

Community Mental Health Centers: The Role in Providing Access to Mental Health Services for Displaced Population from Ukraine

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Head of the Pilot Office of the National Mental Health Protection Programme



National Mental Health Protection Programme for the years 2017-2022

REGULATION OF THE COUNCIL OF MINISTERS of 8 February 2017

regarding **the National Mental Health Protection Programme** for the years 2017-2022

Under art. 2 section 6 of the **Act on the Protection of Mental Health of 19 August 1994** it is decided as follows:

§ 1. 1. The National Mental Health Protection Programme for the years 2017-2022 is established to specify the strategy for the activities aimed at:

- 1) providing people suffering from mental disorders with comprehensive, wide-ranging and commonly accessible healthcare and other forms of care and assistance necessary for living in the family and social environment;
- 2) developing proper social attitudes towards people with mental disorders, in particular understanding, tolerance, kindness, as well as preventing their discrimination.

Reform of the mental health care system - strategic assumptions

- The implementation requires a number of organizational and investment changes, the final effect of which is to improve the availability and quality of services provided in the field of broadly understood psychiatric care.
- The reform assumes an evolutionary transition from the model of institutional care based on inpatient treatment to the model of community-based care by transforming the currently operating entities, as well as the creation of new facilities to ensure access to health services in all regions of the country, especially in areas where it is insufficient, requiring special investment support.
- Since 2018, a pilot of Mental Health Centers for adults has

***ORDER OF THE MINISTER OF HEALTH
of 9 July 2021***

***on the establishment of a Panel for the continuation of the reform of the
mental health system***

The task of the Team was to prepare a draft strategy of activities in psychiatric care for the years 2022-2027, including:
proposing a model of psychiatric care for both children and adolescents as well as adults,
presentation of directions and schedule of activities, estimation of necessary financial and investment needs.





DZIENNIK URZĘDOWY
MINISTRA ZDROWIA

Warszawa, dnia 12 lipca 2021 r.

Str. 51

ZARZĄDZENIE
MINISTRA ZDROWIA

z dnia 9 lipca 2021 r.

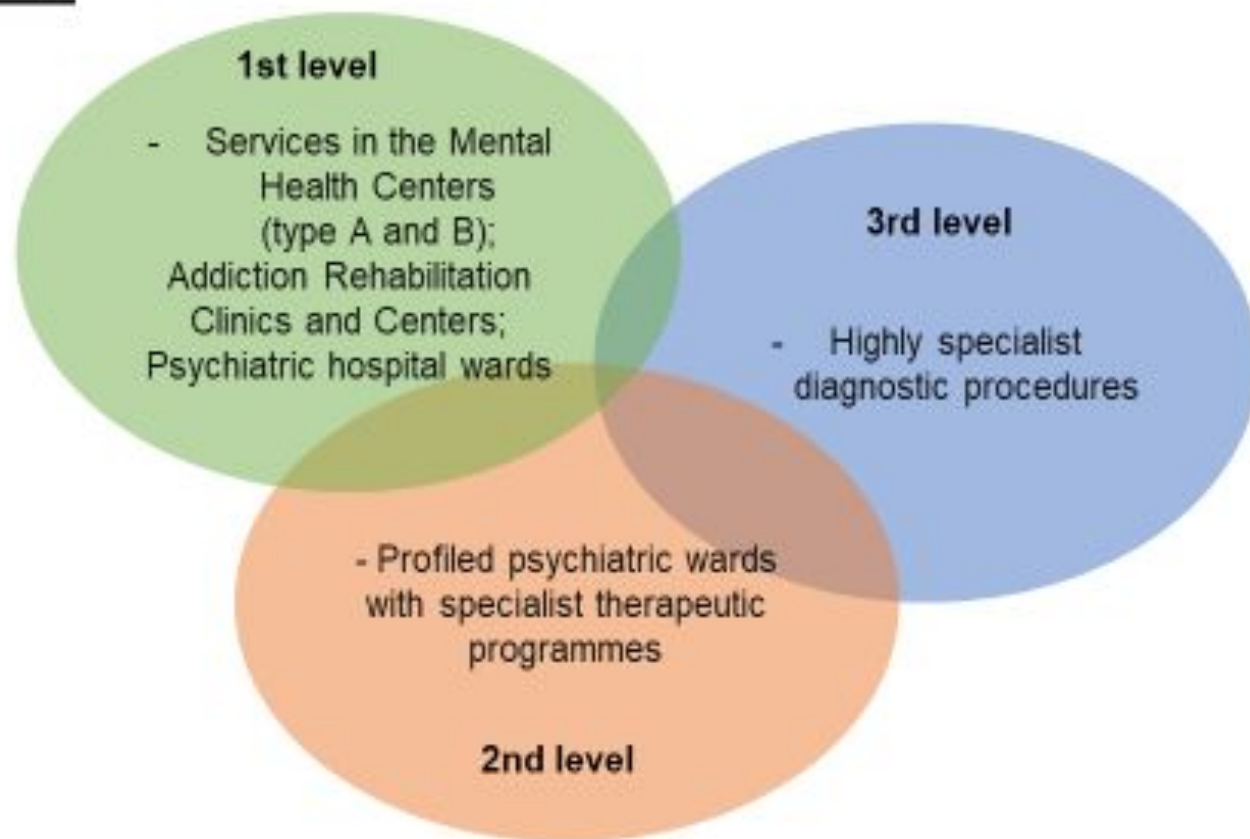
w sprawie powołania Zespołu do spraw kontynuacji reformy systemu ochrony zdrowia psychicznego

**RAPORT Z PRAC ZESPOŁU DS.
KONTYNUACJI REFORMY
SYSTEMU OCHRONY ZDROWIA
PSYCHICZNEGO**

Warszawa, sierpień 2021 r.

Task force appointed by the Minister of Health to give direction for the further reform of the Polish mental health care system for year 2022-2027

Implementation of a three-level model of psychiatric care for adults:

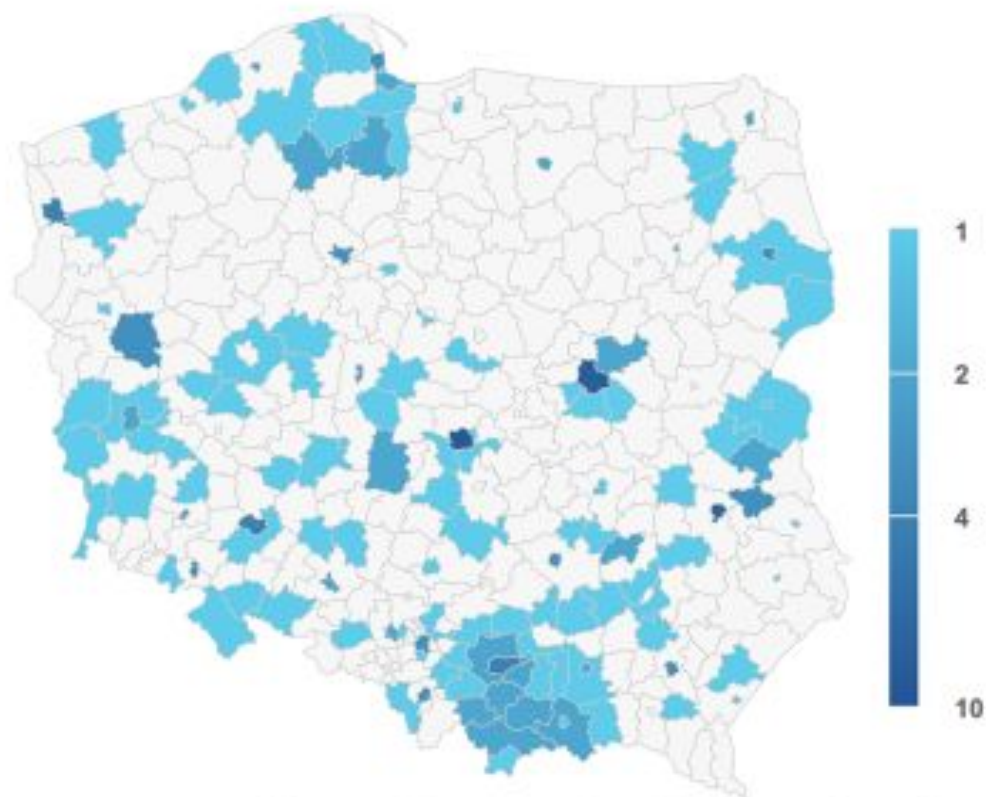


Origin of the problem

Inequalities in the access to community and day care (2018)

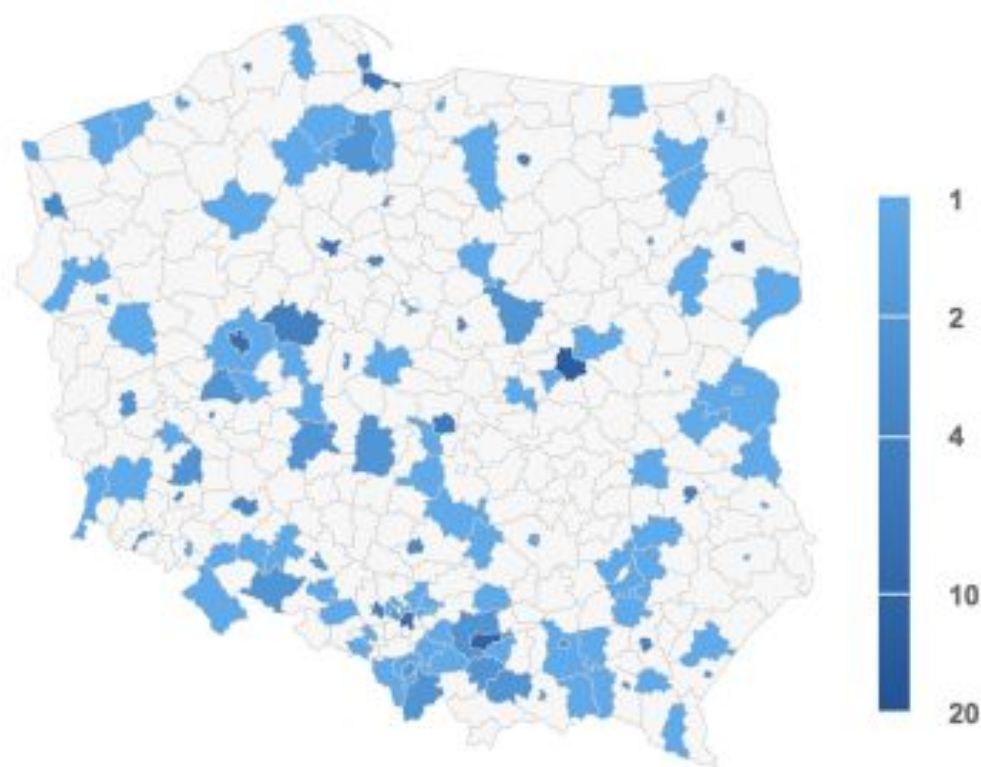
34% districts

with community care services available in their area



31% districts

with day care services available in their area

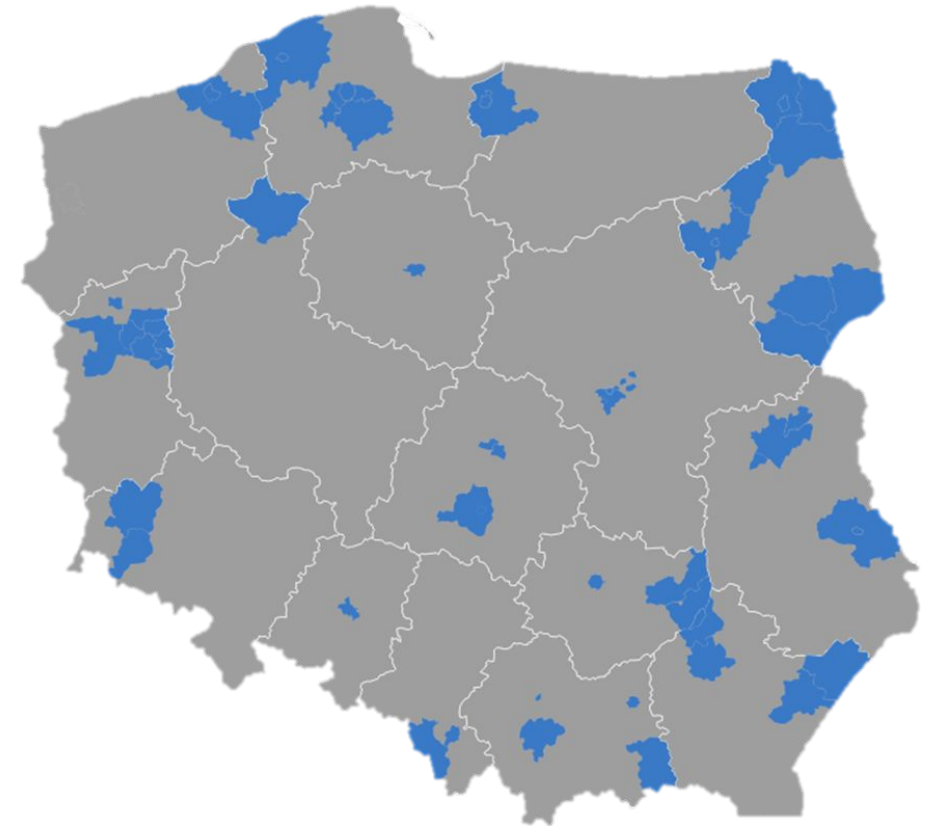


Source: Health care need maps – Database of Implementation and Systemic Analyses, Ministry of Health 2020



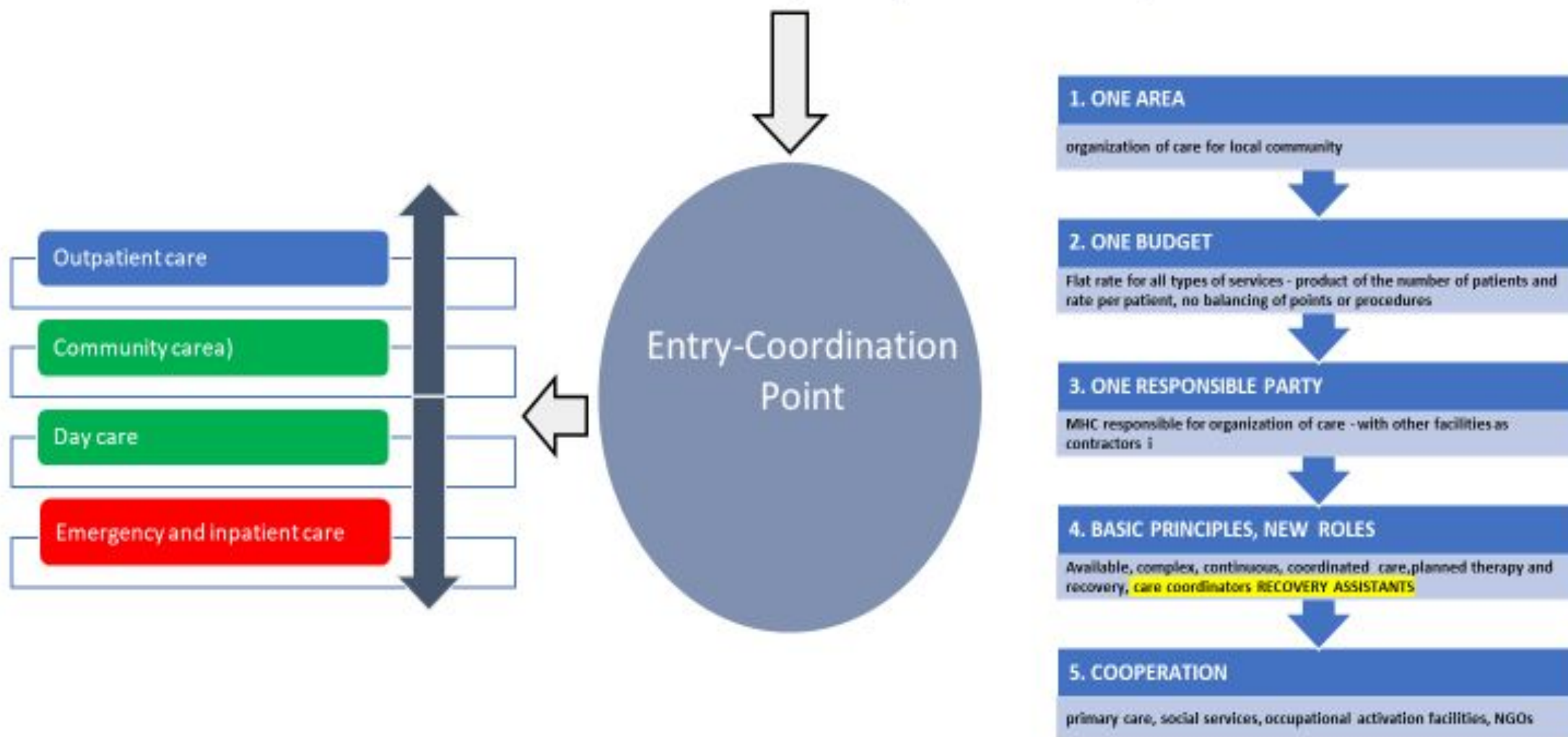
Summary of the implementation of the pilot programme

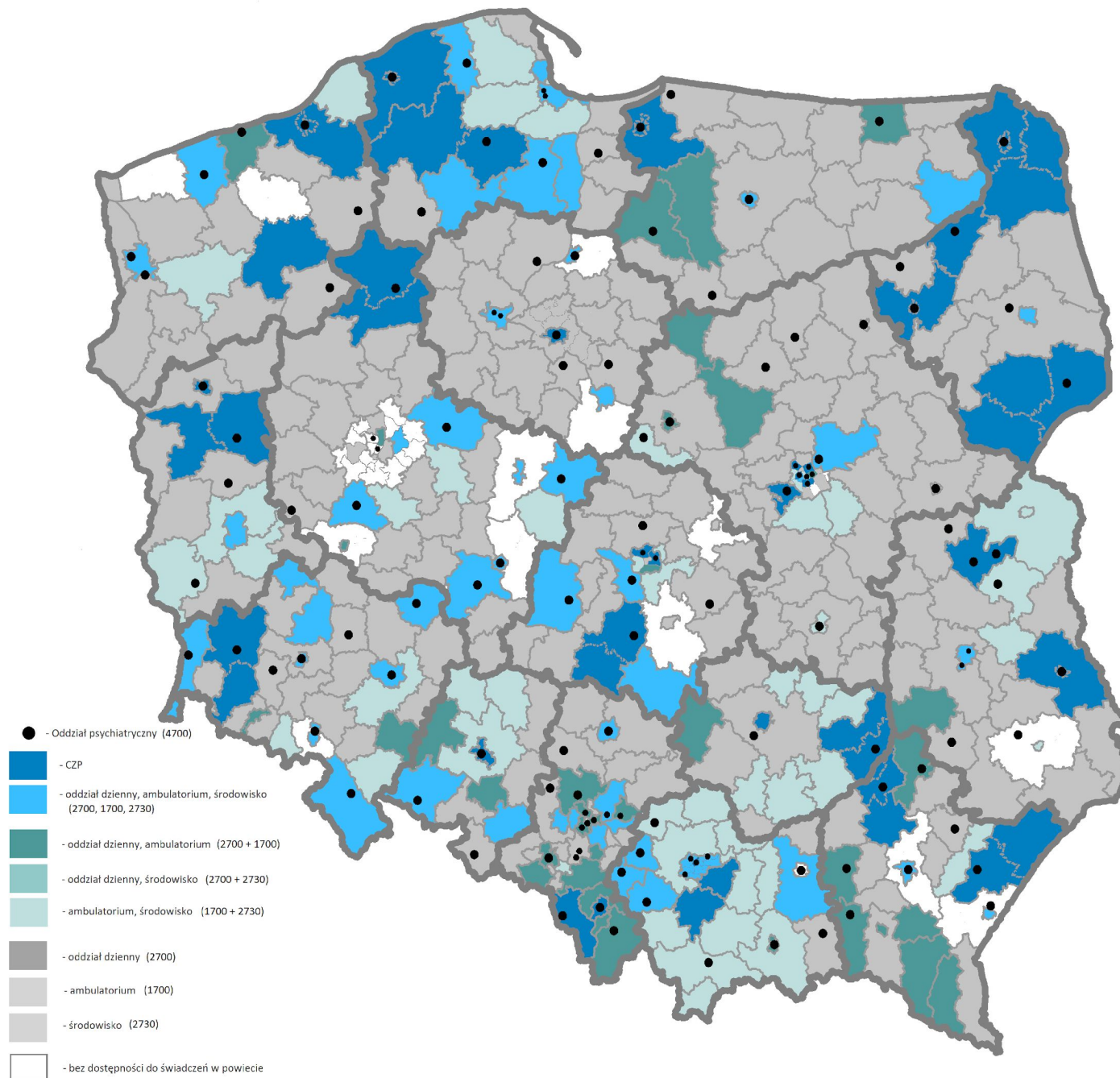
During the first phase of the pilot, many detailed problems were revealed and continue to be revealed. This is due to the nature of the program, the purpose of which is to test new solutions. The experience of the first months of the pilot and the visits carried out show that solving problems also requires ongoing cooperation between the entity that developed, established and supervises the pilot program (Ministry of Health) and the implementing, financing and monitoring entity (NFZ).



Specific barriers to overcome

Mental Health Center (MHC) – 2018-2022 pilot





Organizational standard of health care in mental health centers



Biblioteka Biura ds. pilotażu NPOZP – Zeszyt 1 wydanie drugie

The tasks of the Reception and Coordination Point include (RCP):

- 1) providing information on the scope of MHC's activities and the possibility of obtaining a health care;
- 2) indication of the place where the necessary assistance will be received; social benefits in cases requiring it;
- 3) conducting a preliminary assessment of the health needs reported by persons with mental health problems or their families to the RCP, providing possible support and the agreement on a preliminary recovery or support plan ;



Organizational standard of health care in mental health centers



Biblioteka Biura ds. pilotażu NPOZP – Zeszyt 1 wydanie drugie

4. arranging needed appointment in all MHC units or cooperating entities in accordance with a preliminary plan. In urgent cases, the deadline medical advice may not be later than 72 hours after notification; if life-threatening condition calling an ambulance;
5. providing health services (advice, visits and psycho- social support sessions) but also patients club, sociotherapeutic day rooms.



Organizational standard of health care in mental health centers



Biblioteka Biura ds. pilotażu NPOZP – Zeszyt 1 wydanie drugie

Total number of persons employed in MHC type A as part of the basic activity (medical staff) - not less than the equivalent of 0,6 FTE per 1000 inhabitants over 18 years of age residing in its catchment area.

In MHC type B not less than 0,4 FTE.



Organizational standard of health care in mental health centers



Biblioteka Biura ds. pilotażu NPOZP – Zeszyt 1 wydanie drugie

Coordination of health care services provided in accordance with the therapy plan and recovery as part of active assistance is provided by care coordinators.

There must be no more than 30 patients with active aid per care coordinator.





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Babińskiego SPZOZ w Krakowie



PORADNIA PSYCHIATRYCZNA DLA UCHODźCÓW

ПСИХІАТРИЧНА ПОРАДНЯ ДЛЯ БІЖЕНЦІВ



Child psychiatry

Third referral level – Highly Specialized Mental Health Inpatient Centre: admission room/inpatient facility
(planned admissions and emergency admissions in life-threatening conditions).

Second referral level – Mental Health Care Centre for Children and Adolescents: child and adolescent psychiatrist/ psychiatric day hospitals/community care

First referral level – Community Psychological and Psychotherapeutic Care Centre for Children and Adolescents: psychologist, psychotherapist, community therapist



Sociotherapeutic day room for children from Ukraine - Enchanted Glove



ŚWIETLICA DLA DZIECI Z UKRAINY
ZACZAROWANA RĘKAWICZKA

DLA KOGO?

Dla dzieci w wieku od 7 do 12 roku życia, które znalazły się w Krakowie w obliczu wojny na Ukrainie. Przewidujemy przyjęcie około 20 dzieci zamieszkanych na terenie dzielnic Dębniki, Łagiewniki i Borek Fałęcki, Śwoszowice.

RODZAJE ZAJĘĆ

Różnorodne działania: kreatywne, zajęcia rozwijające wyobraźnię, w tym też drama, fizyczne, komunikacyjne, kompetencji życiowych jak również czas wolny.

ZAPISY

Kontakt w sprawie przyjęcia do świetlicy z Infolinią ŚCZP DiM Kraków Południe

Od poniedziałku do piątku w godzinach: 8.00-20.00 pod numerem tel.: 726 204 176

DODATKOWE WSPARCIE

W przypadku potrzeby wsparcia specjalistycznego, uczestnicy zajęć świetlicy będą mogli korzystać z szerokiego wsparcia jakie daje jej organizator czyli Środowiskowe Centrum Zdrowia Psychicznego Dzieci i Młodzieży.

GDZIE?

Budynek IVB Środowiskowego Centrum



Środowiskowe Centrum Zdrowia Psychicznego
dla Dzieci i Młodzieży
Kraków Południe



Needs - the necessary tools, resources

Necessary systemic actions

- 1) **Roadmap for the adult psychiatry reform till 2027 (schedule of action)**
- 2) **Legal regulation of the new model of adult and child psychiatric care**
- 3) **Launch of highly specialized care (programmes and facilities)**
- 4) **Establishment of a national mental health center**
- 5) **Allocation of EU funds (2021-27) to support systemic change within the deinstitutionalizing strategy**



Needs - the necessary tools, resources

Psychiatric care for children and adolescents:

full implementation of the healthcare model based on 3 levels of reference;

- development and implementation of organizational, diagnostic and therapeutic standards for all levels of reference;
- definition of new guaranteed benefits in psychiatric care for children and adolescents, taking into account the characteristics of the functioning and tasks of institutions at different levels of reference;
- continuous evaluation of the services by NHF branches with regard to the organization of a network of reference levels and identification of the so-called "white spots";
- further financing of the modernization or development of hospital rooms and areas intended for therapeutic and recreational purposes;
- spreading information about the help provided in newly established facilities located close to the child's place of residence - ie. facilities of the 1st level of reference;
- developing an incentive programme for medical and non-medical personnel to seek employment in institutions of the public psychiatric care system.



Suicide prevention in Poland - problems to solve

AIM: To establish and implement the National Program for the Prevention of Suicidal Behavior as part of the National Health Program 2021-25 (with secure central funding).

Its implementation requires:

- a thorough review and analysis of extensive evidence-based scientific literature and a selection of standards/recommendations/guidelines that will be **adequate to the current situation in the country** in terms of organization, human resources and finance;
- recognition of the need for constant **cooperation with experts** in the field of suicidology (supervision);
- acknowledgement of the needs of specific professional groups, incl. doctors, nurses, paramedics, educators, uniformed services, in the scope of **urgent implementation of standards of conduct**.

Suicide prevention in Poland - problems to solve

Sources of the problem:

- a small number of experts in the field of suicide prevention;
- low social awareness of the risk and protective factors, forms of dealing with suicidal crises, public health preventive strategies;
- lack of social awareness of the need for a reliable monitoring of suicidal behavior as the basis for the diagnosis and evaluation of the program;
- the existence of two overlapping sources of epidemiological data (Central statistical office and Polish National Police) on suicides and reliable reporting of suicide attempts.

Barriers to overcome:

- lack of reliable central monitoring of suicide attempts;
- lack of evidence-based suicide prevention programs at each of the three levels of prevention.

Required tools, resources:

- "legal" protection;
- coordination of the existing regional and local government activities.



Education of psychiatric trainees

Problems / risks identified:

1. hospital-centered education does not fit to the recently introduced, community-centered mental health services
2. low competencies of young psychiatrists in somatic medicine promotes separation of psychiatry from general medicine
3. decreasing interest of young psychiatrists in psychotherapy - training of psychotherapists in Poland (psychologists and medical doctors) largely dissociated from official specialty training and dominated by a private sector

Needs / solutions:

1. better balance between hospital and community psychiatry in the new training curricula – *process initiated*
2. broadening of training in somatic medicine in the new training curricula?
3. incorporation of psychotherapy to professional training (residency) of young psychiatrists?

Thank you
<https://czp.org.pl>

