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**FIRST IMPRESSIONS OF THE PERSONALISED DEPENDENCE DEGREE ASSESSMENT FOR THE PURPOSES OF CARE ALLOWANCE IN PATIENT SUFFERING FROM MENTAL AND BEHAVIOURAL DISORDERS**

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**Introduction:** Since January 2012, there has been an aggregation of the 36 self-care and self-sufficiency tasks into ten basic living needs, i.e. mobility, orientation, communication, food intake, putting on clothes and shoes, body hygiene, using the toilet, health care, personal activities, and household cleaning.

**Aims:** Transformation of the medical assessment paradigm used for dependence degree assessment for the purposes of care allowance according to the principles of personalised medicine.

**Methods:** A change in the medical assessment criteria for consideration of the degree of dependence level, based on the assessment of Activities of Daily Living and principles of the International Classification of Functioning, Disability and Health. So far, more than 150 thousand assessment cases have confirmed that personalised assessment of functional disabilities represents a significant improvement in the individualised approach to all clients of the social security system.

**Results:** There was an increase in the number of acknowledgements of the degree of dependence by 26.6 % from 24 317 cases in 2011, to 30 809 cases in 2012; in the number of persons with the degrees of dependence III - serious (5 457 in 2011 and 7 138 in 2012) and IV – very serious (4 719 in 2011 and 6 772 in 2012).

**Conclusions** The increase in the number of patients with confirmed dependence degrees has demonstrated that modern functional assessment is beneficial especially for patients with mental disorders. Personalised medical assessment service represents the pursuit of an improved medical assessment of clients' functional disabilities.