



# COMPARATIVE TRANSNATIONAL REPORT



LEONARDO DA VINCI Programme II PHASE 2000-2006

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# Historical Background

# Introduction

- *Historical development of Mental Health System, in our countries, is characterized by a not always rapid but constant de-institutionalization (DI) process of psychiatric patients.*
- *The develop of DI process brings with it important changes, both in organization of the systems both in approach to caring.*

- *DI process development appears to be conditioned by many factors, mostly historical and political . Then, in each country, DI process starts at different times and develops within different contexts.*

# History of DI process

ITALY	<p>It starts in the mid/late 60's. In 1978 law 180 provides prohibition of new admissions in Psychiatric Hospitals and planning and building of new community-based services. By then there has been a constant decrease in number of residents in Psychiatric Hospitals. This is most evident between 1978 and 1982 and between 1994 and 2000. By 2000 the DI process may be considered fully accomplished.</p>
GREECE	<p>It starts in the 80's. In 1984 de-instituzionalization of "Leros State Hospital"</p> <p>In 2000: Initiation of the Psychargos Program which provides, by 2015, the closing of the 9 remaining psychiatric hospitals. At present, this program is in full implementation.</p>
CZECH REP	<p>It starts in the early 90's after political changes ("velvet revolution"). Traditional institutional care are changing slowly. As compensation community based mental health services are established by NGOs. Despite of development of these new approaches and new providers, comparing to biological or psychotherapeutical treatment, community-based rehabilitation for mentally ill is still only little disseminated.</p>

# History of DI process

<b>SCOTLAND</b>	It starts in the late 40's. In 1949 first experience of "open door policy" at Dingleton Hospital. Melrose. The medical superintendent, Macdonald Bell (G.M. Bell) published a paper "A mental hospital with open doors" By then there has been a slow but constant process of development of ID process and a constant decrease of resident in PO. In the 80's and 90's DI process was at his top and there has been the major changes toward community-based care.
<b>NETHERLANDS</b>	It Starts in the late 70's. Instead of closing down psychiatric hospitals for long-term patients (the number of psychiatric hospital beds were only cut down by 15 to 20 per-cent during the last 25 years) DI process develops slowly through implementation of new community-based care programs for long-term patients.
<b>LATVIA</b>	It Starts in early 90s after Restoration of Latvian Independence. Especially rapid during the last 5 year. At present the reduction in the number of hospitals and their capacity is not admissible given the current insufficient development of social care institutions. Today the work at hospitals is intensified to the maximum (bed occupancy has increased, average number of bed-days has decreased).

# Main factors conditioning DI process

## ■ Political factors

- Choices of economic policy
- Choices of health policy

## ■ Cultural factors

- Attitude towards mental illness
- Lack of Social Psychiatry culture

## ■ Socio-Clinical factors

- Lack of an adequate social care system which is, in some case, replaced by Psychiatric hospitals
- Need of residential features for long-term patients

*Socio-Clinical factors, may be considered the most critical points in development of DI process*

## *It means that:*

- *A DI process can't leave out of consideration the need of a parallel and synchronic process of development of Community services.*
- *In this sense, new community services should be able to satisfied the need of long term-patients, those patient with severe and persistent mental ill which need an intensive, even residential, care.*

*“ ...Can we make it without mental hospitals?” It is quite clear that a positive answer to this question can not only be supported by a simple repeal of the old hospital-based system, but rather by providing the evidence of a real and capillary presence of alternative and community-based services and by their quality” .*

*(Maone; Rossi, 2003)*

# Legislation

<b>Greece</b>	<p><b>Legislation 1397 (1983):</b> Constitution of the National Health Care System</p> <p><b>Legislation 2716 (1999):</b> Development and modernization of the Mental Health Services (Sectorization)</p> <p><b>Legislation 2889 (2001):</b> Foundation and Operation of the Regional Health Care System</p> <p>«<b>PSYCHARGOS</b>» program (2001-2010), that provides the gradual abolition of the Psychiatric Hospitals which yet operate in the country.</p>
<b>Italy</b>	<p><i>Law 180/1978</i> that mostly provide:</p> <ul style="list-style-type: none"> <li>■ Prohibition of new admission in Mental Hospital</li> <li>■ Planning and building of new community-based services, at regional level</li> <li>■ Dismantling of old Mental Hospitals</li> <li>■ Admission for acute care only in Psychiatric small wards in general hospitals for short term periods</li> </ul> <p><i>Mental Health plan 1994-1996</i> that provided the establishment of Departments of Mental Health (DSM) in all the Local Health Units (ASL)</p> <p><i>Mental Health Plan 1998-2000:</i> the most recent mental health program issued by the Ministry of Health</p>
<b>Latvia</b>	<p>There is not a specific law. Mental health care in Latvia is regulated by the <i>Law on Public Health</i>. As compensation there are Basic Regulations “<i>The Amelioration of the Population’s Mental health in 2006-2016</i>”, but they are still under consideration.</p>

**Scotland**

There is a specific legislation. At present the main laws in force are: the *Mental Health Care Treatment Scotland Act 2003*, which came into effect on 5th October 2005. It mostly says:

- When a person can be taken to hospital against his/her will
- When a person can be given treatment against his/her will
- What rights a person has when they are receiving care and treatment
- What safeguards are in place to protect a person's rights
- *Adults with Incapacity (Scotland) Act 2000*

**The Czech Republic**

There is much legislation linked to the mental health care, but there is not a specific law. The official policy exists, accepted by the Ministry of Health in 2001 (the *Concept of Psychiatry*). but there is not legislation establishing the types of services . An important change is going to be: in fact, from 1.1.2007 the responsibility for planning and provision of social care will be fully transferred to the regional and local level.

**The Netherlands**

At present, an important change is going to be made in legislation, particularly in financing the system. Till now all payments for mental health care were based on the *Exceptional Medical Expenses Act (AWBZ)*, except for *Public Mental Health Care (OGGZ)*. From 2007 all ambulatory care, and all hospital care will be paid according to the new National Insurance Act, obligatory for all citizens. Besides municipalities will get responsibilities to support all vulnerable citizens. Other important laws for patients are:

*The Medical Treatment Agreement Act (WGBO)*  
*Institutional Client Participation Act (WMCZ).*

# General Topics

- *A specific law about MHS is not present in all the countries. In some country there are some guide-lines or basic regulation, but not translated in a legislation that regulate the organization of the system.*

- *In general it can say that a constant trend in legislative changes, parallel with DI process, go towards devolution to the regional and local authorities of responsibility for planning and provision of the services.*

- *Despite to good intentions, in official health policy there is still some resistance to accept a modern approach to psychiatric care. That, in some case, creates a gap between official government policy , characterized by a medical approach, and community- based organization of the services runned by NGOs or private enterprise.*
- *That can produces problems in connection and communication between Central government and care providers. These problems can have repercussions on the organization of the system.*
- *The risk that it runs, in this case, is to develop a system fragmented into two parts, which operate under different principles and without the necessary connection.*

# Organization

# SERVICES ORGANIZATION

<b>Greece</b>	<p>The country has been divided into Mental Health Sectors. Each prefecture is a Sector (with the exception of certain small prefectures with limited population that are classified in the same Sector as a neighbouring prefecture that has a larger population).</p> <p>At the level of structures and services, the <b>goal</b> set by the <i>Mental Health Reform Guidelines</i> was (and still is) to develop <b><i>a comprehensive network of services in the community that will ensure the adequate functioning of the regional public health services with regard to the needs of the local population – a goal that is clearly far wider-reaching than the mere treatment of illness.</i></b></p>
<b>Italy</b>	<p>The National Health Service (SSN) is divided into three levels:</p> <ul style="list-style-type: none"><li>■ Ministry of Health (national level)</li><li>■ The Health Funds (financing level)</li><li>■ The Regional Administration (which carry out the regional health planning and distribute finances at local level)</li></ul>
<b>Latvia</b>	<p>Considerable part of mental assistance to people with serious mental diseases and disorders is provided by the State.</p> <p>In 2004 the mental health care reform was continued, and the mental health care system was further developed and integrated into the community structure.</p>

# SERVICES ORGANIZATION

<p>Scotland</p>	<p>The <b>National Health Service (NHS)</b> is the publicly funded healthcare system of the United Kingdom.</p> <p>The NHS in Scotland has always been a separate and distinct body from the NHS in other parts of the United Kingdom.</p> <p>Provision of healthcare is the responsibility of 14 geographically-based NHS Boards.</p>
<p>The Czech Republic</p>	<ul style="list-style-type: none"><li>■ <b>State:</b> The Health Ministry manages psychiatric hospitals and some of the general hospitals.</li><li>■ <b>Regional and local authorities:</b> Regions manage some general hospitals.</li></ul> <p>By 01/01/2007 regional authorities and local authorities will take responsibility for planning and granting social services; this concerns main part of community based mental health services, as these services are mostly NGOs.</p>
<p>The Netherlands</p>	<p>Health care in The Netherlands has always been a mix of public and private enterprise.</p> <p>Most of the mental health care facilities are regionally oriented in areas from 200.000 till 600.000 inhabitants (34 regions). Most regions have only one care provider for ambulatory and hospital care, rehabilitation etc.. These providers also manage most of the sheltered housing in their region.</p>

- In general, about organization of the Mental Health Care, it can say that the most widespread system is a mix of public and private interventions.
- In some cases, public system is managed by traditional in-patient care, while Community-based care is managed by private entrepreneurial, with an important role of NGOs.
- Connection between the two systems is not always simple. As it said before, talking about effect of policy in organization of the system, the risk that it runs, in this case, is to develop two parallel systems, which operate under different principles and without the necessary connection.

# Role of NGOs and other firms

Greece	In a survey that has been carried out by the Psychargos Phase II Monitoring and Support Unit it was found out that on December 31st 2005 there were 377 residential facilities all over Greece, created since 1988, 28.6% of which run by NGOs (there are 33 NGOs involved in Psychargos Phase II programme)
Italy	“Territorial Pacts for Mental Health” is a new strategy promoting the functional integration of health, social, economic and vocational resources (both public and private). Within this framework, prevention and treatment interventions may be offered to individuals throughout their life by taking into account
Latvia	Unfortunately, at the moment NGOs are not sufficiently involved into the system of mental health care. Among those working successfully there are such organizations as an NGO “Gaismas stars” (Ray of Light) and a public organization “Paspārne” (Shelter). During the period between 1 August 2003 and 1 August 2004 a project was carried out in the framework of which two teaching aids were prepared – namely, a training programme “Life Skills” intended for mental assistance users and a training programme for their relatives.

Scotland	<p>There are many different organisations working within the mental health field in the voluntary sector in Glasgow. These include large organisations providing a range of services, through to small user-led projects working in a particular area.</p>
The Czech Republic	<p>NGOs are clearly the main initiators of the shift from institutional treatment towards community based mental health care as they are the only providers of it. The problem is that their power to make this shift significant and generally accepted is very limited. In the situation when official mental health care policy is missing, their effort is not sufficient for substantive mental health care reform in the Czech Republic.</p>
The Netherland	<p>All hospitals and facilities are privately governed and managed, but almost all the funds are public money or (strongly regulated) assurance money.</p> <p>There are several NGO's concerning research and development on behalf of the mental health care sector.</p> <p><i>Private enterprises</i> There are no formal obstacles (anymore) to start a private enterprise in health care. During the last decade several MHC-organizations are founded.</p>

- *Then, at present, Role of private entrepreneurial and, in particular, of NGOs can be considered decisive in providing, often even in planning, of Community-Based services.*

# TYPOLGY OF CARE AND SERVICES

# TYPOLOGY OF CARE AND SERVICES IN GREECE

## Traditional in-patients care

- Psychiatric Hospitals
- Psychiatric wards in General Hospitals

## Community-based care

### Out-patient services

- Mental Health Centers (MHC)
- MHC with services for children
- Community Centers for children and adolescents

### Other services

- Psychiatric Units Residential Facilities
- Hostel
- Boarding home
- Apartments
- Day Centers
- Autism Units
- Alzheimer Centers
- Child Guidance Center
- Short Stay Hostel

# TYPOLGY OF CARE AND SERVICES IN LATVIA

## Traditional in-patients care

- 5 regional psychiatric hospital
- 3 so-called chronic hospitals.
- 3 psychiatric profile wards in general hospitals.
- 1 psychiatric hospital where specialists work with neurotic and depressive group of patients

## Community-based care

### Out-patient services :

- 4 out-patient psychiatric departments or ambulances at regional psychiatric hospitals.
- 23 mental health care consulting – rooms at municipal medical institutions in the whole Latvia.
- 55 psychiatric practices of which 16 practices catered for the public procurement
- 1 agency specialised dealing with addictions

# TYOLOGY OF CARE AND SERVICES IN THE CZECH REPUBLIC

## Traditional in-patients care

- 17 psychiatric hospitals for adults: 9 583 beds.
- 4 psychiatric hospitals for children: 368 beds.
- 33 psychiatric departments in general hospitals: 1501 beds

## Community-based care

### Out-patients services

- Ambulatory Psychiatrists
- Clinical Psychologists

### Other services

- Crisis intervention centres and teams
- Day treatment programmes
- Day activity centres
- Work and employment support programs
- Housing support
- Case management teams
- Home care
- Users' information centres

# TYOLOGY OF CARE AND SERVICES IN THE NETHERLANDS

<h2>Traditional in-patients care</h2>	<h2>Community-based care</h2>	
<ul style="list-style-type: none"> <li>■ Psychiatric hospitals</li> <li>■ Psychiatric wards in General Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>■ crisis care: crisis intervention, clinical crisis admission, involuntary admission</li> <li>■ ‘bed-on-receipt’ ‘time-out-bed’ (voluntary crisis beds for short time-out periods)</li> <li>■ crisis card (not in every region): description of appointments between client, environment and caregivers in case of crisis</li> <li>■ case management</li> <li>■ all types of home care: intensive psychiatric home care, home support, assertive community treatment, meddling care etc.</li> </ul>	<ul style="list-style-type: none"> <li>■ all forms of housing: sheltered housing, supported independent living, shelters for the homeless and roofless</li> <li>■ meeting centres, day activity centres</li> <li>■ working projects, adapted jobs, job coaching</li> <li>■ consumer run projects, run by volunteers or ex-clients (part time jobs)</li> <li>■ partner-groups, run by clients</li> <li>■ ‘mates’-services (kind of buddy projects)</li> <li>■ sporting groups (i.c. walking and running)</li> </ul>

# TYPOLOGY OF CARE AND SERVICES IN ITALY

## Traditional in-patients care

- Psychiatric Wards in General Hospital (SPDC)
- Psychiatric Wards in University
- Private Contracted Clinics

## Community-based care

- Mental Health Centers (CSM)
- Out-patients services in MHC
- Day Hospital (DH)
- Daily care centres
- Non-Hospital Residential Facilities
  - Rehabilitative Communities
  - Therapeutic Communities
  - Supported housing
  - Sheltered flats
  - Home-group apartments

# TYPOLOGY OF CARE AND SERVICES IN SCOTLAND

<b>Traditional in-patients care</b>	<b>Community-based care</b>	
<ul style="list-style-type: none"><li>■ Psychiatric hospitals (in-patient services)</li><li>■ The State Hospital (high security)</li><li>■ Psychiatric Wards in general hospitals</li></ul>	<p><b>Psychiatric services, provided by National Health Service (NHS) in Scotland are divided into 6 areas:</b></p> <ul style="list-style-type: none"><li>■ Child and adolescent psychiatry</li><li>■ Adult psychiatry</li><li>■ Forensic psychiatry</li><li>■ Learning disability</li><li>■ Old age psychiatry</li><li>■ Psychotherapy</li></ul>	<p><b>Out-patient services</b></p> <ul style="list-style-type: none"><li>■ Day hospitals</li></ul> <p><b>Other services</b></p> <ul style="list-style-type: none"><li>■ GP practices</li><li>■ Community based psychiatric support</li></ul> <p><b>Supplied care</b></p> <ul style="list-style-type: none"><li>■ supported accommodation (by voluntary organizations)</li></ul>

# Conclusion

- Changes towards a community-based seems to be a natural historical process which involves, at different times, all our countries. These changes bring with it important effects and implications.

# Effect and implications of the changes

Community-based system	<i>versus</i>	Traditional system
Regional administration	<i>versus</i>	Local administration
De-instituzionalization	<i>versus</i>	Instituzionalization
Territorial out-patient care	<i>versus</i>	Hospital in-patient care
Psycho-social approach	<i>versus</i>	Medical-organicistic approach

- To conclude, it appears clear that the process of change toward Community-based system requires to Psychiatric workers the acquisition of specific competences and skills, which have to be suitable to meet the new needs of the patients, taking in consideration the present context of mental health care.