1. Definition, historical development, and current situation

Definition

The approach toward child and adolescent mental health care is of a multidisciplinary nature. One of these clinical and medical disciplines is precisely child and adolescent psychiatry, dealing with prevention, diagnostics, therapy (both pharmacotherapy and psychotherapy), and rehabilitation of mental disorders. Further, it embraces consulting, expert opinions, and research.

A human being is defined as a bio-psycho-social unit. That is why pedopsychiatry takes into account both social and medical aspects when treating adaptation and developmental disorders, dedicating special attention to evolutionary, mental, and somatic features.

Historical development

The history of mental health care dates back to the 19th century. In 1871, K.S. Amerling founded the first institute for mentally retarded children called “Ernestinum”. Having both medical and pedagogical training, it was natural for Amerling to combine these two fields in his institute. Abandoned and neglected children eventually found their home. In 1911, a law was passed concerning the rights of children and duties of parents. Later on, the focus shifted to social issues and at the same time pedopsychiatrists first described the syndromes and symptoms of mental disorders.

K. Hertfort (1871–1940) became the first professor of psychopathology with early onset and the chief of the first pedopsychiatric outpatient department in Prague. Further, Hertfort opened the first genetic station and lectured widely for both medicine students and trainers. His work mainly explored differential diagnosis of mental retardation. In 1923, a former South Bohemian Jesuit’s convent was turned into the first mental home for mentally ill children and adolescents. In 1924, the construction of a modern school facility with a swimming pool and a gymnasium was completed and in 1929 the construction of workshops for work-therapy was completed in Oparany. The interwar years in what was then Czechoslovakia saw an expansion of the net of pedopsychiatric outpatient departments, now professionally manned: a psychiatrist, psychologist, and a social worker (usually female). In 1947, J. Apetauer founded the first inpatient pediatric department at the...
psychiatric clinic in Prague. Being mainly interested in youthful criminality and forensic medicine, he was the first person to emphasise the possibility of different degree of maturity in adolescents of the same biological age.

In 1971, J. Fisher founded and opened the first psychiatric clinic in Prague. All over the Czech Republic, there was a mushrooming of outpatient departments, pedopsychiatric establishments under medical faculty hospitals, and mental homes. There was increasing cooperation with school guidance counsellors.

In 1961, a sub-department of child psychiatry was established under the Institute of Postgraduate Training (IPT) and in 1963 the first three pedopsychiatrists passed their final qualification exams.

Since 1961, 189 physicians have passed their fellowship boards and have become CAP experts, i.e., there is one pedopsychiatrist per 100,000 inhabitants. In 1998, there will be 12 pedopsychiatric inpatient establishments under clinics, hospitals, and mental homes disposing 390 beds and 4 pedopsychiatric mental homes with 368 beds.

Recent advances

Immediately after the political changes in 1989, a group of experts began working under the auspices of the Ministry of Health (MoH), and in 1990, they elaborated a draft of a new health care system. The main principles of this draft were the following:

▶ The new system of health care will form part of a global strategy for health regeneration and promotion.
▶ The state will guarantee adequate health care to all citizens.
▶ Health services will be provided in a competitive environment.
▶ Every community shall implement the principles of the state health policy in its territory.
▶ Every citizen will have the right to choose his physician and health care facility.
▶ The monopolistic position of the state health services will be abolished. The prevailing form of health care will be public health services. (Provision of health care services for the “public” was understood to be offered regardless of ownership of the health facilities, i.e., either private, communal, of church or state.)
▶ A basic element of public health care will be the autonomous health care facilities (with its own legal status, in contrast to the components of the former Distric Institutes of National Health – DINHs).
▶ Therapeutical care will particularly focus on primary health care and also on outpatient care in general.
▶ The health care will derive its financial means from different sources (insurance funds, state budget, community resources, enterprises, citizens, etc.).
▶ An obligatory health insurance will form an indispensable part of the health care system.