

The Care of Mentally Retarded People in the Czech Republic:

The Current Situation and Treatment

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The Characteristics of the Care of Mentally Retarded Persons in the Czech Republic

- **Diagnosis:** Is settled according the definitions in ICD 10
(the term - mentally retarded person is used, the knowledge of the other terms – People with learning disabilities, exceptional children – is very narrow, and when these terms are used, their meaning is completely different than in other countries).
- **Demography:** There are about 300.000 mentally retarded people in the Czech Republic, which is about 3 % of the population
(the numbers are comparable to the results from other countries)

The most important changes after the “velvet revolution” in 1989:

1. **Changes in social care**
2. **Changes in education**
3. **Changes in psychiatric treatment**
4. **Changes in social situation**

1. Changes in social care

There are about 70 000 beds in social institutions provided by the state, a portion of which are partly used by people with learning disabilities. The political changes brought the possibility of other varieties of care.

Type of care for people with mental retardation:

- a) 15 000 living in social institutions, provided by the state

Positive quality - Stable and secure environment, life long care, easy access to systematic medical care

Negative quality - Uniformity of environment, less contact with the „outside world“, loss of involvement in family life

b) State organized institutions not specialized for mentally retarded (homes for old people, for people visually impaired, psychiatric institutions)

Positive quality - contact with people of various ages, possibility of rehabilitation through work experience - e.g. partial employment by institution

Negative quality - lack of special care and activities focused on the needs of people with mental retardation

c) Social institutions based mostly on private care

Positive quality - Focused on individual needs, possibilities of rehabilitation and activities, higher number of staff and caregivers

Negative quality - Instability caused by the sudden reduction of funds and financial support

d) Living at home with assistance, sheltered flats, respite care

Positive quality - Emotional support of the family, more contact with the „outside world“, stimulating environment

Negative quality - Difficulties of achieving assisted care, lack of sheltered flats, exhaustion of family

e) Living at home without social care

Positive quality - Included in family life and problems

Negative quality - Lack of contact with peer groups, „infantile position“, loss of parents due to old age



2. Changes in education

In previous years the education for people with moderate and severe mental retardation was not obligatory.

(The IQ test results were considered by commission of specialists and the child was officially exempt of school attendance)

Recently laws were changed; children even with very low results in IQ test are receiving education according to his or her abilities.

Types of education for LD children:

- a) Integration to general primary schools
- b) Special of schools for LD children, alternative educational system (e.g. Walsdorf's schools}
- c) Special classes or school in the institutions
- d) Individual teaching programs (mostly in institutions for children in beds)

The education of LD children is financially supported by state. The budget for disabled children is much higher than that for regular children which makes higher numbers and assistants in the class possible.

The acceptance of special needs students is bringing more financial support into the educational system and children are given more attention by trained tutors.

3. Changes in psychiatric treatment

Psychiatric care is provided mostly on an out-patient or counseling basis. Admission to a psychiatric hospital is usually the result of aggressive behavior.

Positive items - Modern psycho pharmacotherapy is used, the negative impact on cognitive functions is diminished. The parents and care givers are accepting psychiatric treatment with more compliance; the psychopharmaceuticals are not recognized as a tool for punishment.

Emotional problems of people with LD are partly recognized -antidepressants are often used in treatment of aggressive behavior.

Negative items -The concept of dual diagnosis is not widespread.

The diagnosis of emotional and behavioral disorder according ICD 10 is used, but the knowledge about possibility of a depression disorder or a psychotic disorder is not considered and because of it the therapeutic target is not properly settled.

There are not special units or specially trained staff for people with LD in mental hospitals.

The people with LD are in the same departments with the clients with other diagnosis – e.g. schizophrenic disorder clients. They are “lost” on the departments not only because of their diagnosis but also because of their childish behavior and needs.

There are not special units or trained staff in mental hospital

Few special units or trained staffs in mental hospitals are meeting the needs of mentally retarded persons

4. Changes in social situation

More people with mental retardation are living outside institutions

The political changes brought the possibility of private family enterprise, for mothers to stay home, to hire help and for a variety of non institutional care givers.

More children with mental retardation are attending schools.

Integration of children with LD to regular schools is rather good and is going forward, each year more children with LD are integrated.

Lack of trained tutors for special classes and the transport to the educational centers is a remaining problem.

A positive image of disabled people is created in films or on TV

The picture of people with LD in the art of our recent years is rather good, they are described as sensitive personalities, with the inner world which is not easy to understand.

The activities of groups of people with LD – playing theater, making and selling ceramic goods are in TV programs and are being accepted by the public in positive way.

The most critical points discussed in the last year:

- 1. Using of restrictive methods**
- 2. The new law about social care which will be effective in 2007**
- 3. Admission of mentally retarded people to mental hospitals and cost of treatment**

1. Using of restrictive methods (injections, pharmacotherapy, beds with nets)

The criticism coming from J.K. Rowling, author of the Harry Potter series, developed the wave of annoyance among the medical staff. The nurses and caregivers in hospitals and institutions have feeling that they are doing their best to protect the disabled children of the results from their own aggressive behavior. Their numbers in the departments are much lower than that e.g. in England and their salaries are much lower as well. So they have feelings that they are working under very complicated conditions and people who are criticizing them are not aware how difficult the conditions are.

The translation of the word “cage” between Czech and English language is also an unhappy one, because “cage” in Czech means space for animals, but a net bed is something which was, for generations, used for small children during the night sleep. The problem drew the concern of authorities and the government. The mistreatment was not generally found but nevertheless there are efforts to find new ways of improving the system and to find more financial supports.

2. The new law about social care which will be effective in 2007.

The people with LD are receiving financial support, or pension, the family is supported with some money for transport or 1/3 of the price of a new car, if the disability is severe. If the child is in an institution, the parents are paying part of costs of residence, while the rest is provided by the state. The institution receives money from state according to “helplessness” of the client. Beginning next year more money from state will go directly to the disabled people - an allowance for care. We are expecting positive results from this reform- the disabled people will be able to make more decisions about their money and families will be able to hire the help or assistance that is needed. There is also possibility, that under these conditions some families decide to take their children from institution back home, which will probably increase the need for professional supervision at homes.

3. Admission of mentally retarded people to mental hospitals and cost of treatment

In the Czech Republic a person can be admitted to a mental hospital by his/her free will or with the agreement of his/her officially established guardian. If the client is hospitalized against his/her free will, the hospital sends a note to the court and, after court appointed psychiatric examination, the court gives its verdict about hospitalization.

The people with LD usually have an official guardian. Admission and other medical treatment decisions should be discussed with him/her.

While the psychiatric hospital is recognized as a provider of medical care, it cannot serve as a social institution or home for disabled people.

On the other hand the institutions are sometimes complaining that they are not able to provide the care for the very aggressive or people with complicated LD.

There is discussion of the cost of psychiatric treatment, the limits for prescription of special psychopharmaceuticals – e.g. possibility of prescribing cognitive or nootropic therapy at the early onset of Alzheimer disease in people with Down syndrome.

Conclusion:

The social and financial situation of people with mental retardation in the Czech Republic is improving but we are still going through many changes. We need the assistance of experienced specialist and researchers from other countries to help us to find the best solution

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