

S22 Structure quality of mental health care systems in EuropeThe mental health care structures and practice in Italy

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Italian Psychiatry got famous in 1978 as consequence of the radical Basaglian Psychiatric reform by the law/legge 180. Before this reform the old psychiatric institutions/manicomio in Italy have been in a bad condition and highly overcrowded. That time the bed-to inhabitants-rate was in Italy approximately three times higher than in the most other Western European countries. These facts made the reforms more urgent. All obligatory structural changes were introduced together with the new organization of the whole health system based in sectorization in U.S.L./ Unita Sanitaria Locale (one for 80 000-130 000 inhabitants). The psychiatric hospitalization facilities were extremely reduced to small units of max. 15 beds per U.S.L., which got integrated into general hospitals. The importance of out-patient services increased definitely. Out-patient services and the 15 bed units were led by the same team. In those years of structural changes the discussion about psychiatry was mainly political, but it is changing now, getting more professional and scientifically based. The present state of experiences with the renewed Italian mental health care system will be reported with the striking advantages as well as with some possible disadvantage.

References:

Hinnenthal Mandelli, I., Schmidt, R., Munizza, C.: Paper presented on the XV World Congress of Social Psychiatry in Rome, 1995.

S22 Structure quality of mental health care systems in EuropeThe mental health care systems in Germany

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Before reunification of West and East Germany in 1989 two different Germany health care systems were developed. The Western part had since the so called „Psychiatry-Enguete“ of the Government of the German Federal Republic from 1973 developed the following improvements. (1) Beds at the mostly huge state hospitals for the mentally ill have been dramatically reduced and partly replaced by units at general hospitals with lower rates of beds and a mean size of 60 to 150 beds; with a bed rate of 0.5 to 0.8 beds per 1000 inhabitants. Sectorization is strictly maintained. (2) The equipment with staff of all professions needed in mental hospitals is regulated by law since 1989. This is unique in the world and has extreme advantages since it makes mental hospitals independent of administrations and insurances. (3) Since 1989 quality assurance is demanded legally from all health services including psychiatric out-patients and hospital care. (4) A new post-graduate training program for psychiatrists, fully integrating psychotherapy (mainly psychodynamic and cognitive-behavioral), is being realized this year. (5) New mental health laws have been introduced stepwise during the last years, giving more rights and more autonomy to the mentally ill and handicapped. The former heavily deteriorated East German Psychiatry will be described in detail as well. Its deteriorated, by the former East German Government heavily neglected mental health care system with old fashioned huge state hospitals is being replaced by the Western care system as mentioned above.

References:

BMJFFG Empfehlungen der Expertenkommission der Bundesregierung zur Reform der Versorgung im psychiatrischen und psychotherapeutisch/ psychosomatischen Bereich. Bonn 1988.

S22 Structure quality of mental health care systems in EuropeTransformation in health care services in Poland

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Mental health service in the world undergoes a far reaching transformation in order to introduce the environmental psychiatry into practice. In the 1950s and 1960s organizationally there were no marked differences between the situation of mental health services in Poland and the Western European countries and the USA. The process of changes started in Poland in the middle 1970s, however it was going on slowly and inconsequently. Development of the psychiatric hospitals guidance that makes the advantage of mental health services and regionalisation of psychiatric hospitals are the results of the process. The specialistic supervision performed at national regional and voivodeship level seems to be the important element in the structure of mental health services. Nevertheless the restructured process is the most neglected in psychiatric hospitals. In the 1970s the number of beds in psychiatric wards began to be reduced. At the same time the psychiatric wards started to set up in general hospitals. The process is continued now and it is considered to be the one principle goal of the Mental Health Protection Program.

On 19 August 1994 the parliament of the Polish Republic resolved the Act of mental health protection that should stimulate the quicker progress not only in the sphere of mental health promotion but also in transformation in the structure of mental health service.

References:

Puzinsky, S.: Program Ochrony Zdrowia Psychicznego. Presented at the XXXVIII Meeting of the Polish Psychiatrists. Wroclaw, 4-7-5-1995.

S22 Structure quality of mental health care systems in EuropeChanges in Czech psychiatry.

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After February of 1948, when the communist party took over power, all health care facilities in the former Czechoslovakia were nationalized and centralized. Everything was directed and funded by the Ministry of Health Czechoslovakia, which had about 15 million inhabitants, was divided into 10 districts and its capital Prague. In every district there existed catchment areas of about 100,000 inhabitants where hospitals and outpatient departments were organized in the so called District Institutes of National Health. The care was free of charge. People living in these areas were practically obliged to see physicians in their administrative district. Psychiatric care was organized in a similar way. After the „velvet revolution“ in 1989 the partial privatization of health care especially of outpatient departments was carried out. The General Health Insurance Company and several other private insurance institutes have been set up. According to the present tax system, the health insurance program is obligatory for every citizen. However, it will bring also some problems, e.g. in paying for the treatment of chronic patients or for the compulsory treatment of sexual delinquents which was up to now funded and organized by the state authorities.

The total number of psychiatrists has increased during the last decades to about 8 psychiatrists per 100,000 inhabitants. This development was mostly influenced by the increasing number of psychiatrists working in outpatient departments and now in private practices.