Czech Republic: Enabling in a Disabling System

NGOs have brought care in the community to the country, but the Czech health system is still structured against the reintegration of people with mental-health problems

Note: The following article is one in a series commissioned and published by Transitions Online (TOL) and the Mental Disability Advocacy Project (MDAP), a part of the Open Society Institute's Public Health Programs. Each article addresses the situation in an individual country or region in Central and Eastern Europe and the former Soviet Union, focusing on emerging trends in alternative services and ongoing challenges for the social inclusion of people with mental disabilities.

By Katya Zapletnyuk

November 28, 2003

Three years ago, Nada Petrovova spent several months locked up in a psychiatric ward with eight other patients. Almost all of them—including a young mother of two, a girl in the midst of a breakdown suffered when her engagement ended, and a senile old woman who would moan and bellow at night—were suffering from psychoses that skewed their judgment or caused them to see things that did not exist.

The hospital, Bohnice, is one of the most modern in the Czech Republic. However, the concept behind Nada's treatment—that patients should be kept in hospital for months, for years, or sometimes for life—dates back to the latter days of the Austro-Hungarian empire, when the authorities began to build large, often isolated institutions for people with mental-health problems.

The idea was to create an alternative world, a "secure" world that would both protect patients from the difficulties of the outside world and ordinary people from "dangerous" lunatics. But the secure world usually became a parallel world, with no escape. Many patients spent much of their lives behind the stone walls of huge psychiatric clinics.

In the pre-1989 hospitals, there were few activities for psychiatric patients. There was an art-therapy workshop in Bohnice, but it had to serve 1,000 people. Information about diagnoses and medications was kept from patients, and doctors would make all the decisions, not just about medication, but also about what patients could do in hospital and when they could leave.

When patients left the asylum, there was little attempt to integrate them back into the normal routine of life.

There was one "cooperative" in the country that provided some practical assistance to former patients (an organization called Obzor, which employed 20 people). However, for the most part, patients were simply given an invalidity pension—and left to try and find their own path back to a relatively normal life.

For decades, some Czech (and Slovak) doctors felt that the community and the medical profession should change their relationship with those with psychiatric disorders. According to Jan Pfeiffer, the head of the Center for Mental Healthcare Development (CMHCD), the first attempts to create day-care centers as an alternative to huge psychiatric facilities were made in the early 1960s.

But these initiatives—most of which were initiated by individual doctors—were abandoned in 1968 after the countries of the Warsaw Pact invaded Czechoslovakia.

Caring, Creatively

The CMHCD revived the initiatives in the mid-1990s, after Czechoslovakia split into two countries. It turned itself into an umbrella organization to coordinate various projects designed to make the Czech psychiatric system focus more on the needs of patients and former patients.

It has found some official support, in the form of funding from the Czech health ministry, but the country's underlying concept of mental-health care remains as it was. What's more, the funding that the government provides

is not some form of pilot project that might be rolled out on a grander and broader scale. There is no guarantee of continued funding. The money is funneled through insurance companies to hospitals and it is up to each hospital to decide what outpatient services it will offer.

Still, the projects undertaken by CMHCD members highlight what many Czech psychiatrists and care workers believe is the way forward.

Nada Petrovova used to spend some days working at a gardening workshop run by FOKUS, a non-profit organization that provides services in the community for former patients. It also offers group and individual therapy. Nada, who is now in her late thirties, says she needed it. "A person just released from hospital feels very tired because of the medication and [the experience of] the hospital itself," says Nada.

"Sheltered workshops are good because a person is not left alone," she adds. "A person becomes used to some kind of schedule; for example, the need to be at work at 8:30 a.m. At the same time, people here realize that you may not always feel well; so it's possible to take a rest, smoke a cigarette, and then go back to work. Also, there are therapists here, which means that if someone has a problem, they can talk about it with them."

While simply having a structured form of activity helps, FOKUS, like the Prague-based non-governmental organization Baobab, goes beyond providing a drop-in center. Both try to restore social and practical skills, damaged by long stays in secluded facilities.

"We are more and more turning into a self-help organization, because our clients are taking the initiative in organizing many events," said Lucie Zacharova, Baobab's manager.

Baobab also offers various leisure activities, including painting, computer and language courses, as well as trips and excursions. Some similar programs, such as painting, drawing, and pottery, are available to in-patients. But outside the hospital walls, such programs carry an extra message: those who have been ill can live and work independently.

FOKUS and Baobab also offer more basic help, in the form of sheltered housing. Baobab, for example, operates several shared apartments where patients can live independently at subsidized rates. Each week they are visited by professionals.

The Next Phase

But the time has come for a change, says Pfeiffer. "The creative phase driven by individual initiative is over. It is time to pass on to the next phase; and that is impossible without planning and coordination of efforts."

The next phase for organizations such as the CMHCD is to convince the state that it should devote more attention to a patient's life out of hospital, to day-care centers, crisis-intervention centers, and other community-based services. Baobab can provide services to only about 200 people at a time. Using money provided by their local hospitals, some NGOs run day-care centers that offer workshops, sheltered apartments, and leisure activities. However, these community-based services reach only 25 percent of former patients, says Pfeiffer.

Extending community care requires a change of priorities. As in many European countries—western, central, and eastern—mental health remains a peripheral concern for ministers and senior figures in the health system. Indeed, people with psychiatric disorders remain marginalized even among the broader category of people with disabilities. And it was only two years ago that people with mental-health problems (a highly vulnerable group) were first mentioned in a Czech government report on human rights.

A change would also be needed in how money is distributed. Pfeiffer argues that this is "the greatest problem" in mental-health care. "I am not talking about the amount of money but about the way it is distributed—and how it motivates the behavior of particular sectors," he explains.

The spread of community-based psychiatric care is being hampered by the relatively low funding allotted for mental-health care. Directors of ordinary hospitals are reluctant to set up psychiatric wards, because they would receive less money than psychiatric hospitals. And when it comes to outpatient care, the financial incentive is to

provide less, not more. Standard outpatient services—which primarily involves providing access to a doctor to write out prescriptions—receive more money than drop-in day-care centers.

Still, one part of the problem—the low priority given to mental health—is being addressed by efforts to change attitudes at lower levels. The CMHCD has a new project designed to educate professionals about the personal and social aspects of mental-health care.

Filip Spaniel, a psychiatrist from the Prague Psychiatric Center, a clinic and research center run by the medical faculty of Prague's Charles University, believes there has been success. "Doctors and patients used to have unequal rights, partly because of the institutionalization of medicine," he says. "Now relations between the two have a quite different basis: a partnership. A patient comes to a doctor with an 'order' and they cooperate in dealing with the problem."

In many cases, this sense of partnership can be crucial in preventing hospitalization. Spaniel believes that telling patients more about their disease helps patients recognize the onset of symptoms and look for help in time.

Nada confirms that day-care centers that started emerging in the 1990s helped her and many of her friends stay out of hospital. "Day-care centers are definitely much better than regular psychiatric hospitals, because people remain human beings at them," she says. "At a hospital one has all kinds of restrictions and orders, and a person cannot behave naturally."

Like hospitals, day-care centers also provide medication. Ease of access to these centers can make early intervention simpler. Nada, for example, says, "I have a friend who goes to a day-care center himself to get an injection when he feels that something is going wrong."

A More Receptive Community

Even for those who, unlike Nada, do not have access to NGO-run day-care centers, the situation has improved. "I think that in general, things have changed for the better in Bohnice since I was there for the first time," says Nada, who has been coping with schizophrenia since she was 25.

People with mental-health problems also encounter less prejudice and fear than they once did. Spaniel recalls that the atmosphere was different in the early 1990s, when he tried to introduce community-based services in the East Bohemian town of Pardubice. His organization worked hard to inform the public about mental illnesses.

They also regularly conducted a survey among townspeople, asking them how they would react if they realized they were in an escalator with a psychotic patient or that their neighbor had a psychotic illness.

"We carried out the survey each year for five years and over that period the answers changed dramatically. In the beginning, people were scared and used to say that they would get out of the elevator immediately. Gradually such answers became a minority," said Spaniel.

More upbeat evidence of an upswing in attitudes comes from a set of annual concerts, "Mezi ploty," held in the cities of Prague, Brno, and Plzen. One weekend a year, a broad collection of young, popular groups and alternative-music outfits play to large crowds on the grounds of psychiatric institutions.

Communities are clearly more willing to accept people with mental-health problems than they once were. For Nada and others like her, the question now is when the government might be more willing to let them out into the community—and whether it will provide more support to the NGOs that help them reintegrate.

Katya Zapletnyuk is a TOL correspondent.

About Transitions Online (TOL):
TOL is a nonprofit Internet magazine and media development organization dedicated to using Internet technologies to help strengthen the professionalism, independence, and impact of the media in post-communist Central and

Eastern Europe, the Balkans, and the former Soviet Union. Based in Prague and with branch offices in Moscow, Sarajevo, and London, TOL produces timely, original news and analysis, covering all 28 countries in the post-communist region through its network of local journalists and editors. Visit TOL's website at **www.tol.cz** for more information.

About MDAP:
The Mental Disability Advocacy Program (MDAP) is a part of the Open Society Institute's Public Health Programs. MDAP supports projects that seek to address the massive over-institutionalization, lack of community-based services, and general exclusion from society of people with mental disabilities throughout Central and Eastern Europe and the former Soviet Union. Since 1995, MDAP has been supporting the development of community-based alternative services to facilitate the reintegration of people with mental disabilities into the community, as well as supporting the development of services to prevent institutionalization in the first place.