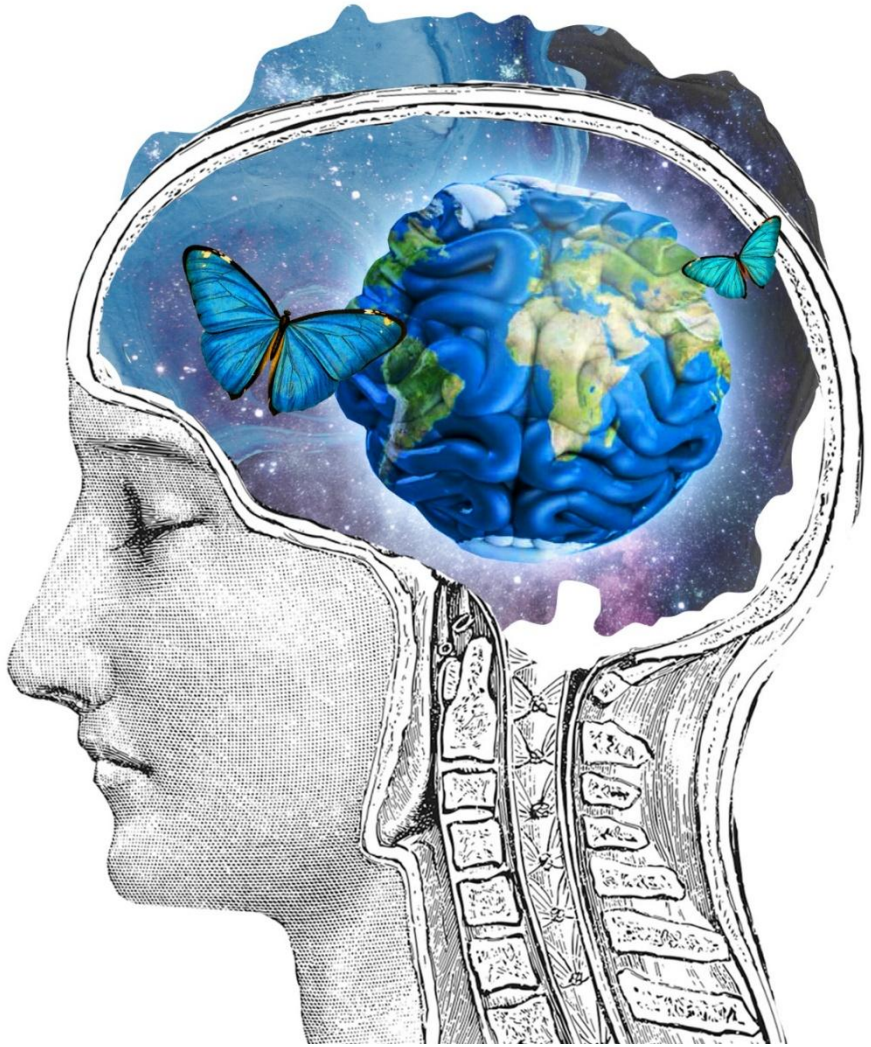
- ESIF (MPSV resp. MZ)
  - Deinstitutionalization
  - Multidisciplinarity
  - Community mental health centres I, II, III
  - Destigmatization
  - Early detection and early intervention for psychosis
  - Analytic base for the mental health care reform
  - New services

- ESIF (MPSV)
  - MERRPS – Methods for evidence based mental health care development

Centra duševního zdraví

Přehled CDZ v rámci CDZ II k 24.7.2019			
číslo CDZ	Lokalita	identifikace žadatele/zřizovatel	Fungují od:
1.	Přerov	Telemens s.r.o + Duševní zdraví o.p.s	7/1/2018
2.	Havl. Brod	Psychiatrická nemocnice (PN) Havlíčkův Brod + Fokus Vysočina	8/1/2018
3.	Praha	ESET + ESET-Help	7/1/2018
4.	Praha	PN Bohnice + Fokus Praha	7/1/2018
5.	Brno	Fakultní nemocnice Brno + Práh Jižní Morava	10/1/2018
6.	Hradec Králové	Péče o duševní zdraví, z. s.	7/1/2019
		Péče o duševní zdraví, z. s.	
7.	Cheb	FOKUS Mladá Boleslav z.s.	5/1/2019
		FOKUS Mladá Boleslav z.s.	
8.	Karlovy Vary	FOKUS Mladá Boleslav z.s.	5/1/2019
		FOKUS Mladá Boleslav z.s.	
9.	Kroměříž	CSP Zlín, o.p.s	5/1/2019
		Psychiatrická nemocnice v Kroměříži	
10.	Mladá Boleslav	FOKUS Mladá Boleslav z.s.	7/1/2019
		Psychiatrická nemocnice Kosmonosy	
11.	Opava	FOKUS - Opava, z.s.	4/1/2019
		Psychiatrická nemocnice v Opavě	
12..	Pardubice	Péče o duševní zdraví, z. s.	7/1/2019
		Péče o duševní zdraví, z. s.	
13.	Plzeň	Ledovec, z.s.	4/1/2019
		Psychiatrie-ambulance s.r.o.	
14.	pro Prahu 6	Fokus Praha, z.ú.	5/1/2019
		Ústřední vojenská nemocnice - Vojenská fakultní nemocnice Praha	
15.	RIAPS Trutnov	Sdružení ozdravoven a léčeben okresu Trutnov	7/1/2019
		Sdružení ozdravoven a léčeben okresu Trutnov	
16.	Strakonice	FOKUS - Písek, z.ú.	7/1/2019
		FOKUS - Písek, z.ú.	
17.	Uherské Hradiště	Charita Uherské Hradiště	5/3/2019
		Charita Uherské Hradiště	
CDZ které byly vybrány v rámci projektu reformy 12/2019 a pokud doloží všechny náležitosti, započnou činnost 2/20			
18.	Jihlava	PN Jihlava + Vor (nezisková organizace)	
19.	PN Brno	PN Brmo + Práh (nezisková organizace)	
20.	Praha 2, Podskalí	Psychiatrická klinika VFN + Fokus (nezisková organizace)	
21.	Tábor	Fokus Tábor z.s.	
Zbylých 9 CDZ do celkového počtu 30 CDZ podpořených v rámci projektu EU bude vybráno v únoru 2020			

Challenges



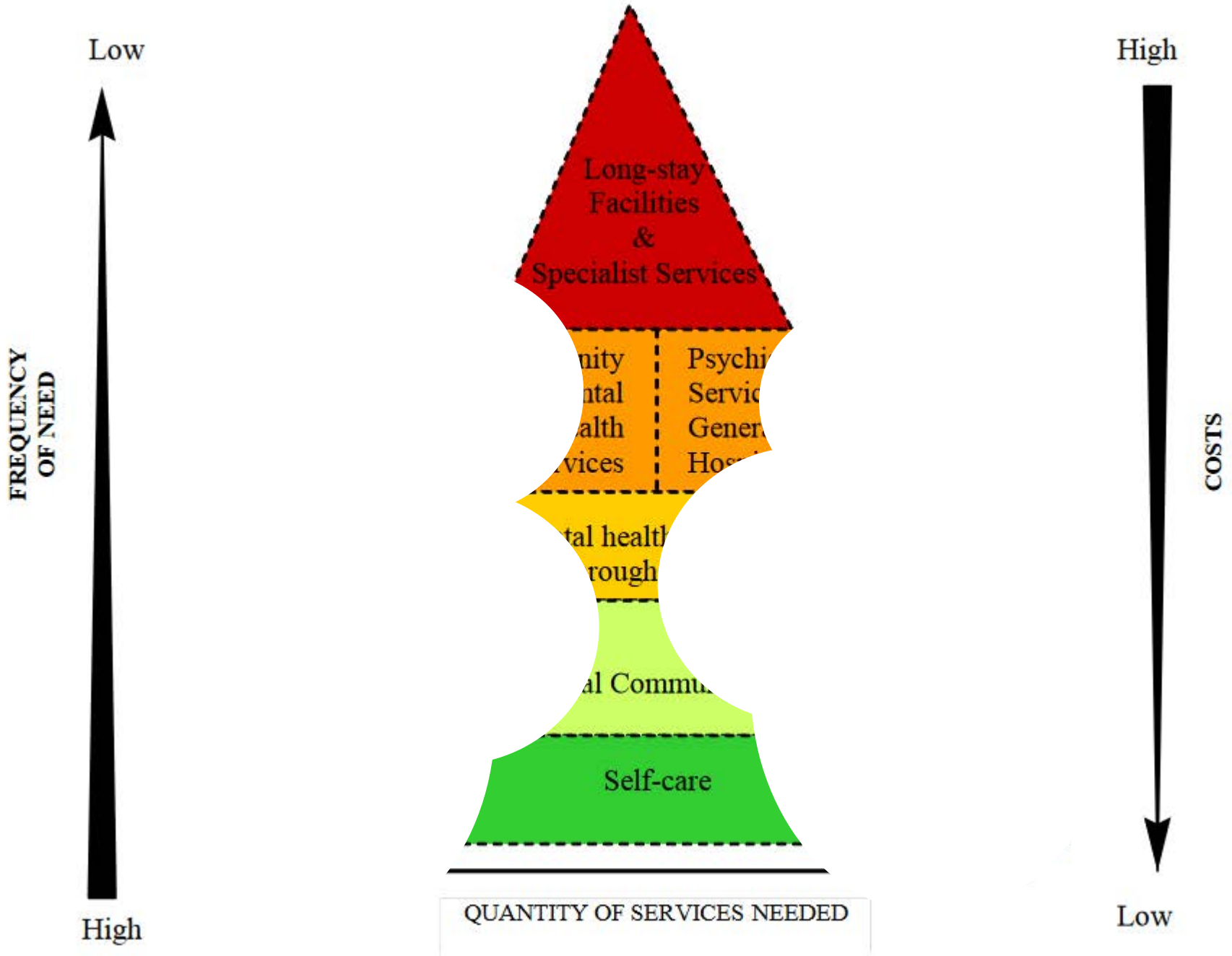
Global

- Sharp increase in mental health stressors and associated sharp increase in population needs
- Scarcity of resources
- Low MHL and high stigma
- Aging population
- Environmental crisis
- Human made crisis

Locally specific

- Institutionalization and low adherence to CRPD
- Missing public mental health expertise – development based on tradition and other principles rather than on evidence
- Low integration of services and resortism
- Strong biological and medical orientation
- War in Ukraine

Solutions

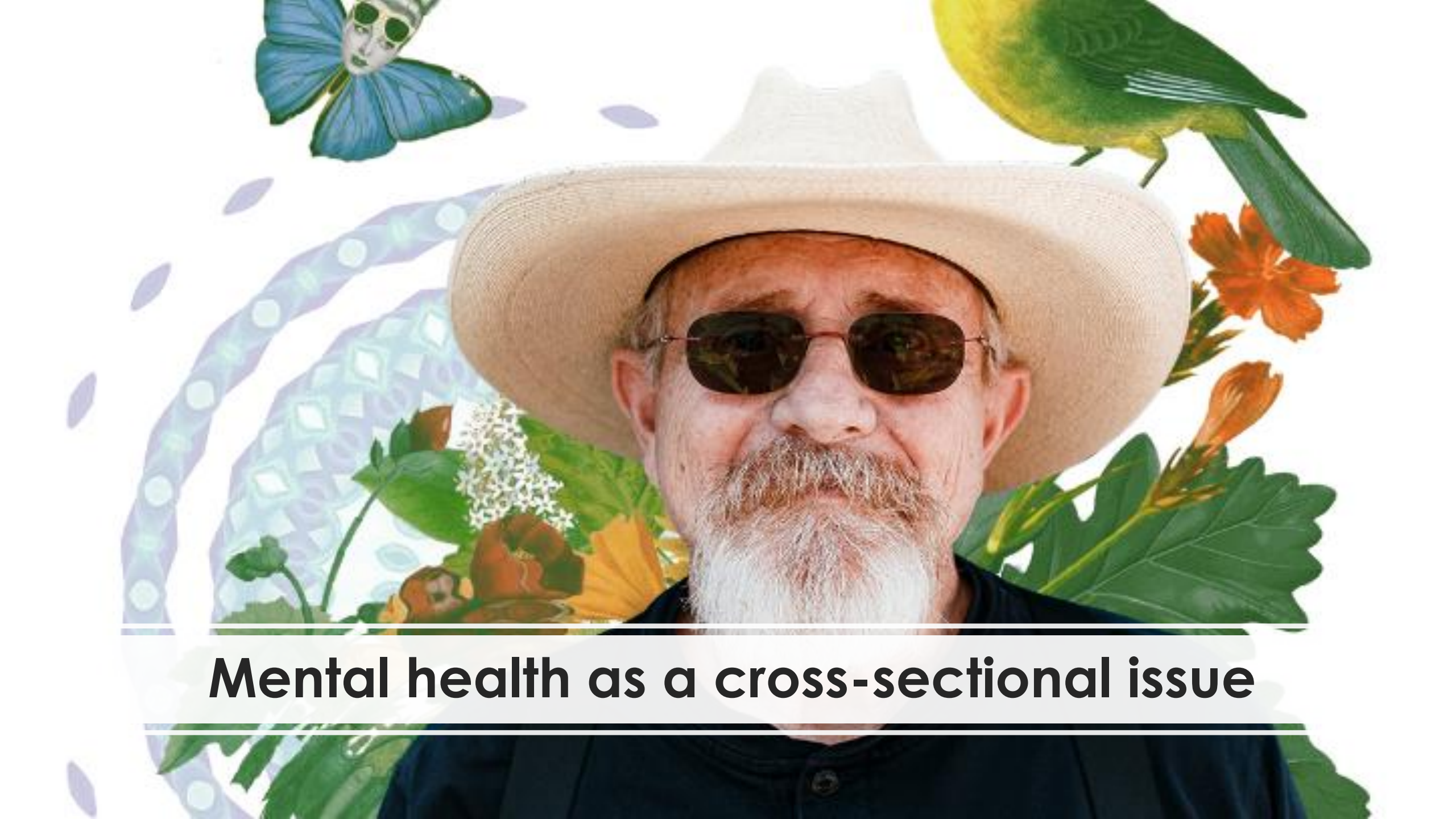


Systém efektivní podpory, prevence, včasné detekce a intervence

Increase in mental health literacy

Stop discrimination and social exclusion

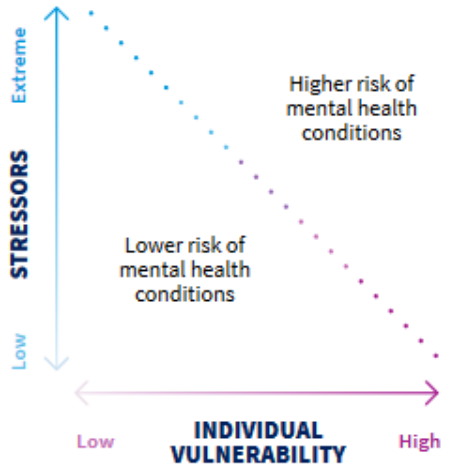
Increase funding for mental health care



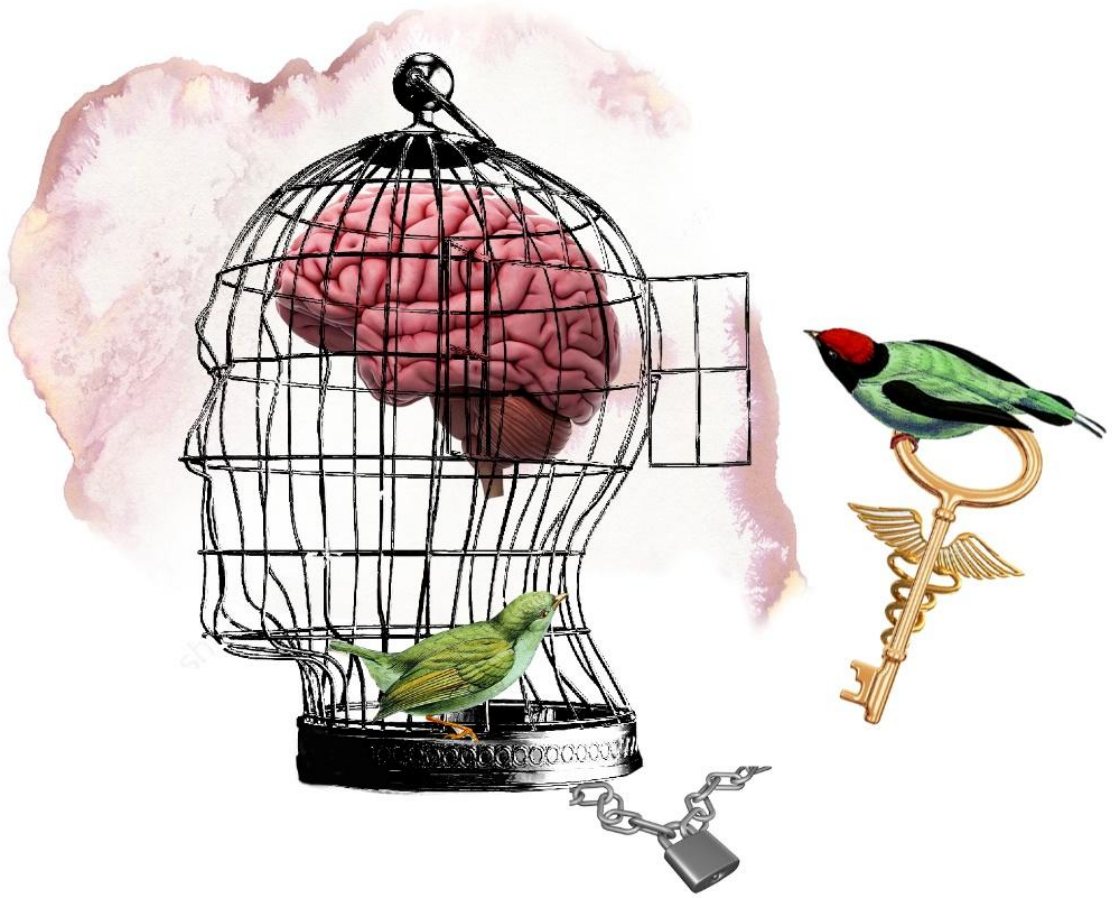
Mental health as a cross-sectional issue

Mental health as a cross-sectional issue

	INDIVIDUAL	FAMILY AND COMMUNITY	STRUCTURAL
PROTECTIVE FACTORS Enhance mental health	• Genetic factors • Social and emotional skills • Sense of self-worth and mastery • Good physical health • Physical activity	• Good perinatal nutrition • Good parenting • Physical security and safety • Positive social networks, social capital and social supports • Green spaces	• Economic security • Good quality infrastructure • Equal access to services • Quality natural environment • Social justice and integration • Income and social protection • Social and gender equality
RISKS Undermine mental health	• Genetic factors • Low education • Alcohol and drug use • Unhealthy diet • Obesity and other metabolic risks • Chronic disease • Vitamin D deficiency • Body dissatisfaction • Sleep disturbances • Obstetric complications at birth	• Sexual abuse and violence • Emotional and physical abuse and neglect • Substance use by mother during pregnancy • Bullying • Intimate partner violence • Being a war veteran • Sudden loss of a loved one • Job strain • Job loss and unemployment • Urban living • Being from an ethnic minority	• Climate crisis, pollution or environmental degradation • Poor quality infrastructure • Poor access to services • Injustice, discrimination and social exclusion • Social, economic and gender inequalities • Conflict and forced displacement • Health emergencies



Targeting loneliness



Fostering innovations and evidence-based mental health care development

Národní akční plán prevence sebevražd
2020–2030

MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ

NÁRODNÍ AKČNÍ PLÁN PREVENCE SEBEVRAŽD 2020-2030

Agenda

- Mental health in CEE
- Mental health care systems in CEE
- Mental health care reform in CZ: Deinstitutionalization, prevention and innovation

- **Program of Exchange Visit Programme in CZ**

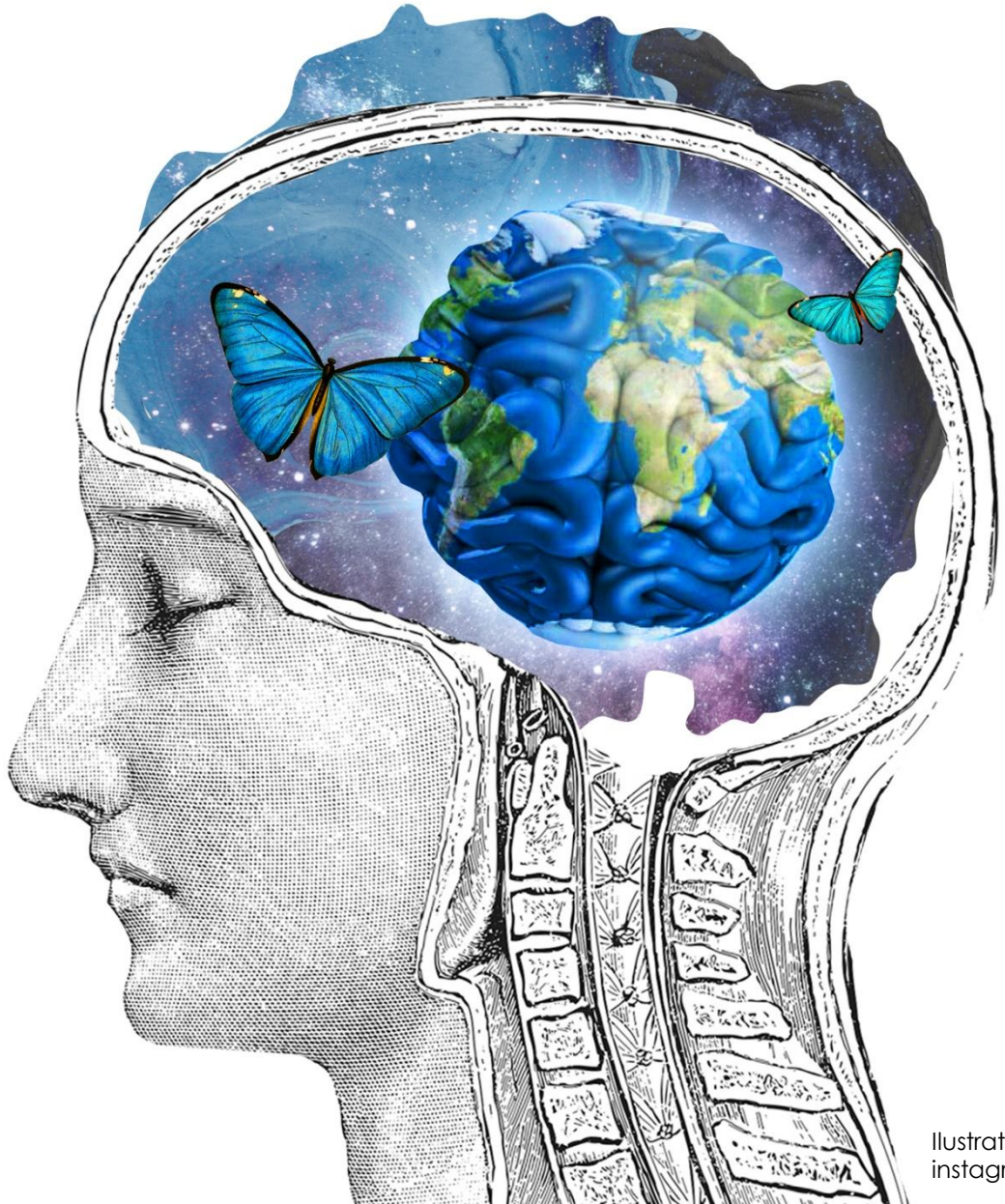
Week 1

- Intro and contextualization
- Psychedelic research and practice
- Service users movement
- Prevention and promotion in youth mental health
- Programs for parents

Week 2

- Prevention and early intervention in sexology
- Perinatal mental health
- Stigma, discrimination and mental health literacy
- Shadowing in community mental health centres
- Conclusive workshop

NIMH NATIONAL INSTITUTE OF MENTAL HEALTH



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