



Psychiatric Reform in the Czech Republic as a Fulbright Faculty Scholar

Christopher G. Hudson

Learning in the Spring of 2017 that my proposed research with the Social Work Department at Charles University was approved by the U.S. and Czech J.W. Fulbright Commission was especially exciting. This project, which began in September of that year, would not only introduce my wife and I to life in Prague, but would permit me to meet key decision makers in the nation's psychiatric reform initiative and to research how the system and its underlying decision-making structures and processes are changing. I chose this topic as the Czech Republic is known for its ambitious initiative to deinstitutionalize its public mental health services in a planned manner, that is, to deemphasize the provision of psychiatric hospitalization and to develop a system of community mental health services. My interest was specifically to better understand how decisions are being made, and in what ways this system is changing in this respect. As a U.S. social work professor, from Salem State University, just outside of Boston, MA, USA, this assignment promised to provide me an invaluable opportunity to extend my knowledge in the field of international mental health policy, which it indeed has done.

Thanks to the help of my host, Eva Dragomirecká, the Research Coordinator in the Department, as well as the Social Work Department Director, Kateřina Šámalová, my introduction to the Department and the start of my work went very smoothly. One of the main research tasks has been data collection which has involved interviewing key informants about the nation's decision-making processes. After approval by both Salem State University's and Charles University's human subjects committees, we identified an initial list of informants and interview invitations were sent out. Fortunately, the majority of these individuals graciously agreed to be interviewed, even in a few cases of people with minimal English who would require a translator. The Department assigned one of the social work doctoral students, Monika Dudová, who conscientiously assisted in this manner. The eleven interviews involved a variety of individuals, including officials in the government, executives with the psychiatric hospitals, lawyers and politicians, staff from community service and advocacy programs, and consumer and family advocates for the mentally ill. Each brought their particular expertise and perspective to the table, sharing fascinating stories about how decisions have been made, and how upgraded systems are being developed. I was particularly interested in understanding how a wider range of voices are being incorporated, and at the same time, how the key decision makers are taking into account scientific knowledge, evidence-based practices, and the experience from around the world.

The other major type of data collection involved the review of a wide variety of documents, that have included legal proclamations, reports, Psychiatric Society minutes, memoranda, websites, and the like. When not available in English, each was translated through some combination of online translation services and the as-

sistance of my assistant and colleagues at Charles University. Regular consultations with Eva Dragomirecká would provide invaluable insight for interpreting the data, and these led to a draft article that we recently completed and circulated to the interviewees for any corrections and further comment.

Initial results include confirmation of movement toward the development of broad new decision and oversight structures and the beginning of the implementation of several community mental health centers. It was found that the Czech Republic faces some of the same trade-offs found elsewhere, namely, between an inclusive participatory process, and one that systematically incorporates empirical evidence and best practices. Implications for new psychiatric deinstitutionalization initiatives have been identified, including the needed development of a national mental health authority; new funding strategies to support the new system on an ongoing basis; the need for multi-level service coordination of community and institutional, psychiatric and social services; and mechanisms to assure transparency in policy development, among others.

Since departing from the Czech Republic in mid-January and devoting time to several new projects while in Paphos, Cyprus, and now (April 2018) Paris, France, I have been directly inspired to research questions that have arisen during my work in Prague. For instance, given that this research showed the importance for mental health authorities to define the extent of deinstitutionalization needed within a given national environment, I have since analyzed some international databases and developed a statistical model, using predictive analytics, that identifies when a country provides more or fewer psychiatric beds than needed. This project, entitled “Benchmarking Deinstitutionalization: A test of a nonlinear model” has provided results that indicate that the Czech Republic provides psychiatric beds at a rate of 82.4 per 100,000 population, when the need is only about 57.9, thus, providing an important opportunity for the nation to shift resources from its mental hospitals to the community mental health system. The U.S., in contrast, has reduced its psychiatric beds much more than needed, to only 23.6 per 100,000 population, when the need is about 64.1. In fact, 69.6% of the world’s nations have fewer beds than needed, and 11.8% have more than the data indicate are needed.

While researching the Czech experience with psychiatric reform, I was impressed with the breadth and care that has been devoted to this process, one that I expect that other nations will be able to learn from as it is developed and as various barriers to its fulfillment are overcome. Presentations and discussions with students and faculty at Charles University, as well as one at the University of South Bohemia, gave me confidence in the ability of the Czech social work community to play a key role in the evolving mental health system. One of the recommendations that Eva Dragomirecká and I made in the conclusion to our article is that the new mental health system will need to more systematically incorporate social workers in the leadership and in the professional workforce in this sector of the health care system.

