World Health Organization

European Region

Using European Union funds to improve access to community-based mental health care

Lessons from Czechia

Improving affordable access to health care

WHO Barcelona Office for Health Systems Financing

The WHO Barcelona Office is a centre of excellence in health financing for universal health coverage (UHC). It works with Member States in Europe and central Asia to promote evidence-informed policy making. It also offers training courses on health financing.

A key part of the work of the Office is to assess country and regional progress towards UHC by monitoring affordable access to health care (financial protection). Financial protection is a core dimension of health system performance, an indicator for the Sustainable Development Goals, part of the European Pillar of Social Rights and central to the European Programme of Work, WHO European Region's strategic framework. The Office supports countries to strengthen financial protection through tailored technical assistance, including analysis of country-specific policy options, high-level policy dialogue and the sharing of international experience.

The Office disseminates country-specific and internationally comparable data and policy analysis through UHC watch, a digital platform tracking progress on affordable access to health care in Europe and central Asia.

Established in 1999, the Office is supported by the Government of the Autonomous Community of Catalonia, Spain. It is part of the Division of Country Health Policies and Systems of the WHO Regional Office for Europe.

Photo: ©Robert Ramos/FPHSP

World Health Organization

European Region

Using European Union funds to improve access to community-based mental health care

Lessons from Czechia

Improving affordable access to health care

ISSN 3079-8019 (online)
ISSN 3079-8000 (print)

ISBN: 9789289062336 (PDF)
ISBN: 9789289062343 (print)

Suggested citation. Using European Union funds to improve access to community-based mental health care: lessons from Czechia. Copenhagen: WHO Regional Office for Europe; 2025 (Improving affordable access to health care series). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Designed by: Aleix Artigal/Alex Prieto

Abstract

Czechia has recently used European Union European Structural and Investment Funds to build, staff and operate 29 community mental health centres (CMHCs) that bring together health and social care professionals in multidisciplinary teams to provide a comprehensive range of services for people with severe mental health conditions. CMHCs have expanded access to more person-centred mental health care, improved people's functioning and quality of life and reduced psychiatric hospitalizations. Challenges remain, however, and include insufficient domestic funding, fragmented financing, shortages of trained mental health professionals, persistent disparities in pay between health and social care staff, limited legislative and political support for CMHCs and shifting political leadership and priorities. This brief highlights the role of CMHCs in expanding access to mental health care and identifies lessons for Czechia and for other countries seeking to establish or strengthen community-based mental health care.

Keywords

AFFORDABLE ACCESS
CZECHIA
MENTAL HEALTH CARE
PRIMARY CARE
HEALTH FINANCING
HEALTH SERVICE DELIVERY
OUT-OF-POCKET PAYMENTS
UNIVERSAL HEALTH COVERAGE

UHC watch

5 things to know about UHC watch

A digital platform tracking progress on affordable access to health care in Europe and central Asia

#1

Indicator explorer for the latest numbers and charts

#2

Policy explorer for up-to-date analysis of coverage policy

#3

Country pages with data, policy options and resources

#4

Country-level and comparative analysis

#5

Examples of good practice

UHC watch
apps.who.int/dhis2/uhcwatch

About the series

This series of briefs provides policy-makers with information on steps they can take to improve affordable access to health care (financial protection).

Each brief:

- focuses on policy changes introduced in one or more health systems in Europe and central Asia;
- considers the implications of the policy change for out-of-pocket payments, financial hardship and unmet need for health care, particularly in people with low incomes; and
- identifies the lessons learned from this experience, both for the countries involved and for other countries.

The series covers a range of health system issues but always aims to highlight the role of health financing policy in improving affordable access to health care.

Contents

Figures

Acknowledgements

This brief was written by Petr Winkler and Dana Chrtková (WHO Collaborating Centre for Public Mental Health Research and Service Development, National Institute of Mental Health of Czechia), Hana Broulíková (Vrije Universiteit Amsterdam), Martin Dlouhý (Prague University of Economics and Business), Veronika Klimková (WHO Country Office in Czechia), Ondřej Krupčík (National Institute of Mental Health of Czechia) and Lynn Al Tayara (WHO Barcelona Office for Health Systems Financing). It was reviewed by Ivana Svobodová and Tomáš Troch (Ministry of Health of the Czech Republic).

The brief is part of a series of briefs on improving access to mental health care jointly produced by the WHO Barcelona Office for Health Systems Financing and the mental health team of the WHO Regional Office for Europe, and edited by Triin Habicht, Lynn Al Tayara and Sarah Thomson (WHO Barcelona Office) and Ledia Lazeri, Cassie Redlich and Ana-Maria Tijerino (WHO Regional Office for Europe). It belongs to a wider series on improving affordable access to health care produced by the WHO Barcelona Office, which is part of the Division of Country Health Policies and Systems in the WHO Regional Office for Europe. The series editors are Sarah Thomson, Tamás Evetovits, Jonathan Cylus and Triin Habicht.

WHO gratefully acknowledges funding from the Government of the Autonomous Community of Catalonia, Spain.

This publication was co-funded by the EU4Health programme. Its contents are the sole responsibility of WHO and do not necessarily reflect the views of the European Union.

Co-funded by the European Union

Authors
Petr Winkler
Dana Chrtková
Hana Broulíková
Martin Dlouhý
Veronika Klimková
Ondřej Krupčík
Lynn Al Tayara

Editors
Triin Habicht
Lynn Al Tayara
Sarah Thomson
Ledia Lazeri
Cassie Redlich
Ana-Maria Tijerino

Series editors
Sarah Thomson
Tamás Evetovits
Jonathan Cylus
Triin Habicht

Summary

The creation of community mental health centres (CMHCs) has been a key element of Czechia's shift from institutional to community-based mental health care.

Between 2017 and 2022, European Union (EU) European Structural and Investment Funds were used to build, staff and operate 29 centres that bring together health and social care professionals in multidisciplinary teams to provide a comprehensive range of services for people with severe mental health conditions, deliver staff training and support continuity of care. Some centres also provide more specialized services tailored to the needs of children and adolescents, people with substance use disorders and older people.

CMHCs have expanded access to more person-centred mental health care, improved functioning and quality of life for people with severe mental health conditions and reduced hospitalizations.

When EU support for CMHCs ended in 2023, it was replaced by domestic funding through the social health insurance scheme (health care) and regional government budgets (social care). Domestic resources have sustained the existing network and established seven new centres but have not been sufficient to ensure progress towards meeting the original goal of 100 centres by 2023 (later extended to 2030).

Other challenges include fragmented financing; shortages of trained mental health professionals, particularly child psychiatrists; persistent disparities in pay between health and social care staff; limited legislative and political support for CMHCs; and shifting political leadership and priorities.

This brief highlights the role of CMHCs in expanding access to mental health care, supported by EU funds, and identifies lessons for Czechia and for other countries seeking to establish or strengthen community-based mental health care. Although the Czech case focuses on the use of EU funds, the lessons apply to any external or domestic targeted funding used to scale up new models of health service delivery.

The policy challenge

Like many countries in central and eastern Europe, Czechia's shift away from institutional mental health care towards community-based services began relatively recently – after the 1989 revolution – but early developments were fragmented and lacked sustained policy support (Höschl et al., 2012; Dlouhý, 2014; Winkler et al., 2016a; Pěč, 2019).

Instead of being financed through the social health insurance (SHI) scheme, in the same way as other types of health care, mental health services in Czechia relied on grants from local and regional authorities, the Ministry of Labour and Social Affairs and foundations (Scheffler & Potůček, 2008; Höschl et al., 2012; Winkler et al., 2017). Effective service delivery was undermined by weak coordination between health and social care systems, limited monitoring and a lack of reliable data. Efforts to scale up community-based mental health care were also constrained by widespread stigma, poor recognition of disability rights and low understanding of mental health as a public health issue (Krupchanka & Winkler, 2016; Winkler et al., 2016a, 2016b, 2017; Krupchanka et al., 2018).

The shift to community-based mental health care gained momentum in 2013, with the publication of the national *Strategy for Psychiatric Care Reform* – a policy document prepared by the Ministry of Health to set out key goals for the reform of mental health care (Ministry of Health, 2013). These included making psychiatric care more person-centred; reducing stigma; enhancing effectiveness through early detection and intervention; improving quality and patient satisfaction; strengthening coordination between health and social care; and supporting social integration (Ministry of Health, 2013; Bryndová et al., 2023).

During the reform's preparatory phase (2014–2020), the Government secured funding from European Union (EU) European Structural and Investment Funds to support the transition to community-based mental health care. However, frequent leadership changes at the Ministry of Health and limited coordination among ministries hindered progress. Instead of using the opportunity to build a strong foundation for long-term reform, planning was rushed to meet the deadline for funding proposals in 2017. Once funding was formally approved, however, it could not be reallocated, which helped to secure political commitment.

Between 2017 and 2022, EU funds were channelled through a combination of "soft" projects managed by the Ministry of Labour and Social Affairs, covering recruitment, training and salaries for new staff, and "hard" investment in infrastructure development, including the creation of new community mental health centres (CMHCs), coordinated by the Ministry for Regional Development.

Designed to reduce long-term hospitalization for mental health conditions, improve functioning and quality of life for people with severe mental health conditions and provide person-centred care, CMHCs marked a pivotal shift in the delivery of mental health services in Czechia.

CMHCs were also expected to address two key barriers to accessing mental health care: stigma and staff shortages (OECD/European Observatory on Health Systems and Policies, 2023). Studies have found high levels of

stigma among the general population and health care providers in Czechia (Winkler et al., 2015; 2016b; Krupchanka et al., 2018; 2021), while the lack of trained mental health professionals, particularly child psychiatrists, has led to long waiting times – an issue highlighted by physicians in the absence of any systematic monitoring of waiting times (Bryndová et al., 2023; OECD/ European Observatory on Health Systems and Policies). Regional disparities in staffing levels are also an issue; Prague has by far the highest density of all outpatient care specialists in the country, including clinical psychologists (Bryndová et al., 2023). The coronavirus disease (COVID-19) pandemic added to underlying pressures; the backlog, in terms of access to mental health care, remained critical in 2022 (Bryndová et al., 2023).

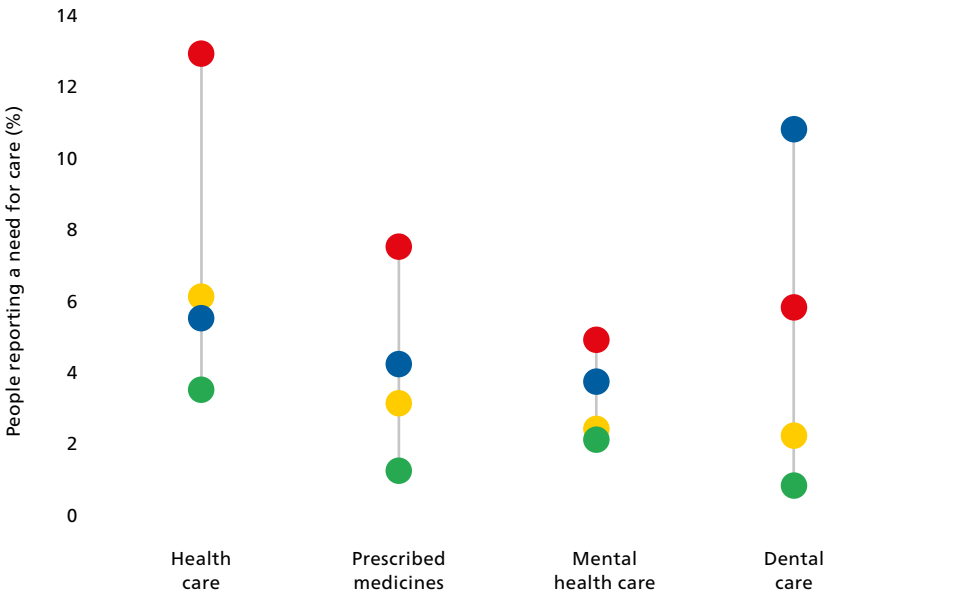
Service affordability was not seen as a major barrier to access because mental health care has been relatively well covered by the SHI scheme. Specialist mental health care visits and inpatient care are free at the point of use for permanent residents covered by the SHI scheme, with co-payments largely limited to outpatient prescribed medicines and medical products; permanent residents are covered by the SHI scheme even if they have not paid mandatory contributions, meaning there are few gaps in population coverage; and the publicly financed benefits package is relatively comprehensive (UHC watch, 2025).

However, stigma, regional variation in supply and long waiting times are likely to have affected mental health care quality and outcomes, resulted in unmet need and pushed some people to pay out of pocket for private treatment, which might in turn undermine affordable access to health care for some households. These negative effects are difficult to establish due to a lack of data.

EU Statistics on Income and Living Conditions show that self-reported unmet need for health care due to cost, distance and waiting time is below the EU average in Czechia and driven mainly by waiting time rather than cost (Eurostat, 2025a). The European Health Interview Survey, which collects data on mental health care, finds that the share of people reporting unmet need for mental health care due to cost was lower than the EU average in Czechia in 2019 (the latest available year) and lower, within Czechia, than unmet need for health care or prescribed medicines (Fig. 1) (Eurostat, 2025b). Low levels of self-reported unmet need due to cost are likely to reflect strengths in health care coverage – for example, the absence of co-payments for most types of health care – but they could also underestimate actual need due to high levels of stigma and limited mental health literacy. There are no data on unmet need for mental health care due to waiting time.

It is not possible to isolate household spending on mental health care from other types of care in internationally comparable health accounts data or in survey data on out-of-pocket payments (WHO Regional Office for Europe, 2023). Czech household budget survey data show that out-of-pocket payments and catastrophic health spending are mainly driven by outpatient medicines, followed by dental care (Kandilaki, 2025). Outpatient care is the third-largest driver, but plays a relatively minor role compared to outpatient medicines and dental care, especially in households with low incomes; there is very little household spending on inpatient care (Kandilaki, 2025). In 2023 (the latest available year) 5.7% of households in Czechia experienced catastrophic health spending, rising to 21% in the poorest fifth of households (Kandilaki, 2025).

Fig. 1. Income inequality in self-reported unmet need for health care, mental health care, prescribed medicines and dental care due to cost, Czechia and the EU, 2019



Notes: the denominator for unmet need is people aged 15 and over reporting need for care. Quintiles are based on income.

Source: European Health Interview Survey data from Eurostat (2025b).

This brief highlights the role CMHCs have played in expanding access to mental health care, supported by EU funds, as a key element of Czechia's mental health care reform. It identifies lessons for Czechia and for other countries seeking to establish or strengthen community-based mental health care. Although the Czech case focuses on the use of EU funds, the lessons apply to any external or domestic targeted funding used to scale up new models of health service delivery.

The policy change

CMHCs bring together psychiatrists, clinical psychologists, general and mental health nurses and social workers in multidisciplinary teams that provide a combination of health care and social care for people with severe mental health conditions, ensuring continuity of care through close collaboration with inpatient facilities and local services, while tailoring team composition to the individual needs of service users. Some centres also provide more specialized services tailored to the needs of children and adolescents, people with substance use disorders and older people.

The establishment of CMHCs was led jointly by three ministries – the Ministry of Health, the Ministry of Labour and Social Affairs and the Ministry for Regional Development. The initial plan envisaged one CMHC for every 80 000 to 100 000 people.

Between 2017 and 2022, funding from EU European and Structural Investment Funds were used to create 29 CMHCs in 3 projects coordinated by the Ministry of Health:

- CMHC I: 5 centres (July 2018–December 2019)
- CMHC II: 16 centres (April 2019–June 2021)
- CMHC III: 8 centres (July 2020–June 2022).

When financial support from the EU ended in 2022, the Ministry of Health initiated negotiations with the SHI scheme (and its seven health insurance funds) to finance the health care provided by CMHCs and the Ministry of Labour and Social Affairs and regional authorities (local governments) worked together to finance CMHC social care.

The Government also sought additional financial support from the EU through the European Regional Development Fund and the European Social Fund. As a result, 7 more CMHCs have been established since 2022, bringing the total up to 36 (Supreme Audit Office, 2024). By the beginning of 2025 there was at least one CMHC in every region, but this is well below the initial target of 100 CMHCs across the country by 2023 (later extended to 2030).

Health care provided in CMHCs is currently financed by health insurance funds on a fee-for-service basis, with annual rates negotiated by providers, health insurance funds and the Ministry of Health. These rates are published through ministerial decrees and the list of covered mental health care is updated annually. Health care provided in CMHCs is free at the point of use for people covered by the SHI scheme.

Social care provided in CMHCs is funded separately through local government budgets based on the number of approved full-time equivalent staff in each CMHC. However, funding allocations per full-time equivalent vary widely across regions.

Impact

CMHCs have successfully provided care to a growing number of people with mental health conditions who previously had access to very limited community-based support. The number of people using CMHC services grew from 302 a year in 2018 to 6257 in 2022 (Fig. 2), reflecting both increased demand and improved service availability.

Greater use of CMHCs has been accompanied by a reduction in the number of psychiatric hospitalizations. Short-term psychiatric hospitalizations fell from around 29 500 a year in 2019 to around 24 000 in 2020 and have remained relatively stable since then; and mid-term and long-term psychiatric hospitalizations also fell slightly between 2019 and 2023 (Fig. 3).

After 12 months of care through CMHCs, people reported considerable improvement in daily functioning, mental health and quality of life (Institute of Health Information and Statistics of the Czech Republic, 2022). These outcomes were measured using standardized tools that assess psychological well-being (Health of the Nation Outcome Scales), overall functioning

(Global Assessment of Functioning) and health-related quality of life (Assessment of Quality of Life) and ongoing monitoring is financed by the SHI scheme. Improvements were also seen in increased participation in employment or volunteering among people using CMHC services (Institute of Health Information and Statistics of the Czech Republic, 2022).

Over time a nationwide anti-stigma campaign and the broader reform process have contributed to more favourable public attitudes toward mental health, but more remains to be done to address the challenge of stigma, eliminate discrimination against people with mental health conditions and enhance mental health literacy (Winkler et al., 2021).

As noted in "The policy challenge" section above, it is difficult to comment on the impact of CMHCs on other access barriers such as waiting times, or on indicators of affordable access to health care (unmet need and catastrophic health spending), because waiting times are not systematically monitored, there are no data on unmet need for mental health care after 2019 and it is not possible to isolate mental health care from other types of care in data on catastrophic health spending.

Despite some success, several challenges have slowed CMHC progress. These include funding gaps, continuing shortages of health and social care professionals, persistent disparities in pay between health and social care staff working in CMHCs, limited legislative and political support for CMHCs and shifting political leadership and priorities.

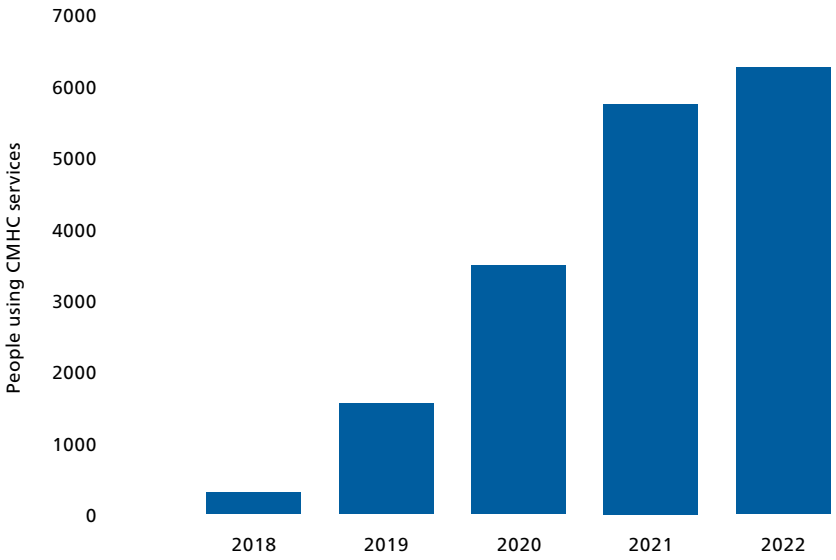
The *National Action Plan for Mental Health* launched in 2020 (Ministry of Health, 2020) should have encouraged further development in mental health promotion and service delivery but has faced delays due to these systemic constraints and the impact of shocks such as the coronavirus disease (COVID-19) pandemic and the Russian Federation's invasion of Ukraine on budgetary space.

Various recent developments signal the potential for greater progress in the future, however.

Since 2023 the Ministry of Health has supported an increase in psychiatry training positions, with a particular focus on child psychiatry (Mozolewska, 2024). As a result, medical faculties have increased their annual student intake by 300. Nurse training is also set to expand by 2026.

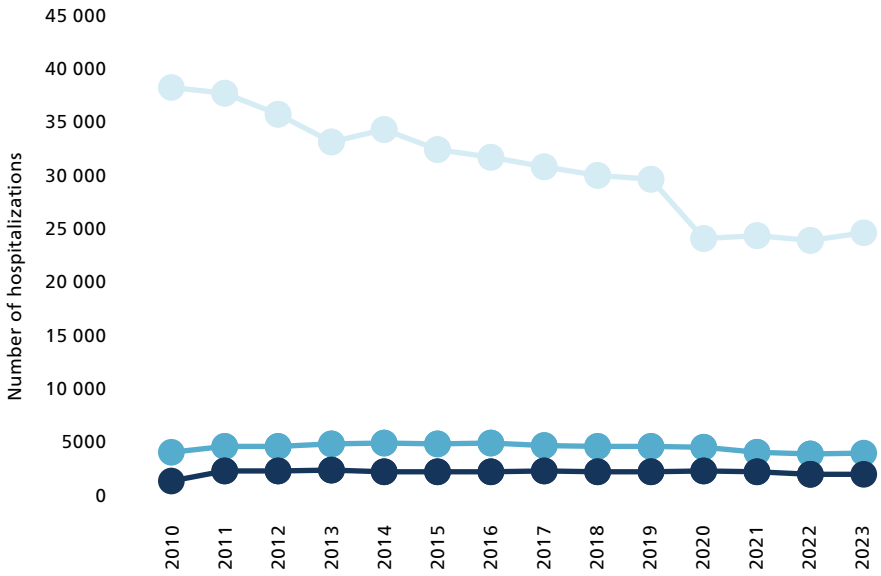
In January 2025 new legislation developed by the Ministry of Health and the Ministry of Labour and Social Affairs formally recognized the CMHC model and established a legal basis for its institutionalization.

Fig. 2. Number of people using CMHC services



Source: Institute of Health Information and Statistics of the Czech Republic (2022).

Fig. 3. Number of inpatient psychiatric hospitalizations by length of stay



Source: Institute of Health Information and Statistics of the Czech Republic (2025).

Lessons learned

Czechia's experience offers lessons for other countries seeking to develop or strengthen community-based mental health care. Although the Czech case focuses on the use of EU funds, the lessons apply to any external or domestic targeted funding used to scale up new models of health service delivery.

A national strategy is essential but must be backed by broad consensus and stable political leadership. The 2013 *Strategy for Psychiatric Reform* laid the groundwork for change but frequent leadership changes at the Ministry of Health and limited interministerial coordination hindered progress. Sustained political commitment and strong governance are essential to maintain reform momentum and continuity.

Upfront investment in infrastructure and training helped drive system-level reform. Financial support from the EU European and Structural Investment Funds played a critical role in launching the creation of CMHCs by paying for infrastructure, workforce training and staff salaries for a limited time, before being incorporated into the SHI scheme and local government budgets.

Transitioning from external to domestic funding is particularly challenging when domestic financing is fragmented. CMHC financing is shared between the SHI scheme (for health care) and regional government budgets (for social care). Weak coordination between health and social care and variation in funding levels across sectors and regions have led to fragmentation, uncertainty and funding gaps.

Provider payment mechanisms and incentives should be aligned with reform goals. Health care provided by CMHCs is financed through fee-for-service contracts with health insurance funds, while social care is financed through regional government budget allocations based on the number of full-time equivalent staff, with considerable variation in allocations across regions and disparities in the pay of health care and social care staff. Better alignment would enhance consistency and equity in service delivery and responsiveness to people's needs.

Effective cross-sectoral collaboration requires alignment and coordination. CMHCs provide a combination of health and social care, but full integration is hindered by dual management structures, differences in pay and limited information sharing between professionals. Alignment and coordination could be improved through a strong legislative framework, closer cooperation between the Ministry of Health and the Ministry of Labour and Social Affairs and greater political support.

Making specialist mental health care available in community settings has helped to address some access barriers but further progress requires action to tackle staff shortages and improved monitoring. Stigma, shortages of trained mental health care professionals, geographical variation in supply and long waiting times are likely to have resulted in unmet need and may have pushed some people to pay out of pocket for private treatment. There is some evidence of reduced stigma due to anti-stigma campaigns, but more can be done to eliminate discrimination and enhance health literacy. Although staff

shortages are likely to have slowed progress in bringing down waiting times, the data needed to assess this are not available. Recent plans to increase nurse and psychiatry training places are an important step forward.

References [1]

Bryndová L, Šlegerová L, Votápková J, Hroboň P, Shuftan N, Spranger A (2023). Czechia: Health system review. Health Syst Transit. 25(1):i–183 (https://iris.who.int/handle/10665/366529). Licence: CC BY-NC-SA 3.0 IGO.

Dlouhý M (2014). Mental health policy in Eastern Europe: a comparative analysis of seven mental health systems. BMC Health Serv Res. 14:42 (https://doi.org/10.1186/1472-6963-14-42).

Eurostat (2025a). European Union Statistics on Income and Living Conditions (EU-SILC) [website]. European Union (https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions).

Eurostat (2025b). European Health Interview Survey (EHIS) [website]. European Union (https://ec.europa.eu/eurostat/web/microdata/european-health-interview-survey).

Höschl C, Winkler P, Pěč O (2012). The state of psychiatry in the Czech Republic. Int Rev Psychiatry. 24(4):278–285 (https://doi.org/10.3109/09540261.2012.688730).

Institute of Health Information and Statistics of the Czech Republic (2022). Psychiatrická ročenka 2022 [Psychiatric yearbook 2022]. Prague: Institute of Health Information and Statistics of the Czech Republic (https://www.uzis.cz/res/f/008442/psych2022.pdf) (in Czech).

Institute of Health Information and Statistics of the Czech Republic (2025). Národní portál psychiatrické péče [National Portal of Psychiatric Care]. Prague: Institute of Health Information and Statistics of the Czech Republic (https://psychiatrie.uzis.cz/cs/psychiatrie-v-datech/psychiatricka-pece-v-cr/luzkova-psychiatricka-pece/) (in Czech).

Kandilaki D (2025). Can people afford to pay for health care? New evidence on financial protection in Czechia. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/381966). Licence: CC BY-NC-SA 3.0 IGO.

Krupchanka D, Chrtková D, Vítková M, Munzel D, Čihařová M, Růžičková T et al. (2018). Experience of stigma and discrimination in families of persons with schizophrenia in the Czech Republic. Soc Sci Med. 212:129–135 (https://doi.org/10.1016/j.socscimed.2018.07.015).

Krupchanka D, Winkler P (2016). State of mental healthcare systems in Eastern Europe: do we really understand what is going on? BJPsych Int. 13(4):96–99 (https://doi.org/10.1192/s2056474000001446).

Ministry of Health (2013). Strategie reformy psychiatrické péče [Strategy for Psychiatric Care Reform]. Prague: Ministry of Health (https://www.reformapsychiatrie.cz/sites/default/files/2021-03/Strategie%20reformy%20psychiatrick%C3%A9%20p%C3%A9%C4%8De.pdf) (in Czech).

1. All references were accessed on 4 July 2025.

Ministry of Health (2020). Národní akční plán pro duševní zdraví [National Action Plan for Mental Health]. Prague: Ministry of Health (https://www.reformapsychiatrie.cz/clanek/narodni-akcni-plan-pro-dusevni-zdravi-napdz?term_id=110) (in Czech).

Mozolewska P (2024). Czechia facing shortage of mental health professionals despite funding increase [website]. Euractiv (https://www.euractiv.com/section/health-consumers/news/czechia-facing-shortage-of-mental-health-professionals-despite-funding-increase/).

OECD/European Observatory on Health Systems and Policies (2023). Czechia: Country Health Profile 2023. Paris: OECD Publishing (https://doi.org/10.1787/24a9401e-en).

Pěč O (2019). Mental health reforms in the Czech Republic. BJPsych Int. 16(1):4–6 (https://doi.org/10.1192/bji.2017.27).

Scheffler RM, Potůček M (2008). Mental Health Care Reform in the Czech and Slovak Republics, 1989 to the Present. Prague: Karolinum Press (https://karolinum.cz/en/books/potucek-mental-health-care-reform-in-the-czech-and-slovak-republics-1989-to-the-present-3289).

Supreme Audit Office (2024). Kontrola NKÚ: center duševního zdraví je málo, chybí odborný personál, není zajištěno financování [SAO audit: There are few mental health centres, there is a lack of professional staff, and funding is not secured] [press release]. Supreme Audit Office; 7 October 2024 (https://www.nku.cz/cz/pro-media/tiskove-zpravy/kontrola-nku:-center-dusevniho-zdravi-je-malo--chybi-odborny-personal--neni-zajisteno-financovani-id14289/) (in Czech).

Institute of Health Information and Statistics of the Czech Republic (2022). Psychiatrická ročenka 2022 [Psychiatric yearbook 2022]. Prague: Institute of Health Information and Statistics of the Czech Republic (https://www.uzis.cz/res/f/008442/psych2022.pdf) (in Czech).

Institute of Health Information and Statistics of the Czech Republic (2025). Národní portál psychiatrické péče [National Portal of Psychiatric Care]. Prague: Institute of Health Information and Statistics of the Czech Republic (https://psychiatrie.uzis.cz/cs/psychiatrie-v-datech/psychiatricka-pece-v-cr/luzkova-psychiatricka-pece/) (in Czech).

WHO Regional Office for Europe (2023). Can people afford to pay for health care? Evidence on financial protection in 40 countries in Europe. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/374504). Licence: CC BY-NC-SA 3.0 IGO.

Winkler P, Csémy L, Janoušková M, Mladá K, Bankovská L, Motlová S et al. (2015). Reported and intended behaviour towards those with mental health problems in the Czech Republic and England. Eur Psychiatr. 30(6):801–806 (https://doi.org/10.1016/j.eurpsy.2015.05.003).

Winkler P, Mladá K, Krupchanka D, Agius M, Ray MK, Höschl C (2016a). Long-term hospitalizations for schizophrenia in the Czech Republic 1998–2012. Schizophr Res. 175(1–3):180–185 (https://doi.org/10.1016/j.schres.2016.04.008).

Winkler P, Mladá K, Janoušková M, Weissová A, Tušková E, Csémy L et al. (2016b). Attitudes towards the people with mental illness: comparison between Czech medical doctors and general population. Soc Psychiatr Epidemiol. 51:1265–73 (https://doi.org/10.1007/s00127-016-1263-y).

Winkler P, Krupchanka D, Roberts T, Kondratova L, Machů V, Höschl C et al. (2017). A blind spot on the global mental health map: a scoping review of 25 years' development of mental health care for people with severe mental illnesses in central and eastern Europe. Lancet Psychiatry. 4(8):634–642 (https://doi.org/10.1016/S2215-0366(17)30135-9).

Winkler P, Formánek T, Mladá K, Lacko SE (2021). Development of public stigma toward people with mental health problems in Czechia 2013–2019. Eur Psychiatry. 64(1):e52 (https://doi.org/10.1192/j.eurpsy.2021.2226).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.v

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands (Kingdom of the)
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

9789289062336
9 789289 062336