Dear Sir/ Madam,

With reference to the WHO discussion paper regarding a menu of policy options and cost-effective interventions to promote mental health and well-being, we are pleased to send you below Slovak comments as follows.

Mental health is value and a profitable investment. Implementation of the interventions described in draft discussion paper “Development of a menu of policy options and cost-effective interventions to promote mental health and well-being” would take place in our country, would contribute positively to improving the mental health of our population. We are of the view that the proposed P3 intervention on Regulatory bans of highly hazardous pesticides to prevent suicide in Slovakia could be feasible.

As an important fact to consider, we see poor access to psychological treatment – psychotherapy. In this area, changes in legislation that address PST education but also its implementation are needed.

Also pedopsychiatric care is available too little, while 50% of mental illnesses start in childhood, up to 70% up to 23 years - despite the inclusion of child psychiatry in the resident program of health workforce strengthening, there was no increase in interest in this field. One of the three Medical Faculties report to educate without the real possibility to practice in the field, in pedopsychiatric ward.

The experts report lack of beds, ambulances, specialized treatment - the field is unattractive in the choice of specialization.

We recognise that the involvement of general practitioners in the treatment of psychiatric patients could be an important cost-effectiveness step, particularly in the diagnosis and treatment of mild depressive disorders and dementia screening.

The issue of psychiatric co-morbidity in noncommunicable diseases has not been addressed sufficiently – cardiovascular disease, cancer, diabetes, obesity, which leads to increased costs of treatment, adverse course, etc. However, it is necessary to start by educating general practitioners and other medical specialists procedures, etc.

Taking into account demands of the mental health care, we need to build functional community psychiatry and deinstitutionalization, which implies improving the functionality of patients, fewer hospitalizations, shortening hospitalizations and also maintaining at least partial working functionality.
Comparability of data:
When trying to compare ourselves with programs implemented in the Czech Republic in the field of mental health, we are experiencing the problem that those programs are mostly of a pilot nature, so it is not possible to calculate their cost-effectiveness for our population.

We see as a very important step the need to prioritize "mental health" for other sectors except health care, because only with their involvement it is possible to achieve that mental health becomes an important topic and welcomed investment for society as a whole. Not only secondary and tertiary prevention, but also primary prevention are neglected.

In conclusion, we highlight an example to illustrate Slovak vision in the field: the output of the conference Mental Health and Meaningful Life, 5-7 September 2019 in Bratislava, which summarizes the situation in Slovakia and suggests the necessary solutions https://www.mhbratislava.sk/wp-content/uploads/

Should you require any additional information, please contact:
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With kind regards,

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