



**WORLD  
PSYCHIATRIC  
ASSOCIATION**



**EUROPEAN PSYCHIATRIC ASSOCIATION**

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Dear Prof Izakova

**World Psychiatric Association / European Psychiatric Association**  
**Expert Working Group**  
**Recommendations regarding psychiatric care in Slovakia**

On behalf of the World Psychiatric Association (WPA) and of the European Psychiatric Association (EPA), we wish to congratulate the Ministry of Health of the Slovak Republic for their commitment to improving the provision and quality of mental health care.

**Background**

In four meetings convened by the President of the World Psychiatric Association, a joint Working Group of experts from the WPA, EPA and DGPPN (Germany) and OGPP (Austria) discussed the most effective way in which the Slovak Psychiatric Association can help implement the Ministry's proposed improvements to services. The participants of the WPA/EPA Expert Group were briefed on the current situation in your country regarding the provision of inpatient and community psychiatric services by the Slovak Psychiatric Association.

Significant progress in deinstitutionalisation to better meet patient needs has been made over the last three decades and the current proposal to further progress this agenda is very welcome.

We noted that the current inpatient mental health system is functioning well in terms of adequate bed numbers and lengths of stay, but there are acknowledged shortcomings in the quality of many inpatient environments and appropriate concerns about the ongoing use of caged beds.

### **Investment in quality improvement and service provision**

We therefore strongly support the need for investment to improve the quality of inpatient facilities as a priority. Evidence from around the globe on the process of deinstitutionalisation is that a balance of inpatient and community-based care is required; and inpatient services will therefore continue to be a necessary part of your mental health system.

We also note that currently, community-based services comprise mainly outpatient care and this model is unable to deliver appropriate, evidence based multidisciplinary treatment and care, particularly to those with more complex mental health conditions and related psychosocial disability. We would specifically recommend closer working between the Ministry of Health and the Ministry of Social Affairs to synergise efforts for this group in particular.

### **Opportunity to review unmet needs**

The commitment of the Government of the Slovak Republic to improving the quality and provision of mental health care now provides an opportunity to review unmet needs and consider further action. An important example is the relative paucity of service provision for child and adolescent patients.

### **Slovak Psychiatric Association proposals**

We therefore strongly support the advice of the Slovak Psychiatric Association to invest in more comprehensive community-based services through community mental health centres. This will provide facilities for appropriate treatment and support for people in the Slovak Republic who have no, or limited, access to the psychiatric services they require.

### **Planning, monitoring and time for implementation**

Although these planned developments in community-based care may, in time, reduce the need for hospital admission for some patients, we urge caution in planning any scaling down of inpatient services too early. Most countries in which the de-institutionalization of mental health care has been successfully implemented have found that the process of building adequate community-based services and alternatives to hospital admission takes several years – sometimes even more than a decade. We advise that planning for this requires clear timelines linked to specific outcome measures.

### **Joint working with stakeholders**

The model of change that, in our experience, works best is where all the stakeholder groups collaboratively plan the required changes. This would typically include Psychiatrists (Slovak Psychiatric Association), Psychologists, Psychiatric Nurses, Patient and Family Organisations.

## **Adaptation to Slovak circumstances**

In considering ways to further improve the quality of care and its coverage it will be important to carefully consider experience of other countries - for example Austria and Germany - so as to develop the mental health system in a manner that will correspond to the needs of Slovakia.

While evaluating experience of other countries it will be important to recall the considerable evidence that the local context is a key factor in the successful implementation of new and enhanced mental health interventions and a detailed understanding of the local system is therefore needed to inform the most appropriate models and necessary adjustments.

The Expert Group is available to advise regarding new or innovative models of service and care, including appropriately adapted models of care such as the Home Treatment Care developed in Germany.

## **Economic benefits of change**

We recognise that the cost burden to the economy of ineffectively treated mental disorders is very high for any country; but that there is now good evidence available that there is a direct economic benefit from increased investment in mental health services. A recent study of experience in a number of countries showed that:

*"the returns to this investment are also substantial, with benefit to cost ratios of 2.3–3.0 when economic benefits only are considered, and 3.3–5.7 when the value of health returns are also included"* Chisholm et al, Lancet 2016

## **Expert Group as a resource**

The World Psychiatric Association and the European Psychiatric Association as well as the members of the Expert Group which was convened on this occasion shall be pleased to discuss further how best to use the experiences of different countries in their work on the delivery of mental health care obtained in Europe and other countries and offer help in the further development of mental health care in Slovakia.

Prof Afzal Javed

President: World Psychiatric Association

Prof Peter Falkai

President: European Psychiatric Association

## **Expert Group:**

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