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Editorial

Are we in a global mental health crisis?

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This question is being raised by many experts as well as the general public. According to the WHO report from 2022, currently up to one billion people worldwide suffer from a mental disorder (more than one in eight adults and adolescents) (Cuijpers et al., 2023). According to McGrath et al. (2023), by 2100, about one in two individuals will develop at least one of the mental disorders.

A continuous increase in the number of individuals with mental illness is also observed in Slovakia. According to estimates by the Institute for Health Metrics and Evaluation (IHME), in 2019 every seventh Slovak experienced a mental health problem, corresponding to approximately 760,000 people (OECD/EU, 2022). In 2023, psychiatric outpatient clinics were visited by 2,106,905 patients, representing a 6.3% increase compared to 2022 and the highest number of patients examined in the last 15 years. In institutional care facilities, 40,320 patients were hospitalized. An alarming trend is the continuously rising number of child psychiatric patients. In 2022, outpatient clinics of child psychiatrists were visited by 84,923 children aged 0–18, accounting for 7.83% of the child population. Outpatient clinics of clinical psychologists and psychotherapists in 2022 treated 95,024 children aged 0–18, representing 8.76% of the total child population. The child population has also shown the largest increase in risk behaviors in recent years, including suicide attempts (NCZI, 2024).

However, Brazinova et al. (2019) point out that officially reported data on the prevalence of mental disorders in Slovakia are likely underestimated. Up to 67% of individuals with symptoms of depression and 80% of those addicted to alcohol do not receive treatment and thus are not included in statistics. According to the authors, given the social context, cultural influences, and current levels of accessibility, the most probable causes of untreated mental illness are social stigma, limited access to healthcare, and last but not least, the absence of community support and care. People with mental health problems often do not seek help, not only because of societal prejudices but also due to the poor availability and limited range of supportive services.

Providing support for the development of community mental health services is a long-term priority in Europe and globally. The European Union, together with the international community, has long supported the deinstitutionalization process aimed at developing community-based mental health services. Although deinstitutionalization is strongly supported both politically and economically, the implementation of community mental health care remains inconsistent across countries (Killaspy et al., 2018). The comparatively slower development of mental health systems is especially characteristic of countries influenced by communist and socialist ideologies during most of the 20th century. These countries exhibit similar systemic deficiencies, including weak public health infrastructure, persistent institutionalization, non-transparent decision-making, lack of economic and human resources and their inadequate allocation, as well as persistent discrimination and stigmatization (Winkler et al., 2017). In many low and middle-income countries, mental health care provision remains limited to a small number of large, overcrowded institutions that are under resourced and inefficient (Killaspy et al., 2018).

Slovakia, as one of the few European Union countries, has not implemented a reform of the mental health care system towards community psychiatry. The National Mental Health Programme from 2005 was not put into practice. The lack of or poor accessibility to community services remains an ongoing problem. Mental disorder treatment in Slovakia is primarily provided through outpatient specialized care and inpatient psychiatric care in facilities, which is significantly less cost-effective compared to community services. However, there are also significant deficiencies in this area. The network of inpatient facilities focused on both acute and follow-up care is very unevenly distributed (NPDZ, 2024), there is a shortage of qualified personnel, especially child psychiatrists and nurses, and the material and technical equipment of institutional facilities is inadequate and undersized. The overall shortage and overburdening of psychiatrists further worsen patient care. According to the Slovak Psychiatric Society of the Slovak Medical Society, a psychiatrist providing outpatient care con-

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ducts approximately 30 examinations daily, meaning about 16 minutes per patient. Waiting times for psychiatrists average 7.3 weeks and extend to several months in some regions (Grajcarová, 2020).

In Slovakia, community mental health services have long been replaced by the non-profit sector. Due to insufficient funding from state sources, their existence largely depends on donor, sponsor, or project funding, making these services difficult to sustain. Another challenge is the absence of systematic planning in mental health care, lack of intersectoral collaboration, inadequate coordination of services, and, last but not least, the stigmatization of people with psychiatric disorders (Letovancová et al., 2017).

A positive step was the adoption of the National Mental Health Programme for 2024–2030, a strategic program for the development of the mental health care system in Slovakia. Its goal is to "ensure that mental health becomes an integral part of the system of care and health promotion, and that community-based, humane, and multidisciplinary mental health care becomes the standard in service provision" (NPDZ, 2024, p. 4). Furthermore, a Committee for Mental Health Support was established under the Government Council for Mental Health of the Slovak Republic. It performs coordination, consultative, and expert functions in the fields of mental health protection and promotion, prevention of mental disorders, psychodiagnostics, treatment of mental disorders, follow-up care for patients with mental disorders, mental health research, professional education of mental health care providers, policy development, and quality monitoring in these areas. Economic coverage for the aforementioned changes is to be ensured by the newly established Mental Health Support Fund.

Given the gravity of this issue, it is important that systemic changes lead to community services based on coordinated, continuous, and multisectoral cooperation. Only in this way can satisfaction and an adequate quality of life for people with mental health problems be ensured.

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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