The mental health care system in Germany

Before reunification of West and East Germany in 1989, two different healthcare systems were developed. The Western part had since 1973 developed relevant improvements. (1) Beds at the mostly huge state hospitals for the mentally ill were reduced to small units of max 15 beds per U.S.L., which got integrated into general hospitals. The importance of outpatient services increased definitely. Outpatient services and the 15 bed units were led by the same team. In those years of structural changes the discussion about psychiatry was mainly political, but it is changing now, getting more professional and scientifically based. The present state of experiences with the renewed Italian mental health care system will be reported with the striking advantages as well as with some possible disadvantage.

References:

Changes in Czech psychiatry.

After the "velvet revolution" in 1989 the Czechoslovakia was divided into 10 districts and its capital Prague. In every district there existed catchment areas of about 100,000 inhabitants where hospitals and outpatient departments were organized in the so-called District Institutes of National Health. The care was free of charge. People living in these areas were practically obliged to see physicians in their administrative district. Psychiatric care was organized in a similar way. After the "velvet revolution" in 1989 the partial privatization of health care especially of outpatient departments was carried out. The General Health Insurance Company and several other private insurance institutes have been set up. According to the present tax system, the health insurance program is obligatory for every citizen. However, it will bring also some problems, e.g., paying for the treatment of chronic patients or for the compulsory treatment of sexual delinquents which was up to now funded and organized by the state authorities.

The total number of psychiatrists has increased during the last decades to about 8 per 100,000 inhabitants. This development was mostly influenced by the increasing number of psychiatrists working in outpatient departments and now in private practices.

References:
BMJFFG Empfehlungen der Expertenkommission der Bundesregierung zur Reform der Versorgung im psychiatrischen und psychotherapeutisch/psychosomatischen Bereich Bonn 1988