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Psychiatry in Prague: some personal impressions

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The sudden collapse of the communist order in Czechoslovakia and the formal installation of the new government in June 1990 has led, *inter alia*, to a fundamental reappraisal of mental health care. On a visit to Prague in September 1990 the system under the 40-year-old communist regime was still largely intact but clearly about to undergo major changes. Among the reform proposals made by a working group of the Ministry of Health and Social Affairs of the Czech republic are practices familiar to western psychiatrists: mental health care and specialist liaison in primary care settings; formal specialisation within psychiatry into general adult psychiatry, psychogeriatrics, child and adolescent psychiatry, psychotherapy; psychiatric units in general hospitals; community care with restructuring of funding away from the mental hospital budget and devolution to districts. More "humanisation" of psychiatry is envisaged, with choice of consultant, increased competition between doctors and legal definitions of involuntary treatment (Potuček *et al*, 1990). Voluntary organisations, existing until recently only underground, will be encouraged as also will be counselling services. Dementia, and drugs and alcohol misuse, are seen more as social service than medical issues. Of particular interest is a proposal to separate mental health funding from the rest of the health care budget.

Historical background

To help place the current situation in context elements of the recent history of psychiatry in Prague will be examined. As a starting point may be taken

The administration headquarters at Bohnice.

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the building of Bohnice mental hospital between 1895 and 1922 in the elegant art nouveau style typical of the last Austro-Hungarian empire (see photograph), set in attractive wooded parkland in the suburbs of Prague. The hospital was, during the 1920s and 30s, regarded as advanced and imaginative in Central Europe in its progressive and humanitarian forms of care and rehabilitation approaches. It boasted a farm, theatre and workshops and was economically independent. The biological approach to psychiatry, strongly influenced by Kraepelin and Pavlov, was dominant under the influence of Riedel until his return to Vienna. However, there was a period of six to ten years when Jewish psychiatrists brought in a psychoanalytic influence from Germany but this came to an end with the Nazi invasion in 1938 after which psychoanalysis became illegal both during the occupation and, from 1948, under communism. From 1951 to 1961 there was a period of stagnation during which the army occupied the hospital and half the patients were deported by train to a large mental hospital near Plzen in southern Bohemia.

Current situation

At present there are 1,500 in-patients although this number could be reduced to 1,000 as a third of the patients are thought to be able to live outside the hospital. Treatment remains predominantly custodial with an emphasis on drug treatment (though two to three times a year certain drugs were said to run out). Insulin coma is still practised in the university psychiatric clinic in Prague which has little contact with the mental hospital. Stereotactic surgery was carried out on an estimated three to five patients last year. Patients are currently segregated on the basis of sex, age and disturbed behaviour but, for the future, specialised clinical groups are envisaged, such as chronic psychotic disorders for rehabilitation, personality disorders and short term assessment units for the elderly. Patients admitted on a compulsory order, which needs only to be signed by one doctor, have no formal system of appeal other than for relatives or friends where they live or work to ask what has happened to them. Only two political dissidents have been known to be incarcerated at Bohnice recently but about whom there was disagreement as to the diagnosis. The communist authorities had apparently largely left psychiatry alone during their regime and not abused it for the incarceration of dissidents critical of the regime.

There is a serious shortage of nurses at the hospital in that 400 work there but an estimated 600 are required. There are few occupational therapists or social workers and the latter spend most of their time form-filling with little time for clinical work. There is a plan to build a training school for social workers but as yet there is no social services structure, and no hostels or community homes for the mentally ill.

A recent initiative has been the establishment, from 1988, of sheltered workshops in the community for former in-patients from the mental hospital who also attend a club once a week in the city. A halfway house just outside the hospital grounds is in preparation.

Outside the mental hospital other forms of mental health care had been set up in patchy form. In 1961 a "line of confidence" unit, now run by three psychologists, with a 24 hour telephone line over which people receive advice or are invited to the clinic, was established. Somewhat remarkably a day hospital practising group psychotherapy along analytic lines was opened in 1968 for neurotic and borderline problems. The chief, although a psychoanalytic psychotherapist, was also a communist party member and his connections probably enabled the clinic to survive. Training analyses took place underground as the State was opposed to psychotherapy and to private practice, though it is likely to become legal within the next two or three years. If a trainee mentioned he was in analysis, contact with him would be denied by the trainer. A benign perversion of psychiatric labelling took place at the day hospital in that dissidents in danger of punishment came for help and were diagnosed as "neurotic". Conscientious objectors were considered to be at "danger of suicidal risk in military situations" and thereby exempted though sometimes the psychotherapists were accused of not co-operating with the socialist army.

In 1986 a day hospital for patients diagnosed as psychotic, in which family and individual approaches combined with drug treatment, and social and occupational rehabilitation, was set up. While the Ministry of Health gave theoretical support to the concept of day hospitals little practical help was given and their establishment rested on the initiative and determination of individual psychiatrists and psychologists.

Training in psychiatry

After six years as a medical undergraduate, three years are spent preparing for the "first graduation" in psychiatry. A further six years training leads to the "second graduation" which, if successfully negotiated, enables the psychiatrist to become a "chief". Clinical training takes place largely on an apprenticeship basis within the hospital rather than by formal rotational programmes. The examination for this stage, in addition to the usual written, clinical and viva components, used to include a section on Marxist philosophy, which has now been dropped. A research element is not included unless the psychiatrist intends to pursue research in his future career.

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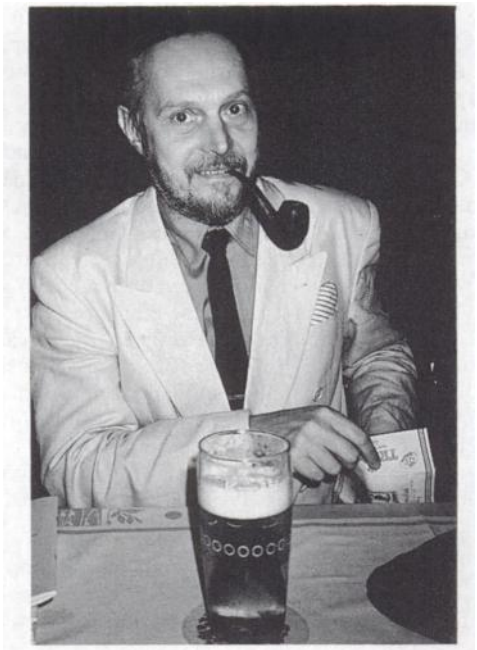
Currently two careers are available, either in hospital or as an "ambulancy" (out-patient) psychiatrist practising in a sector of 1 per 10–15,000 defined population, a structure of care set up in 1950. The ambulancy psychiatrist is based in a polyclinic, has no beds and his work is poorly integrated with the hospital service. He can spend only about ten minutes with each patient, referred by general practitioners or occasionally by self-referral. Psychiatrists are paid 5–6,000 crowns per month (current exchange rate about 50 crowns to the £) and psychologists 3,800 and nurses 2,500 crowns.

The future

While the dramatic events of November/December 1989 are receding into history, the social and personal upheavals remain very evident. The former Civic Forum dissidents are now in positions of power and influence, much pressure is being put on them to help establish the principles of reform and democracy at a considerable pace, and this can interfere with their professional careers and personal lives. Advice is being sought from the west and elsewhere on how to enable progress in health reform. It is of interest that the present Czech Minister of Health worked as a psychiatrist for a year before becoming a neurologist, the adviser to the Minister of Health is a psychiatrist (see photograph), and the Speaker a psychologist. Moreover, the Slovak Minister of Health (the Czech and Slovak Republics have separate Ministries of Health) is also a psychiatrist.

It is likely that psychiatry itself will move from a predominantly biological stance to one accommodating a wider range of psychological and therapeutic approaches. In the undergraduate curriculum it is intended to give psychosocial issues a higher profile and for primary care physicians to be encouraged to treat more psychological disturbances. For doctors, nurses and social workers, training in management will be encouraged. But to achieve what is being sought in mental health reform will require not only financial investment, at a difficult economic time but, more importantly, a change in attitude from those working throughout the service and not just those at the reformist top of it.



Dr Kamil Kalina with copy of the Health Reform Proposals.

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Reference

POTUČEK, M. *et al* (1990) *Reform of Health Care in Czech Republic*. Prague: Ministry of Health.