

Evaluation of the mental health care systems in the Czech Republic and EU countries

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* 1. Introduction

Health is considered one of the primary and the most important elements of an individual's life. An individual's health status is a significant determinant of whether a person will lead a fulfilling life. Health encompasses not only the state of the body but also the state of one's mental well-being. For this reason, it is essential to care for both the functionality of the body and one's mental health, which includes emotional, cognitive, and behavioral aspects (Hook and Bogdanov, 2021).

When defining the concept of health, various approaches and concepts can be encountered (WHO, 2023). The World Health Organization (WHO) created the most commonly cited definition of health in 1946, which states: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). Another definition explains this concept as: "the overall (physical, mental, social, and spiritual) condition of a person that allows them to achieve optimal quality of life and is not an obstacle to similar efforts by others" (Křivohlavý, 2001, p. 40).

The definition implies that an inseparable component of overall health is mental health, which is

a significant factor in achieving a certain quality of life for an individual. Mental health influences the way an individual thinks and acts, also affecting emotions and forming the basis for the ability to make decisions, build relationships, and shape the surrounding world. Mental health, as a factor, also represents one of the fundamental human rights (WHO, 2022).

Given the importance and timeliness of the topic of mental health in the population, this article focuses on evaluating the mental health care system in the Czech Republic (CR) and European Union (EU) countries. A well-designed mental health care system for the population is a priority area of public policy in all EU countries and contributes to the accessibility and quality of services provided.

The aim is to assess the implementation of the mental health care system in the CR and compare it with EU countries. EU countries will be ranked based on the success of implementing mental health care, including policies, plans, and strategies of the respective countries (including children and adolescents), and it will also include areas of mental health legal regulations, health insurance, and mental health support and prevention. The research also verifies the hypothesis (H1) as follows: The mental health care system in the Czech Re-



public, when compared to EU countries, achieves a below-average level. The hypothesis is supported by analyses of the mental health care system in the CR, which assess it as lagging behind and underfunded, as evidenced by the Czech Psychiatric Society (2017) and the Ministry of Health of the CR (2023).

2. Factors of mental health

There are many different factors that affect an individual's mental health over the course of their lifetime that can affect them in both positive and negative ways. These factors include not only psychological or personal predispositions, such as the ability to control one's emotions or thoughts, but also individual characteristics and societal, cultural, environmental, and economic factors (WHO 2013, p. 9).

The most significant influence on an individual's mental health is their family, especially their behavior, parenting style, and their own mental health. In cases where parents used physical punishment or harsh parenting methods, it often led to behavioral problems in the individual, including difficulties with their mental health. Bullying is considered a primary negative factor that affects an individual's mental health (WHO, 2019).

The impact of these negative factors, as well as others like an unhealthy lifestyle, social changes, and work-related stress, can result in a deterioration of an individual's mental health or even the development of mental disorders. Approximately 15% of the global workforce currently suffers from some form of mental illness (WHO, 2019), which can have an impact on the economy (Campion and Knapp, 2018).

The COVID-19 pandemic has also had a significant impact on the mental health of individuals. In addition to healthcare workers, people who were already dealing with mental illness before the pandemic were affected. Another group affected included individuals with low incomes, people who lost a loved one due to the pandemic, or children

who lost social contact with their peers. Since the summer of 2020, a significant decline in mental well-being and an increase in negative feelings such as tension, anxiety, loneliness, unhappiness, and depression have been observed in all age groups, reaching their lowest levels in the spring of 2021. An increase in sleep disturbances has also been observed in the general population (European Commission, 2022).

Furthermore, in the EU, approximately 58,000 citizens die by suicide each year, which is a higher number than deaths due to traffic accidents, homicides, or HIV/AIDS (European Commission, 2005).

2.1 Prevalence of mental disorders

Mental disorders are highly prevalent worldwide and can manifest in various forms and intensities. The prevalence of mental disorders depends on numerous factors, including geographical location, culture, age, and gender. According to the World Health Organization (WHO, 2019b), approximately one in four people in the world will experience a mental or neurological disorder at some point in their lives.

In the Czech Republic, the most commonly used diagnostic tool is the International Classification of Diseases published by the WHO (WHO, 2016). This classification categorizes various mental disorders based on shared characteristics and symptoms, identified by alphanumeric codes (e.g., F30-F39 for mood disorders). Each category in the International Classification of Diseases includes a clinical description, diagnostic guidelines, exclusion criteria, and diagnostic considerations (Raboch et al., 2001, p. 140). Mental disorders and behavioral disorders are included in the 10th revision of the International Classification of Diseases under the fifth chapter (WHO, 2016).

Among the most common mental disorders are depression, anxiety disorders, eating disorders, and substance use disorders. These disorders often have a negative impact not only on the individual but also on their close relationships. Depres-

sion can affect anyone, particularly those who have experienced a traumatic event, such as abuse or the loss of a loved one. It is estimated that over 280 million people worldwide suffer from depression, with symptoms including low self-esteem, hopelessness about the future, suicidal thoughts, and a profound sense of fatigue and lack of energy. Depression is 50% more prevalent in women than in men, and approximately 3.8% of the population is estimated to experience depression, with 5% of adults and 5.7% of adults over the age of 60 affected (WHO, 2023b).

In 2004, the European Commission released a report titled “Actions Against Depression,” which analysed the impact of depression on public health, the social system, and the economy. The report identified potential measures that could be taken to address this issue (European Commission, 2004).

The most common types of anxiety disorders include generalized anxiety disorder, panic disorder, phobias, social anxiety disorder (social phobia), and separation anxiety disorder. Anxiety disorders involve excessive or irrational fear and anxiety. Generalized anxiety disorder is a long-term condition characterized by regular feelings of anxiety about various problems or situations in everyday life. It typically emerges in individuals before the age of 39, and up to 51% of those affected may find it severely debilitating in their daily lives, including home and work responsibilities and interpersonal relationships (Ruscio et al., 2017).

A panic attack is a sudden and intense feeling of anxiety, accompanied by various physical symptoms such as rapid breathing, heart palpitations, sweating, dizziness, and nausea. These symptoms often occur without an apparent trigger (Mind, 2021).

Phobias are anxiety disorders characterized by extreme and unfounded fear or anxiety about specific situations, objects, or activities (Mind, 2021). Social phobia, also known as social anxiety disorder, is a mental disorder characterized by strong

and unjustified fear of situations involving interaction with other people or public speaking (NMLS, 2019). Separation anxiety disorder primarily occurs in children and involves intense anxiety when an individual is separated from a particular person or people with whom they have a relationship. Separation disorders affect approximately 3.5% to 5.4% of the population (Hort et al., 2000).

Eating disorders are mental disorders characterized by unusual behavior related to food and eating habits. Many individuals with eating disorders exhibit their difficulties in a more concealed manner, such as restricting certain foods they consider unhealthy or being overly concerned about their diet and physical activity. There are three classic forms: bulimia, anorexia nervosa, and binge-eating disorder, and individuals may experience a combination of these forms. Triggers may include societal pressures on appearance, traumatic experiences, or psychological issues during adolescence (NZIP, 2023). The prevalence of anorexia nervosa among young women and girls ranges from 0.5% to 1.0% of the population. Mental bulimia is most common among high school and college students, affecting approximately 4.0% to 15.0% of them. In young adults, the prevalence of this disorder is somewhat lower, at approximately 1.0% to 3.0% (LFUK, 2018).

Substance use disorders encompass various substances, including alcohol, tobacco, marijuana, cocaine, opioids, and others (NZIP, 2023). The prevalence of these disorders may vary depending on the specific substance and context. According to the World Health Organization, about 5.0% of the population aged 15 or older suffers from substance use disorders. For example, the prevalence of alcohol use disorder varies by country and methodology, but it is estimated that approximately 5.0%-10.0% of adults in Europe have alcohol use disorder. Furthermore, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the prevalence of cannabis use disorder in Europe is around 1.5% of the population aged 15-64. In 2004, the EU Council adopted the

→ EU Drugs Strategy (2005–2012), and in 2005, the EU Council also approved the EU Action Plan on Drugs (2005–2008) (European Commission, 2005). Currently, the EU's Drug Strategy for the period 2021–2025 is in effect (Council of the European Union, 2022).

2.2 Prevention of mental disorders

In the battle against the negative impacts of not only the COVID-19 pandemic but also to promote mental health, prevention of mental disorders plays a crucial role. There are three basic types of mental health prevention: primary prevention, secondary prevention, and tertiary prevention.

Primary prevention focuses on preventing the onset of mental problems. It consists of a set of measures aimed at preventing the occurrence of mental disorders and stopping their development before they manifest. This includes promoting a healthy lifestyle, preventing stressful situations, and improving overall mental and physical health. Prevention of stressful situations can involve relaxation techniques, meditation, or mindfulness. Primary prevention of mental health may also include education about mental well-being. An important aspect of primary prevention is efforts to minimize risk factors such as unhealthy habits, social isolation, and an unbalanced lifestyle. The goal of primary prevention is to help individuals maintain good mental health and reduce the risk of mental problems.

Secondary prevention aims to support individuals who are at higher risk of developing mental issues, such as those with existing mental disorders or those who have experienced traumatic events. The goal of secondary prevention is to identify signs of mental problems early and minimize their negative impact. In addition to providing professional assistance and treatment, secondary prevention also focuses on monitoring the patient's health and preventing the recurrence of mental disorders.

Tertiary prevention helps individuals living with mental issues maintain their psychological

well-being and improve their quality of life. The purpose of this prevention is to reduce the symptoms of individuals with mental problems, enable them to effectively manage their mental well-being, and reduce the risk of recurrent mental problems (MHF, 2021).

3. EU policy and strategies focused on psychiatric care

In recent years, mental health has become a subject of growing interest in public healthcare. In the European Union, consisting of 27 member states and nearly 450 million inhabitants, the care of mental health has become a priority. As the population begins to recognize the importance of mental health in terms of quality of life and work productivity, efforts to strengthen policies and strategies focused on improving mental health and psychiatric care have grown (European Union, 2022; Aliev et al., 2023).

Within the member states of the European Union, there are significant disparities in the field of mental health. For example, suicide statistics range from 3.6 cases per 100,000 inhabitants in Greece to 44 cases per 100,000 inhabitants in Lithuania, which is the highest rate in the world. There are also significant differences in the allocation of financial resources for mental health within the healthcare budgets of individual member states (European Commission, 2005).

The European Union recognizes the importance of providing quality psychiatric care to its citizens, and in recent years, several initiatives at the EU level have aimed to support and improve mental health care in Europe. The Commission also actively funds research projects and supports campaigns aimed at improving mental health awareness among its citizens. One example is the support for campaigns against cyberbullying and raising awareness about depression and suicide. The Commission strives through these campaigns and projects to improve awareness, reduce the stigma associated with mental disorders, and promote

access to adequate care and treatment (European Union, 2022).

In 2001, the World Health Organization focused on mental health in its flagship publication, “The World Health Report.” This publication, which has addressed current healthcare topics annually since 1995, provided a detailed look at mental health issues (Sayers, 2001).

In 2005, a conference on the same topic was held in Helsinki, following up on the World Health Report from 2001. During this conference, the Mental Health Global Action Programme was developed, aiming to implement the recommendations contained in the WHO report from 2001 (WHO, 2002; Panchartkova, 2007).

In 2005, the European Union, together with all the states in the European region of the World Health Organization, adopted two important documents. The first is the Mental Health Declaration for Europe, expressing their joint commitment to mental health. The second document is the Mental Health Action Plan for Europe, which sets out specific measures and strategies for improving mental health in the European region. These documents aim to strengthen cooperation and coordination in the field of mental health among member states and seek to provide better care and support for the mental health of European citizens (WHO, 2005) and (Winkler, 2013).

Also in 2005, the European Union published its strategic document on mental health, known as

the Green Paper. This document represents a significant advancement in the development of EU policy on mental health. The Green Paper provides an analysis and proposes measures to improve mental health care and reduce the negative perceptions associated with mental disorders (Winkler, 2013).

At the sixty-sixth World Health Assembly in May 2013, the WHO adopted the Comprehensive Mental Health Action Plan for the period 2013–2020 (WHO, 2013). In 2019, the validity of the action plan was extended until 2030. In 2021, the seventy-fourth World Health Assembly approved updates to the action plan, including revisions to implementation options and plan indicators.

This action plan was developed based on consultations not only with member states and international partners but also with civil society. It is designed as a plan of clear actions for member states, the secretariat, and international, regional, and national partners. This plan also presents key indicators and goals that can be used to assess the level of implementation, progress, and impact. The central principle that guides this action plan is the internationally recognized principle that mental health is an integral part of overall human health (WHO, 2021).

The action plan is closely linked to other global action plans and strategies adopted by the World Health Assembly. These include the Global Strategy to Reduce the Harmful Use of Alcohol, the Glob-

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al Plan of Action on Workers' Health 2008–2017, the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases 2008–2013, and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030 (European Union, 2022). It also draws upon WHO regional action plans and strategies focused on mental health and substance abuse, either adopted or in development. The action plan has been designed to create synergies with other relevant programs of UN agencies, UN international groups, and international partners (WHO, 2021).

In June 2022, the Commission's initiative called Together for Better Health was introduced and covers the period 2022–2027. This initiative focuses on non-communicable diseases, including mental health and neurological diseases, which have been included as a separate (fifth) group of diseases under the expanded global program for non-communicable diseases.

The EU initiative covers 5 areas:

- Health determinants: Focuses on population and population-level health promotion, disease prevention, and complements the measures of the European Cancer Plan.
- Cardiovascular diseases: Focuses on the prevention and treatment of diseases of the heart and blood vessels, such as heart disease and stroke.
- Diabetes: Focuses on the prevention and treatment of diabetes and related complications.
- Chronic respiratory diseases: Focuses on the prevention and treatment of diseases of the respiratory system, such as chronic obstructive pulmonary disease and asthma.
- Mental health and neurological disorders: Focuses on the prevention, diagnosis and treatment of mental disorders and neurological diseases such as anxiety disorders, depression, bipolar disorder and schizophrenia (European Commission, 2023)

The aim of this initiative is to improve the prevention, diagnosis, treatment and care of these dis-

eases through the joint efforts and cooperation of various actors in the field of health. The "Together for better health" initiative aims to reduce the incidence of non-communicable diseases and improve the quality of life of people affected by these diseases.

Within mental health, the EU noncommunicable diseases initiative aims to promote mental health and well-being, prevent and address mental health problems and mental disorders, and provide support for people with mental disorders (European Union, 2022).

The current situation in Ukraine has a devastating impact not only on the physical infrastructure and people's lives, but also on their mental well-being. The conflict has brought extensive traumatization, loss of loved ones, the separation of families and fear of the future.

The war left deep scars on the mental health of the people of Ukraine. Many people suffer from post-traumatic stress disorder, anxiety, depression and other mental disorders. Children who have witnessed violence and survived traumatic events are particularly vulnerable.

In response to this situation, the European Commission took measures and allocated funds from the EU4Health programme, which was set up as a response to the COVID-19 pandemic and was supposed to strengthen the EU's crisis preparedness. A total of EUR 9 million has been mobilized to provide urgent mental health and trauma support to people affected. The International Federation of the Red Cross also got involved, donating EUR 7 million. This contribution is intended to directly help people who have fled Ukraine to cope with traumatic experiences and provide them with mental health support (European Commission, 2023).

4. Models of psychiatric care in the EU

There are many models of psychiatric care. Each of the authors classifies the models from a different point of view. The basic and main model of psychi-

atric care in EU countries is the Balanced care model. The balanced care model recommends that the overall mental health system includes both community-based and hospital-based care (Saraceno et al., 2007). The model is based on a structured review of scientific knowledge and evidence, and is also based on the experience and knowledge of professionals in the field of mental health change across countries around the world. The balanced care model cannot be applied worldwide because of the huge differences in resources available at national and local levels. The model is therefore divided based on the World Bank's three country resource categories, offering components of mental health services for low-, middle-, or high-income countries (Thorncroft and Tansella, 2013).

The model identifies five elements of general adult mental health services. These are specifically the following elements of general services: ambulatory care, community mental health teams, acute inpatient care, long-term community residential care and work and occupations. In high-income countries, the balanced care model recommends that a range of specialized services be provided in each country, according to resources (Jacobs and Lesage, 2019). These are, for example, specialized services such as clinics for people with eating disorders, treatment-resistant affective disorders, for people with psychotic disorders and substance use disorders, clinics for mentally ill mothers. Specialized services also include supplementary care, which refers to acute constitutional care. Acute inpatient care includes day care facilities, crisis homes, or home crisis teams (Killaspy et al., 2020).

Three basic types of specialist care have been identified in high-income countries (Thorncroft and Tansella, 2013):

- 1) 24-hour personal residential care (hostel with staff, nursing homes),
- 2) accommodation facilities with daily staff (dormitories that are inspected daily,
- 3) accommodation with a lower level of personnel support.

Defining and articulating a balanced care mental health strategy and plan is necessary but not sufficient to ensure that service improvements are delivered into practice (Jailobaeva et al, 2021). In the future, it will be important to have available not only models important for planning, but also models important for clear implementation. There is no evidence that the overall mental health care system can be delivered by hospital care, but there is also no clear evidence that it can be delivered by community services. Rather, some balance should be set between hospital care and community services. Certain recommendations have been developed in some countries for countries to strive for a balance. In reality, the ratio between hospital care and community services is determined by local conditions, which change over time (Thorncroft and Tansella, 2013).

5. Research methodology

The paper is focused on the evaluation of the mental health care system in the Czech Republic and in the countries of the European Union. Mental health care systems are assessed based on WHO data obtained from the 2020 Mental Health Atlas (WHO, 2020). Due to the larger number of indicators, multi-criteria decision-making methods were used for data processing. The use of the WSA method is common in a wide range of economic and social cases, where it is possible to find effective solutions or create a ranking of variants (Šubrt et al., 2019).

5.1 Weighted sum approach

The evaluation of the implementation of mental health care systems in EU countries was carried out using the weighted sum approach (WSA – Weighted Sum Approach). This is a method of multi-criteria evaluation of variants. Multi-criteria decision-making models are used to solve decision-making problems, in which the consequences of decisions are assessed according to multiple cri-

teria, which can introduce certain difficulties and conflicts into the solution resulting from the general controversy of the criteria. The purpose of multicriteria methods in these situations is to find the best variant according to all possible aspects considered, to exclude inefficient variants or to organize a set of variants (Šubrt et al., 2019).

A large number of methods of multi-criteria evaluation of variants are available and they are based on different principles. Among the most frequently used methods we can mention the AHP method, methods of the ELECTRE class, PROMETHEE, the weighted sum method (WSA), the utility function method, the TOPSIS method and others (Jablonský, 2007).

The weighted sum approach is based on the construction of a linear utility function on a scale from 0 to 1, where the worst variant according to the given criterion will have a utility of 0, the best variant will have a utility of 1, and the other variants will have a utility between these extreme values (Němeček and Janata, 2010).

This method requires cardinal information, a criteria matrix, and a vector of criteria weights. It constructs an overall rating for each option, so it can be used to find the single best option, but also to rank options from best to worst. The weighted sum method is based on the principle of utility maximization (Šubrt et al., 2019).

When applying the weighted sum approach, it is necessary to replace the elements y_{ij} of the input criterion matrix with values y'_{ij} , which will represent the utility of the variant X_i in the evaluation according to the criterion Y_j . The values of y'_{ij} can be obtained for the maximization criteria according to relation (1):

$$y'_{ij} = \frac{y_{ij} - D_j}{H_j - D_j} \tag{1}$$

where D_j is the lowest (i.e. worst when maximized) and H_j the highest (best when maximized) criterion value of criterion Y_j . It is clear from the above relation that the utility y'_{ij} for the worst criterion value $y_{ij} = D_j$ will be equal to 0 and for the best cri-

terion value $y_{ij} = H_j$ will be equal to 1. For minimization criteria, the above relation needs to be modified as follows according to relation (2):

$$y'_{ij} = \frac{H_j - y_{ij}}{H_j - D_j} \tag{2}$$

The total benefit of variant X_i can then be calculated as a weighted sum of partial benefits of individual criteria (Jablonský and Dlouhý, 2015), see formula (3).

$$u(X_i) = \sum_{j=1}^k v_j \cdot x'_{ij} \tag{3}$$

The variants are then sorted according to the value of $u(X_i)$ and the required number of variants with the highest utility values are considered as the solution to the problem (Šubrt et al., 2019).

5.2 Model and data

The multi-criteria decision-making model is based on selected indicators of the mental health care system. Basic characteristics of mental health care systems and policies of all European Union countries were selected and evaluated according to availability. Subsequently, individual indicators II-16 were calculated. Table 1 shows the individual criteria of the individual monitored characteristics.

When applying the WSA method, the weights of individual indicators and the character of the function are also the important factors. All selected indicators have a maximizing character. The method of calculating by usage of equal weights was chosen so that no indicators were disadvantaged. All indicators are given equal importance.

6. Research outputs

The evaluation of the implementation of mental health systems in EU countries was carried out based on the application of the WSA method. The results are summarized in Table 2. EU countries are ranked according to the state of implementation of the mental health care system from best to

Table 1 » Methodology of criteria evaluation.

Criteria	Points
I₁ — Mental health policy / plan	
Stand-alone policy or plan for mental health	0–3
Year of policy / plan	0–3
Policy / plan is in line with human rights covenants	0–5
Human resources are estimated and allocated for implementation of the mental health policy/plan	0–1
Financial resources are estimated and allocated for implementation of the mental health policy/plan	0–1
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored	0–2
I₂ — Mental health legislation	
Stand-alone law for mental health	0–3
Year of law	0–3
Law is in line with human rights covenants	0–5
The existence of a dedicated authority or independent body to assess compliance of mental health legislation with international human rights	0–2
I₃ — Child and/or adolescent mental health policy/plan and Suicide prevention strategy/policy/plan	
Stand-alone or integrated policy or plan for child mental health	0–1
Year of child mental health policy / plan	0–3
Stand-alone or integrated policy or plan for adolescent mental health	0–1
Year of adolescent mental health policy / plan	0–3
Stand-alone or integrated strategy/policy/plan for suicide prevention	0–1
Year of strategy/policy/plan	0–3
I₄ — Insurance for mental health	
How the majority of persons with mental health conditions pay for mental health services	0–2
How the majority of persons with mental health conditions pay for psychotropic medicines	0–2
The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country	0–2
I₅ — Integration of mental health into primary health care	
Integration of mental health into primary care is considered functional	0–5
I₆ — Mental health promotion and prevention	
Existence of at least two functioning programmes	0–1
Number of mental health promotion & prevention programme	0–7

Source: WHO (2020), own processing.



Table 2 » *Evaluation of the implementation of mental health care systems in EU countries (2020).*

Rank	Variant	Benefit	Rank	Variant	Benefit
1	Slovenia	0.92262	15	Romania	0.56052
2	Portugal	0.90390	16	Sweden	0.54055
3	Germany	0.84973	17	Slovakia	0.51263
4	Ireland	0.82882	18	France	0.51218
5	Lithuania	0.82823	19	Austria	0.49937
6	Denmark	0.82783	20	Hungary	0.49226
7	Finland	0.78584	21	Luxembourg	0.46744
8	Italy	0.69529	22	Estonia	0.46320
9	Czech Republic	0.67798	23	Spain	0.40575
10	Poland	0.65476	24	Cyprus	0.35137
11	Latvia	0.64809	25	Malta	0.27922
12	Croatia	0.61818	26	Netherlands	0.26921
13	Belgium	0.61804	27	Bulgaria	0.19861
14	Greece	0.59675			

Source: WHO (2020), own processing.

Table 3 » *Comparison of the implementation of mental health care system with EU average*

Country	I ₁	I ₂	I ₃	I ₄	I ₅	I ₆	Total (points)
Czech Republic	11	1	6	6	4	5	33
EU average	9,7	7,7	4,2	4,6	2,3	3,3	32

Source: WHO (2020), own processing.

worst. The top five positions were occupied by Slovenia, Portugal, Germany, Ireland and Lithuania. The last five positions were occupied by Spain, Cyprus, Malta, the Netherlands and Bulgaria. The Czech Republic ranked ninth.

Compared to the EU, the Czech Republic achieves above-average results in indicators I₁, I₃, I₄, I₅ and I₆. Only indicator I₂ – Mental health legislation achieves a below-average result, see Table 3.

The research objective was met. Based on the evaluation of mental care systems according to selected indicators, a ranking of EU countries was created. Hypothesis H1 was verified and rejected. The implementation of the mental health care sys-

tem is above average compared to other EU countries. Limitations of the research include the choice of indicators and the choice of the MCDM method. If a different MCDM method were chosen, slightly different results could be obtained.

The Czech Republic is currently lagging behind in the field of mental health legislation. There is no separate law for mental health. Příbylova (2010) states that the primary goal is not to create a good law on mental illness, but a well-functioning system of care. Even in the EU, there are still states that have not developed and issued a law on the protection of mental health. Its aim is to legally treat mental health in all groups of the population.

Based on the principle of an economically developed society, the mental health of the population becomes the most valuable value to be promoted and protected (Prince et al. 2007). Examples of good practice include Germany, which has introduced mental health legislation since 2015, or Denmark (since 2019), see WHO (2020).

7. Conclusion

The COVID-19 pandemic and its consequences have significantly increased the demand for mental health services. In addition, the COVID-19 pandemic has highlighted vulnerabilities in the health systems of European Union countries, as well as the consequences of their inadequacy for population health, economic progress, trust in governments and social cohesion across Europe.

In the evaluation of EU countries, the Czech Republic ranked above average in the implementation of the mental health care system. Despite the fact that the mental health care system is currently being reformed, the Czech Republic still faces significant challenges. The reform of psychiatric care is a systemic change in the provision of psychiatric care, where the main goal is to increase its quality

and efficiency, and especially to increase the quality of life and reduce the stigmatization of people with mental illness. One of the basic changes in psychiatric care in the Czech Republic is the transfer of care from psychiatric hospitals, which until now have been the mainstay of psychiatric care in the Czech Republic, to one's own social environment. The construction of so-called mental health centers is being developed in the Czech Republic, which will provide health and social services to patients with serious mental illness. The Czech Republic belongs to the backward countries of Europe in the field of mental health protection. With regard to the recommendations of international institutions (EU, Council of Europe, UN), a law on the protection of mental health should be drawn up and issued in the Czech Republic.

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→ Evaluation of the mental health care systems in the Czech Republic and EU countries

ABSTRACT

The issue of the mental health of the population is currently among the highlighted topics in all developed economies of the world. In the countries of the European Union, an increasing prevalence of mental illnesses in the population has recently been observed. This trend became even more pronounced in connection with the period of the COVID-19 pandemic in 2020-2022. The article deals with the topic of evaluation of psychiatric care systems in the Czech Republic and EU countries. The goal is to evaluate the implementation of the mental health care system in the Czech Republic in comparison with EU countries. Within the framework of the research, the EU countries were ranked according to success in the implementation of mental health care based on the analysis of selected indicators describing the development and state of implementation of mental health care systems, including policies, legislation and prevention, and based on the use of the WSA multi-criteria method.

KEYWORDS

Czech Republic; EU countries; mental health; psychiatric care system; WSA

JEL CLASSIFICATION

I10; I18; A13

