

Abstract

The subject of this diploma thesis is the involvement of users of psychiatric care in the process of planning and realization of psychiatric care reform at the macro level of policy making. The aim of the research is to describe and understand this involvement. In the research are described possibilities of participation in the phases of involvement, its form, purpose, formal regulation of opportunities, expectations of respondents, perceived power and barriers in involvement. The data was collected during interviews with key actors and studies of relevant documents. The results relate to the theoretical concepts of coproduction, patient-oriented care, strategic and human rights documents (the Convention on the Human Rights of People with Disabilities). The element of power is described through the typology of Sherry Arnstein's participation ladder. Evidence of interviews indicates elements of tokenism and disadvantages. There is a low (one-person) representation of users in reform bodies, lack of time for discussion in consultative bodies, lack of information and lack of capacity (people, time, resources) for greater development of patient organizations. Respondents have identified barriers as the socio-economic situation, lack of capacity for macro-level involvement, mental health constraints or stigmatization. Discovered barriers to engagement are discussed in conjunction with foreign literature that identifies similar and offers possible solutions.