



ASSESSMENT

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Introduction

- To introduce **F1 “Participation in the Service User Assessment Process”**.
- To describe basis for the Czech participation in the project
- To provide short description of the most important competencies of the Function 1
- To introduce the main speaker

Why the Czech participation in the project?

Current situation in the Czech mental health care for people with SMI
(community living)

Opportunities

- Re-location of funds from so called “social psychiatric hospitalizations” to community based residential services
- Existing organizations which are able to provide residential services in a case they receive necessary funds
- Development of family and relatives movement and their lobbying

Threats

- Lack of European incentive policy aimed to increasing number of services
- Political interest/lobbying of big hospitals against de-institutionalization („prohibition“ of the idea of community care)
- Current state policy oriented to institutional mental health care

Strengths

- Strong need of residential care (estimated 2-3 thousand persons are still „living“ in psychiatric hospitals)
- Existing good examples of community based care
- Workers in actually functioning community based mental health services are strongly oriented to support community living

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Weaknesses

- Lack of needed residential services
- Lack of state policy (lack of financial support system, lack of health and social system of residential care)
- Lack of money resources
- **Lack of trained staff**

Assessment is an *ongoing, dynamic process* that uses observations and interactions

The purposes of assessment:

Individual level

- Levels of need
- Planning programmes of care
- Recognize changes

System level

- Effectiveness
- Planning services provision
- Research

Key elements

early experiences, vulnerabilities and stressors (past and present), core beliefs (regarding self and people), psychotic experiences (past and present), emotional and behavioral consequences, coping strategies (past and present), current „maintenance“ factors, social relationships, risk issues.

Developing a “shared understanding” can have a great therapeutic value and has become a cornerstone of some services (Alanen,1997).

Function 1

Participation in the Service User Assessment Process

community based
mental health
care workers
(CMH care
workers)

working in the area
of **community**
living



F1 part 1-4

- *F1-1)* Be able to understand tools for planning service provision and conducting research
- *F1-2)* Demonstrate effective communication and observational skills as part of the assessment process
- *F1-3)* Formulate the assessment in a clear manner
- *F1-4)* Be able to assess needs and resources.

F1 part 5-8

- *F1-5)* Be aware of, and identify, symptoms and behaviours of an individual experiencing MH problems.
- *F1-6)* Be able to identify the signs of a crisis/relapse.
- *F1-7)* Be able to communicate with service users to identify side effects of their medication and the impact this has on their lives.
- *F1-8)* Be able to assess service users abilities to carry out everyday activities independently.

F1 part 8 -10

- *F1-9)* Be able to assess quality of life using basic assessment tools
- *F1-10)* Be able to assess service users motivation and ability to live independently in the community (according to 5 indicators)