



SWOT ANALYSIS



Leonardo da Vinci

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GREECE

Strong points

- High amount of community rehabilitation units (mainly housing units)
- Closing down of 2 psychiatric hospitals

Weak points

- There is no continuity in care
- The sector doesn't function in most cases (not all required services exists)
- Low level of occupational rehabilitation units
- Mental Health users are not involved in decision making about the care and the rehabilitation programmes

Opportunities

- There are good practices examples of collaborating with local authorities that need to emerge
- Extend the important role the families of mental health services users play

Threats

- Cut backs in funds
- Lack of legal and statutory context for many agencies; especially NGOs

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Strong points

- good mental in-patient clinical base;
- good basic vocational education for psychiatrists and psychiatry nurses;
- understanding of the development of the service and the necessity of its reorganization by the personnel working in the mental health care system.

Weak points

- insufficient development of mental health care service, especially the lack of a network facilitating the patient's everyday life;
- insufficiently effective work of primary care specialists in the field of mental health care;
- insufficiently effective collaboration of mental health service with specialists from other spheres;
- disproportional funding insufficient for the provision of efficient mental health care;
- limited access to medicines for the treatment of mental diseases and disorders;
- insufficient involvement of society, mental health services users and their family members into the forming of the mental health care system;
- limited human resources;
- the imperfection of the normative base in the field of mental health.

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Opportunities

- further improvement of services rendered in mental in-patient hospitals or their reorganization in accordance with the main trend of development of mental health care service;
- updating of educational programmes in compliance with service users' identified needs;
- promotion of the responsibility and partnership of the rest of the personnel involved into the mental health care system.

Threats

- development of community-based mental health service, including the definition of the mission and functions of already operating institutions, as well as the design of the methodology of legal, financial and public relationships, with a special focus on out-patient services;
- promotion of the access to medicines;
- information of the community and the formation of partnership;
- promotion of the development of human resources;
- improvement of legislation in the field of mental health care.

THE CZECH REPUBLIC

Strong points

- strong need of residential care (estimated 2-3 thousands people from psychiatric hospitals)
- existing examples of best practice of community based residential care
- workers in actually functioning community based mental health services are strongly oriented to support community living

Weak points

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

Opportunities

- re-location money from so called "social psychiatric hospitalisations" to community based residential services
- existing organization which are able to provide residential services in a case of getting money
- development of family and relatives movement and their lobbying
- right wing policy (now in opposition) is oriented on support of community based care (community living)

Threats

- lack of European incentive police aimed to increasing number of services
- political interest/lobbying of big hospitals against de-institutionalisation
- currant state policy oriented to institutional mental health care

SCOTLAND

Strong points

- User Involvement
- Recognition of social care model
- Plenty of examples of good practice
- New regulatory structures (SSSC) raising standards and competence

Weak points

- Sometimes good practice is unacknowledged
- Relationship between commissioners and providers

Opportunities

- More opportunities for a “mixed market” across the voluntary, public and private sector
- Change of focus to individual and corporate learning

Threats

- Competition driving costs down which may impact on the caliber of available staff

THE NETHERLANDS

Strong points

- In all catchment areas: mental health care is available for all citizens; almost all necessary kinds of treatment and care are available
- The mental health care system is rather accessible, although referral by a GP is formally needed
- Client participation has developed well; many (consumer run) facilities support clients in their attempts to survive within the community
- Although complex the financing system is good
- Registration of treatment and care is relatively good.
- Long term research about the mental health care situation of the population provide significant data
- Research on mental health (care) and support for MHC organisations and staff has developed well
- Staff is highly educated and well motivated
- Most institutions stimulate permanent education of their staff
- Professional autonomy is strong

Weak points

- The division between 'cure' (treatment) and 'care' within the system is unclear and threatens to complicate the system
- Risk of psychiatrization (too many professionals?)
- Too slow development towards psychiatric community care
- Registration, control, staff meetings, quality systems etc. take more and more staff time at the expense of the available time for clients
- Although accessibility is rather good, the patients flow has blocked at many places within the system. Waiting lists for supported housing and specialised care are everywhere, despite or thanks to the relative richness of the system
- Stepped care is often frustrated by waiting lists and bureaucracy

THE NETHERLANDS

Opportunities

- Size and content of the sector. The sector is relatively rich, so shifts in funding must be possible

Threats

- Separation between cure and care, especially for long term patients
- Adoption of alternative facilities within the MHC-system often leads to encapsulation; facilities have to adapt to new regulations (in order to get money) that may kill all creativity.
- Burocracy.

ITALY

Strong points	Weak points
<ul style="list-style-type: none">▪ Normative that introduces explicit aims to be achieved (relatives and users involvement, psycho-social rehabilitation, drop-out, suicide's risk reduction, health promotion and prevention, fight against stigma)▪ A well defined mental health system and subdivision of his competence on regional level▪ Obligated life-long learning for all the vocational roles involved in the services.	<ul style="list-style-type: none">▪ Non homogeneous implementations of the care at local level. The quality of the care varies among regions and it depends on the local boards▪ Financing snips that could produce:▪ Progressive reduction of workforce (financial cuts)▪ Choose of low-cost care solution, that could make worse quality and intensity of the care.▪ Lack of well defined vocational paths
Opportunities	Threats
<ul style="list-style-type: none">▪ In paradoxical way, financing snips can be an opportunity:▪ experience teaches that community-based services are more chip than traditional medical services. So, financing snips can be a good occasion to develop new community services in place of the remaining old-style services▪ Even in lack of a specific education, psychiatric workers have acquired a good praxis in working in Community services. There is also a good motivation by them to acquire new instruments to make better their work.	<ul style="list-style-type: none">▪ Back to old institutionalized patterns▪ Worsening of care quality▪ Tendency to not well define the mission of the services, confusing <i>cure</i> and <i>care</i>▪ Life long learning is confused and not well monitored