

Newsletter
Issue 1 - December 2011



Regional Health Development
Center on Mental Health in
South-eastern Europe

**Healthy mind,
healthy
community**

**Working together in the area
of mental health in the
South-eastern Europe**



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Upcoming Events

Regional Meeting of SEE Health Network Mental Health Counterparts
Belgrade, the Republic of Serbia, 22-23 March 2012

Regional cooperation on health issues important, RCC will continue to support it



*Mr. Nand Shani
Expert on Economic and Social Development
Regional Cooperation Council*

During the past decade, Southeast European (SEE) countries have advanced on the path towards building peace and stability as well as improving living conditions for their citizens. In this context, regionally-owned and led cooperation has been fully recognized and used as an important instrument for development and progress.

Among the multitude of regional initiatives that give life to cooperation in the region, the SEE Health Network (SEEHN), now in its second decade of activities, has been the regional cooperation mechanism that has implemented a wide range of successful projects with concrete results in the realm of public health. The establishment of the SEEHN secretariat and Regional Health Development Centers (RHDC) in member countries is contributing to the sustainability and ownership of regional cooperation in public health issues.

While public health is seen as an important contributor to economic and social development, mental health is an important priority in a post conflict region.

The establishment of the RHDC on mental health in SEE in 2010, within the Ministry of Civil Affairs of B&H, strengthened regional cooperation in this sector, building on the achievements of the earlier mental health project. The establishment of a common regional vision, the political and institutional commitment and concrete actions, such as the improved access to mental health care, the establishment of community mental health centers and increased general public awareness, are significant outcomes of this cooperation process.

The Regional Cooperation Council, as an intergovernmental organization in SEE, acts as the major focal point for promoting cooperation in the region. The RCC Secretariat actively participates in the SEEHN activities and provides continued support. The Memorandum of Understanding on cooperation between the RCC Secretariat and the SEEHN, concluded in 2009, sets a clear platform for strengthening this relationship. The RCC will continue to work closely with the SEEHN and all established RHDCs through actively coordinating and networking with other relevant regional initiatives, as well as interlinking with the international community.

Building partnership in the area of mental health in South-eastern Europe



*Mr. Sredoje Nović, MA
Minister
Ministry of Civil Affairs of BiH*

Dear friends,

It is a great pleasure to address on behalf of Bosnia and Herzegovina, which currently held the Presidency of the SEE Health Network and the Ministry of Civil Affairs of Bosnia and Herzegovina in the first Newsletter of the Regional Health Development Center on Mental Health in South-eastern Europe.

In the last ten years the SEE Health Network has developed a significant regional cooperation in public health.

The regional cooperation in public health remains of the highest priority to support political cooperation and economic development in the region Southeast Europe, to facilitate confidence building and to support the European and Euro-Atlantic integration processes.

I am pleased to note that Bosnia and Herzegovina was both, equal and dedicated user and partner in this process, and that the health system of Bosnia and Herzegovina is greatly enhanced by the regional experiences and values.

The discussion at the Third Health Ministers' Forum in South-eastern Europe, held on October 2011 in Bosnia and Herzegovina, was focused

on finding modalities for improving population health in South-eastern Europe and achievement of equality and accountability in health care. The Banja Luka Pledge, which was adopted, represents our view to this challenge.

Singing the Banja Luka Pledge we committed ourselves to work on strengthening regional cooperation in the field of public health in the South-eastern Europe, based on previous achievements of the South-eastern Europe Health Network.

Unfortunately, despite efforts, today we are witnessing that the mental health disorders are significant health, social and economic problem and they are increasing. Therefore, the support for the mental health of the population is one of the priorities of European health policy.

Mental health is a prerequisite for social development, therefore, the promotion and the prevention of mental disorder certainly plays an important role in all ages and risk groups. However, not less important role covers the integration of persons with mental disabilities in society and fight against stigmatization.

In an effort to ensure good mental health of the population of Southeast Europe, cooperation between the member countries of South East Europe Health Network, as well as supporting partners, is of huge importance.

Bearing in mind the above facts, signing the Declaration on a Long-term Programme for Regional Collaboration and Development on mental health, the Ministers of Health in the SEE countries have expressed their commitment to continue mental health reform initiated by the successfully implemented SEE Mental Health Project by establishing the Regional Health Development Center on Mental Health in South-eastern Europe.

The cooperation in the field of mental health among the countries of South-eastern Europe and the establishment of the Regional Health Development Center on Mental Health in SEE located in Bosnia and Herzegovina, is one of the key elements to ensure better health for our citizens and the well-being of the society as a whole.

By establishment of the RHDC is continued strengthening cooperation among SEE countries in the field of mental health with the aim to improve mental health policy and practice through promotion, prevention, advocacy, publications, research, policy development, and collaboration and networking among SEE countries. Moreover, I would like to take this opportunity to thank the WHO Regional Office for Europe and the Council of Europe, as well as other donors, which have provided important political, material, technical and administrative support to the SEE Health Network all these years. Their engagement helped development of the health systems of the regional countries on the common and consistent principles and directions in several important segments of health care, including mental health.

I am confident that our mutual efforts at national, regional and European level will make changes that will significantly improve the health and wellbeing of all our citizens.

Public health partnership for better health, wealth and peace in South-eastern Europe



*Dr. Maria Ruseva
Programme Manager, Public Health Services
SEE Health Network Secretariat, 2001-2010
WHO Regional Offices for Europe*

The 53 countries in the European Region of WHO are diverse yet share fundamental values such as human rights, universality, equity, solidarity, health gain, participation and access to quality health care. There are gaps in health experience and health system development, as well as public health services development both between and within countries. The challenge is to close these gaps, while at the same time responding to citizens' expectations of better health and good quality and efficient health services.

To respond to these challenges, the WHO Regional Office for Europe is implementing a vision for improving health in Europe, so that it can better support its Member States by strengthening its leadership role in public health and health policy.

Jointly with its member States, WHO Europe is right now in the process of finalizing the European health policy Health2020 and a number of action oriented documents, such as the European Action Plan for Strengthening Public Health Capacities and Services, the European Action Plan for Preventing and Controlling Non-communicable Diseases, the European Action Plan for Health Aging, etc., To be able to implement them WHO Europe is engaging in and supporting partnerships and coalitions to reduce inequities and achieve “better health for Europe”.

The South-eastern Europe Health Network emerged and developed in the last ten years as a unique coalition for public health of the Governments of initially seven, then nine, and today ten in the European region. By implementing concerted and national actions in agreed public health areas in true partnership with ten bilateral partners and four intergovernmental organizations the ministries of health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Republic of Moldova, Montenegro, Romania, Republic of Serbia and The former Yugoslav Republic of Macedonia implement modern public health policies and health system reforms that are slowly but firmly leading to improving the health of their populations. Thus, they implement successfully the commitments of their Dubrovnik (2001), Skopje (2005) and Banja Luka (2011) Pledges and their Memorandum of Understanding of 2009.

Since its commencement in 2001 the Network has developed as one of the flagship initiatives not only under the umbrella of the Stability Pact process and later the Regional Cooperation Council, but is playing an exemplary role in the European region proving that cooperation in public health is also a driving force for peace building, economic development and health improvement.

Amongst all, one extraordinary achievement of the Network is the implementation of its flagship project in the area of mental health which was lead and coordinated by Bosnia and Herzegovina.

For close to seven years the SEE countries introduced and keep on implementing dramatic reforms in the care for people with mental diseases based on the international policies and recommendations, respecting the human rights of the mentally sick or disables, fighting against their stigmatization, and creating opportunities and conditions for their deinstitutionalization and integration in the communities. This is based on solid national policies and laws, restructuring of health delivery systems and building up capacities. The project completion did not affect negatively the process. On the contrary, the reforms are continuing. Ten demonstration community based/mental health centres in the nine SEE countries serve today more than 1 million people and are used to disseminate knowledge and to create skills.

Furthermore, the SEE Ministers of health signed a Declaration in 2008 that transformed the previous project into a regional programme for long-term cooperation. As a result, a Regional Health Development Centre for Mental Health in SEE was established in Sarajevo with the exceptional political commitment of Bosnia and Herzegovina, the other nine SEE countries and their two main partners, namely Switzerland and WHO Europe.

To date, the SEE Health Network has entered its second and more advanced phase of development aiming towards full ownership and sustainability of the regional cooperation process. The establishment of the Network’s own institutions and cooperation mechanisms is coming to its end which will secure its independence and leadership. The WHO Regional Office for Europe highly commends these developments..

Having been one of the founding and leading organizations, WHO Regional Office for Europe is privileged and fully committed to continue to be a main partner to the SEE Health Network and will provide continuous political and technical support to foster the health improvement process in the future.

South-eastern Europe Health Network (SEEHN)

Ladies and gentlemen, dear activists and friends of the South-eastern Europe Health Network,

I am delighted that the first issue of the newsletter of our RHDC in Sarajevo is issued today.

Firstly I salute our mental health team that has lead us so far, and who have shown that SEEHN long standing commitment to reducing the impact of mental disorders including the stigma of mental illness in the SEE, becomes more and more organized, structured and visible.

The profile of mental health issues has never been higher. In fact, it was included in the historic mayor policy documents in Europe and the SEE today, including H2020 and Action Plan on NCDs.

My general message today is simple:

- We intend to build on the good work being pursued by our mental health team and the RHDC.
- We want to enhance the national sub-regional and regional dialogue on mental issues.
- We want to work closely with our partner organizations, namely WHO, Council of Europe, Council of Europe Development Bank, The Northern Dimension Partnership in Public Health, International Network of Health Promoting Hospitals and Health Services, International Forum Gastein, EuroHealthNet, IOM and European countries.
- We want to help de-stigmatize mental health issues.
- We want to coordinate better current efforts within the SEE Health Network Member States.
- We plan to actively pursue a more comprehensive, more integrated approach to better deal with mental illness in South East Europe.



*Ms. Snezana Cicevalieva
Chair, Executive Committee
SEE Health Network*

Mental health and mental illness are complex topics with no simple solutions. This very complexity is a disincentive to action, and an easy excuse for leaving many facts of this pressing issue overlooked or misunderstood.

But we have to act. The statistics tells why:

- 80% of us report that someone we live with, work with or are related to, is coping with a mental disorder. The costs of that prevalence are personal, social and economic in nature.
- Only 1 in 4 sufferers seeks help. That, in turn, is one factor that impacts the suicide rate.
- Mental illness ranks 2nd only to cardiovascular disease in direct health care costs and represents huge health care budgetary expenses that have to be measured in the SEE. Further, the economic burden of mental health issues to businesses and employers with respect to lost productivity is also huge and should be estimated in the SEE.

Mental health will also continue to be addressed as we proceed with work to develop an overall strategy on healthy living and NCDs in the SEE, based on endorsed Banja Luka Pledge (2011).

I also highlight the excellent work at the SEEHN level on the NCDs. As we work to integrate mental health into this strategy, we are taking into account that mental health and mental illness are really two separate ideas. As the WHO and the European Union have said “there is no health without mental health.”

Fine words and noble sentiments are never a substitute for action. We don't have all the answers. Quite frankly, I am not sure we even know all the right questions. That is why we will rely on the RHDC and partners right across the Europe for advice and guidance.

While much work needs to be done, moving ahead, I'd like to take a close look at 3 particular areas for the SEEHN:

- How to coordinate best practices in the field;
- How best to increase education and awareness of mental health issues; and
- The need for increased research in the area of mental health;

Simply put, we need to lead the way.

In closing, maybe it's useful to remind people that Charles Dickens and US president Abraham Lincoln both wrestled with severe depression. That the brilliance of scientist Isaac Newton shone through his struggles with bipolar disorder. And that Winston Churchill battled the “black dog” of a mental illness while providing inspirational leadership throughout the Second World War. These impressive, accomplished leaders are helping to teach us all that the face of mental illness is many faceted. That anyone can be affected. That mental disorder can be managed and better treated. And that those affected can and do live productive and contributing lives. Above all, their candor and openness is a lesson to all of us that mental illness can strike anyone.

The truth is we all have mental health needs, and are, at some times of our life, more vulnerable than at others. Sometimes what makes the difference is simply knowing that we have the support necessary to cope with especially challenging circumstances.

I'm very impressed by the work done by our RHDC on mental health. I'd like to thank the RHDC for their leadership.

And I want to congratulate all of the SEEHN member states, experts and population and all our partners, especially the WHO, for their commitment to working together in pursuit of solutions to the challenges facing us all.

Regional activities of the SEEHN in the area of mental health

The RHDC on Mental Health in South-eastern Europe was established within the Ministry of Civil Affairs of Bosnia and Herzegovina in 2010 and it is responsible to the same Ministry. The Ministry of Civil Affairs of B&H provided the necessary space for the RHDCMNH within the Ministry to accommodate the staff and the office equipment.

The first Action plan of work of the RHDC on Mental Health 2010-2011 (Action Plan) was developed and proposed to the South-eastern Europe Health Network (SEEHN). The Action Plan was approved by the SEEHN at its 24th Meeting, November 2010.



Inauguration ceremony and the first workshop of the RHDC, Sarajevo, June 2011



The Ministry of Civil Affairs of Bosnia and Herzegovina respectfully invited each country, member of the SEEHN to nominate the professional who will act as a National Mental Health Coordinator (NMHC) in the future cooperation in mental health in the South-eastern Europe Health Network. The network of the National Mental Health Coordinators from SEE countries was established.

The Questionnaire for Rapid Mapping out of the Current Situation in the area of mental health SEE Countries (Questionnaire) was developed. Taking into consideration that SEE Mental Health Project came to an end in December 2008, the purpose of this rapid mapping out exercise is to learn of the current situation in the mental health field in SEE countries. The analysis of the Questionnaire was done and the findings will serve as a basis

for planning and designing the regional actions to be undertaken in the future as well as priorities in accordance with specific countries' needs.

Mr. Sredoje Nović, Minister of Civil Affairs of Bosnia and Herzegovina, on 7th of June 2011 officially inaugurated the Regional Health Development Center on Mental Health in South-eastern Europe in Sarajevo, Bosnia and Herzegovina.

Back to back with the Inauguration of the RHDC, the First workshop was held, which brought together high level representatives of the SEE countries, members of the SEEHN Executive Committee, as well as representatives of the WHO European Region, and other partners and experts.

The Project proposal "Strengthening the Capacity of the Mental Health Professionals and Capacities of the Users Associations" was developed and submitted (through the SEEHN Secretariat) to the Swiss Agency for Development and Cooperation (SDC) as a potential donor. The Swiss Agency for Development and Cooperation awarded the Project proposal.

The Council of Ministers of Bosnia and Herzegovina brought the Decision on approval of the Project proposal "Strengthening the Capacity of the Mental Health Professionals and Capacities of the Users' Associations" at its 163rd session held on 10th October 2011 ("Official Gazette of BiH", No. 95/11).



Inauguration ceremony of the RHDC, Sarajevo, June 2011

The Agreement between Bosnia and Herzegovina represented by the Council of Ministers of Bosnia Herzegovina acting through the Ministry of Civil Affairs of Bosnia and Herzegovina and Swiss Confederation, represented by the Swiss Federal Department of Foreign Affairs, acting through the



Swiss Agency for Development and Cooperation on Support to the Project of the Regional Health Development Centre on Mental Health in South East Europe: “Strengthening the Capacities of Mental Health Professionals and Users’ Associations” has been placed in procedure for adoption by the Council of the Ministers of Bosnia and Herzegovina.

In line with the Action Plan the Web site of the RHDC on mental health was established and the first Newsletter of the RHDC was published.

Moreover, the Action Plan of the RHDC on mental health in SEE 2012-2013 was developed and proposed to the SEEHN. It was approved by SEEHN at its 26th Meeting held in Banja Luka, Bosnia and Herzegovina, 12th October 2011.

Country activities of the SEEHN Member States in the area of mental health

Developments in the field of mental health in Albania

*Mr. Petrit Vasili
Minister
Ministry of Health*



Dear friends,

It is a pleasure and a privilege to write as a member state of the Regional Health Development Center on Mental Health in South-eastern Europe, in this issue of the first Newsletter.

Albania, from years now, has been committed to improve mental health services by considering mental health as a priority of the Albanian Health System Development.

In this framework, the adoption of the first Mental Health Law, in 1996, was the corner stone of the Mental Health Reform. Later in 2000, a national study was carried out, which showed that, mental health care (psychiatric care) was delivered by centralized, biologically oriented, symptom-focused services. Aware of this situation, a National Steering Committee for Mental Health (NSC) was established by

an order of the Minister of Health on 11th May 2000, with the mandate of developing a Mental Health Policy and planning the implementation of the Reform of Psychiatric Services, focused on deinstitutionalization and decentralization - regionalization of mental health services.

In 2003, NSC produced the "Policy Document for Mental Health Services Development in Albania", with the support of World Health Organization (WHO). It encloses the main guidelines and recommendations that the process of reform is to follow: priorities, objectives and key fields to be reformed. Furthermore, in 2005, the Albanian Minister of Health adopted a five year Action Plan (2005 – 2010), ensuring the implementation of the above mentioned policies through the continuous, concrete commitment of all actors to deliver better services, closer to the community needs, fighting segregation and social exclusion, in the respect of human rights.

By approaching the worldwide-recommended community based mental health care, a network of mental health services was established in Albania, with the first Community Mental Health Center (CMHC) in Tirana on 2003, composed of a multidisciplinary team (psychiatrists, psychologists, social workers and psychiatric nurses, occupational therapists, special education teachers) which offers care in line with the care users' needs. Presently, we count 10 CMHC all over the country.

Moreover, the existing network includes 11 Supported Homes – supported accommodation and sheltering approximately 120 former residents of Psychiatric Hospitals/Wards. Three Day Care Centers are established near the three psychiatric inpatient services.

The secondary mental health care is provided by four inpatient services, two hospitals and two wards. On the other hand, the tertiary care is offered only in the Psychiatric University Clinic of Tirana.

Regarding on the building capacities of the mental health service providers, Ministry of Health of Albania, with precious support of WHO, organized a series of trainings for all inpatient/outpatient services' teams, while has just finished a national wide training course of General Practitioner (approximately 1600 GP) on mental health.

Considering all the above mentioned national developments in the field of mental health, including here the development of the National and European Mental Health Legislation, but not only, in mid 2010, a new mental health piece of legislation was decided to be drafted. After a two-year-process, the new mental health draft-law was submitted to the Council of Ministries for approval and subsequently to the respective parliamentary procedure for adoption. In addition, by a 2010 order of the Minister of Health, Policy Document of Mental Health and it's action plan is being revised.

Being aware of many achievements and success stories, as well as of future objectives;

- equipment with the necessary sub-legal acts of the new mental health law,
- national wide expansion of the mental health services network,
- introducing a quality monitoring system,
- continuous education of mental health service providers,
- strengthening capacities on mental health of the primary health care providers,
- improvement of the intra and intersectorial collaboration,
- continue the fight against stigma and discrimination,
- strengthening the role of service users associations etc...,

It has to be highlighted that the Ministry of Health of Albania reaffirms the commitment to continue the tangible, balanced mental health reform.

Mental health care reform in Bosnia and Herzegovina



Prof.dr. Rusmir Mesihović
Minister
Ministry of Health of the Federation of BiH



Prof.dr. Ranko Škrbić
Minister
Ministry of Health and Social Welfare of the Republic of Srpska



Dr. Admir Čandić
Head of the Department of Health and Other Services of
Brcko District of BiH

Although being one of the most vulnerable societies in the region, Bosnia and Herzegovina (BiH) has made significant progress in the reform of mental health care services, which began in 1996 and focused on developing community-based care.

The mental health legislation in BiH was last revised in 2010 in order to harmonize specific provisions with the European standards. In Federation BiH (FBiH) the proposed text of the Law will be submitted for consideration to FBiH Government later this year and subsequently to parliamentary procedure for adoption. In the Republika Srpska (RS) the text is currently subject to public debate. "The RS Mental Health Development Strategy 2009-2015" was adopted by the RS Government in August 2009. In FBiH, the mental health policy and strategy documents have been revised in 2011 and are pending adoption. Furthermore, departments for monitoring and evaluation have been established within Ministry of Health and Social Welfare of the Republika Srpska and Ministry of Health of FBiH, to ensure appropriate mechanisms for monitoring policy implementation.

A network of 56 Community Based Mental Health Centres (CBMHC) has been established. The centres' multidisciplinary teams comprise psychiatrists, psychologists, social workers and nurses. Some CBMHC also employ occupational therapists, special education teachers, speech therapists and child and adolescent psychiatrists.

Secondary and tertiary mental health services in BiH are provided by five university hospitals and 16 psychiatric wards in the general hospitals. In addition, a number of psychiatric patients are placed in long-stay institutions for treatment, rehabilitation and social welfare of people with chronic mental illness.

Other community services include two supported accommodation arrangements in RS for 16 users, 20 day care centres (3 in FBiH, 17 in RS), several mobile crisis intervention teams for family violence cases, and a number of clubs (for AA and PTSD). First user associations were established in 2000, some of which have become respectable partners in many mental health initiatives, including

their involvement at the policy development level. However, further efforts and support for strengthening user and carer associations are necessary.

Positive effects of the reform are seen in most areas with a CMHC in terms of improved service accessibility, treatment quality, reduced length and frequency of hospitalization (the 2007 average length of hospitalization for university clinics was 21 days, whereas for general hospital psychiatric wards it was 11 days). Another positive effect concerns a steady increase in mental health workforce over the past five years. In general, a lot of efforts are being made to ensure a quality human resources development in mental health. For instance, in the period 2009-2011, the Ministry of Health and Social Welfare of the Republika Srpska, with support of Italian Government, organized a series of trainings in community mental health for all CMHCs staff in Republika Srpska. With regard to quality assurance requirements, it is worth noting that the accreditation agencies in RS and FBiH (ASKVA RS and AKAZ FBiH) have developed accreditation standards for CMHCs and psychiatric hospitals. Two CMHCs, in Brcko and in Bijeljina, have already been accredited.

A situation analysis and assessment of all community mental health services was carried out by Ministry of Health and Social Welfare of the Republika Srpska and Ministry of Health of FBiH in 2008-2009, and served as the first step in the preparation of the Mental Health Project in BiH, which was launched in mid 2010 and is sponsored by the Swiss Agency for Development and Collaboration. The project focuses on four objectives. The first objective is to improve the administrative and legal framework by revising the mental health policy and strategy, improving the structure and availability of mental health services at all levels of health provision, and by introducing mechanisms for monitoring the respect of human rights of persons with mental illness. The second objective is fully devoted to strengthening human resources and developing curricula for continuous education of mental health professionals, primarily those working in community-based settings. The focus is on providing comprehensive training in case management and mental health nursing. The third objective targets intra and intersectoral

collaboration, both of which demand urgent improvements. These activities are implemented in partnership with the accreditation agencies in RS and FBiH. The fourth objective concerns the fight against stigma and discrimination and empowerment of service users through a series of training programmes and allocation of small grants to service user associations for the implementation of their priority projects and anti stigma campaigns. This project reaffirms the commitment of the Ministry of Civil Affairs of BiH, Ministry of Health and Social Welfare of the Republika Srpska, Ministry of Health of FBiH and the Department of Brcko District of BiH to continue with the mental health care reform in BiH.

Progress in mental health reform in Bulgaria



*Dr. Stefan Konstatinov
Minister
Ministry of Health*

Since the first reforms in 2005, major changes in legislation were introduced regarding mental health and basic philosophy of the future reform was described and adopted in official documents "National Policy for Mental Health and Action Plan 2006-2012" The steps that were foreseen in the Action Plan were oriented mainly toward deinstitutionalization process, establishing new models for mental health delivery as case management, mobile teams, crisis interventions etc.

Meanwhile, the Agency for Social Assistance under the Ministry of Labor started to develop new forms of community care, establishing day care centers, protected homes and other forms of social services in the community.

In the field of care for children in institutions there is substantial progress, made by the State Agency for Child Protection.

Due to efforts from different groups and institutes there is the system of day care centers, sheltered homes, personal assistant service and other forms of social care for persons with disabilities under the Agency for Social Assistance. On the other hand the old institutional psychiatric hospitals, under the Ministry of Health still exist and function as before.

For the last two years, with WHO support, two national conferences were organized by WHO Collaborative Center for mental health. Key representatives of mental health professionals, managers of psychiatric hospitals and high level administrators were invited in these meetings. The conferences were concluded with Declarations, which were published and sent to the Ministry of Health, Ministry of Social affairs as well to the WHO-Copenhagen.

On May, 26, 2011, a joint press-conference with the Bulgarian Helsinki Committee and Mental Health Directorate was organized. The press-conference was devoted to patients' rights and in particular to suicide prevention. The conference had large public impact in almost all media in the country.

Nevertheless the reported progress still there is a need for improvement of the intersectional cooperation and continuation of the activities foreseen in the official Policy documents. Poor living and treatment conditions in some places still exist in part of the institutional hospitals in Bulgaria. New forms of services as case management, assertive outreach and follow up should be introduced into practice involving professionals from different origin and profiles in order to establish adequate alternative of the existing psychiatric institutions.

All these reforms could not be done without major changes in the legislation (i.e. separate Act for Mental Health) and strong and sustainable political will for change.

Mental health development in Croatia



*Prof.dr. Rajko Ostojić, PhD
Minister
Ministry of Health*

The Republic of Croatia is continuously working on improvement and strengthening of mental health services. By recognizing that wellbeing of mental health patients is largely subject to intersectoral collaboration, the MoH is doing its continuous efforts to liaise with other sectors to strengthen mutual legislation, operational and services levels in order to improve wellbeing of patients with mental disorders. The Mental Health Project for South-eastern Europe represented an additional impetus to stimulate further improvements in mental health services organization and in strengthening of community mental health services in Croatia.

The Law of Protection of the Persons with Mental Disturbance is covering the rights of people having mental disorders.

The recent National Mental Health Strategy was adopted in 2010. Several other legislation related to mental health issues have been adopted, as, but not limited to: Strategic Plan of Development of Public Health for period 2011-2015; National Program for Youth 2009-2013; National Strategy on Prevention of Behavioural Disturbances in Children and Adolescents 2009-2013; National Plan of Activities on Protection of Children Rights and Wellbeing 2006-2012;

National Strategy on Prevention of Alcohol and Drug abuse and related Disturbances, 2011-2016; National Program of Helping the Victims of the War; National Strategy on Equal chances for Disabled persons; National Strategy against Violence; National Strategy on Protection against Domestic Violence.

The Program for Development of Child and Adolescent Psychiatry is in process of adoption. National suicide prevention program in children and adolescents was already adopted and is under implementation.

Centres for mental health and drug abuse prevention were established, one or more in every county, forming a national network (20 centres and also some additional counseling services in rural areas and islands), as part of county public health services. They are aimed to primary prevention in mental health, and to some aspects of secondary prevention, as well as to mental health promotion in local communities. All centers are funded by the MoH, and operated by the Croatian Public Health Institute. The Center for Mental Health in Primary Health Care Center Zagreb-Zapad (formerly „Pilot-center in community mental health services“, established by the support of WHO/EC SEE Mental Health Project) is continuing with its operation, offering wider spectrum of mental health services, as continuous pilot-model, before implementation of particular service to the national network of community mental health centers. There are also 17 family centres for war veterans, families and public, primarily oriented to prevention activities, but low on promotion activities. There are several centres for crisis situations – programs arose from programs for refugees of the War, now focused on programs for prevention of stress related disorders in different populations, and programs for prevention of suicide and depression in school children and adolescents and on prevention of suicide in general population and prevention of self-harm and risk behaviours.

Recently developed a number of NGOs in the field of mental health. Mostly prominent are in drug abuse prevention, alcohol prevention (including

AA national network), and more recently in promoting healthy life style, parenting help, non-violent behaviour, etc. There are few users and family associations that provide some prevention and promotion activities. Activities have local community impact.

Mental health in Montenegro



*Dr. Miodrag Radunović
Minister
Ministry of Health of Montenegro*

The National Mental Health Improvement Strategy was developed in 2003 as part of the SEE Mental Health Project, by a multidisciplinary team including psychiatrists, psychologists and specialists in social medicine and was adopted by the Ministry of Health in 2004.

The national mental health legislation was also developed in the framework of the SEE Mental Health Project, in the basis of the Mental Health Strategy and was adopted in May 2005. The legislation aims at providing a level framework for mental health care with regards to voluntary and involuntary treatment, mental capacity and medical interventions for people with mental health problems.

The National Health Insurance Fund 2009 plan covers 14 mental health units based in primary

care departments, 1 psychiatric specialist Clinic in Podgorica, 1 psychiatric hospital in Dobrota and 1 psychiatric ward based within the district general hospital in Nikšić.

Specialist mental health services are available in the primary care departments (dom zdravlja), provided by mental health units in 14 towns, in 7 CMHC, and the others are organized as mental health dispensaries.

The mental health workforce consists of 32 neuropsychiatrists, 12 psychiatrists, 4 clinical psychologists (with MSc in clinical psychology), 10 psychologists (graduates from faculty of psychology, with no clinical training), 2 specialists in disabilities, 7 resident psychiatrists, 7 social workers, 5 nurses with higher education, 100 general nurse and 3 nurses trained in psychoeducation.

One of the components of the recently implemented reform of the primary health care is the setting up of community-based mental health centres (CMHCs) within the primary care departments that should provide outpatient mental health services.

- The need for introducing modern mental health practices is largely accepted by mental health specialists, many of them having visited services in other European countries
- The Ministry of Health and the National Health Insurance Fund are currently working on plans to reform secondary and tertiary care in the country, which includes all the mental health inpatient units. This is an excellent opportunity to explore best ways to optimize the model of inpatient care and define the roles and responsibilities of each segment of the mental health system.
- The Ministry of Health has identified mental health as a priority area of collaboration with WHO EURO in August 2011, was adopted the Action plan for further developing in mental health.

Basic achievements in the field of mental health care in the Republic of Macedonia



*Mr. Nikola Todorov
Minister*

Ministry of Health of the Republic of Macedonia

The current situation in the Republic of Macedonia as regards reorganization of the mental health services could be, in brief, illustrated by the fact that, at this moment, there are seven Community Mental Health Centers in the country, functioning on the relatively satisfactory level. In parallel, there have been efforts for reduction of hospital beds in the three psychiatric hospitals in the country during the course of the last several years. Given that currently in almost 30% of all European countries community mental health network does not exist at all, the development of such services in Macedonia could be defined as quite remarkable. It is necessary that the community mental health network obtains a strong support, in the sense of education and training in this field, both on the level of the staff in the existing community mental health centers, as well as in a form of institutionalized education at the university level.

At the present moment, community mental health centers are actively functioning and offering different kinds of rehabilitation activities: occupational, recreational, psychotherapeutic and educational. Three of them operate in Skopje, Strumica, Tetovo, Gevgelija and Prilep have one center in each town. In three out of these seven Community Mental Health Centers, apart from the daily hospitals/centers, there are temporary living protected homes. The one in Skopje has a capacity for 12 residents, the one in Strumica for 6 residents, and the one in Tetovo for 5 residents. So far, there is one permanent living protected home in Gevgelija with 5 psychiatric users. In Skopje, more than 30 former residents from the temporary living protected home have already been placed back in the community.

The National Strategy for Mental Health Promotion 2005/2012 and the Law for Mental Health have been officially endorsed. The Action Plan for Mental Health, which has still been in preparation, is planned to become integral part of the National Strategy for Mental Health.

Human rights issues represent an integral part of the mental health legislation, particularly the Law for Mental Health. Promotion and improvement of psychiatric users' human rights should encompass many different segments of action. Public campaigns against prejudices and stigma, improvement of the legislation implementation, as well as education and training in the field of community mental health, have been carried out occasionally in order to raise public awareness about the matter of psychiatric users' human rights.

Mental health reform in the Republic of Moldova



*Andrei Usatîi, MD, PhD
Minister
Ministry of Health of the Republic of Moldova*

In Moldova, health reforms are being in progress. As landmark served the Declaration of Helsinki 2005, after which followed a series of reforms in health policy. Thus, in 2007, there are two policy documents relevant to the field: National Health Policy, which is reflected in a separate

chapter: Improving Mental Health Conditions. Another document is the National Mental Health Programme for 2007-2011.

Both documents emphasize the development of delivery of multidisciplinary health services in community psychiatry and outpatient sector. The reforms are to establish the Community Mental Health Centers, avoiding institutionalization, family and socio-professional rehabilitation and reintegration of people affected by mental illness by adjusting services to the needs of beneficiaries, increased accessibility to services of general population, increasing service quality and comprehensive approach of mental problems.

In this context, in 2008 were effectuated changes and additions to the Law on Mental Health in accordance with international conventions to which Moldova is part.

In 2009, after signing the Memorandum of cooperation between the Government of Republic of Moldova and the Swiss Agency for Development, the National Center for Mental Health was established - a functional structure

with coordinating role in organizing and directing the work of community mental health services.

Due to the continuity of mental health reforms, two policy documents were developed.

The Project on National Mental Health Programme for the years 2012-2016, which provides the development of mental health community domain, the establishment of mobile teams, the reform of hospitals by opening beds in general hospitals, legislative reform on the rights of mentally disabled persons.

The Draft on National Strategy for the integration of mental health services at community level for 2012 – 2021, which provides the development of community services, integration of mental health services at primary healthcare level.

In the legislative area Romania has a Mental Health Law no. 487 adopted in 2002 and its norms of implementation adopted in 2006. The National Strategy for Mental Health was elaborated and adopted by the Ministry of Health in 2006, while Romania was part of the Mental Health Stability Pact Project “Enhancing Social Cohesion through Strengthening Community Mental Health Services in South-eastern Europe” and as well the minister Order that allows the mental health centres to be set up and develop.

The Romanian government has invested in the improvement of living conditions in the psychiatric hospitals and in 2007 allocated 20 million euro for refurbishment of psychiatric units and in 2009 in the second memorandum on mental health adopted by the Romanian government another 25 million euro were allocated to the refurbishment of the psychiatric hospitals.

In the meantime the international support started with a number of projects that were dedicated to the improvement of legislation, training and services in the mental health area.

Several EU and European governments have supported the development of the mental health area in Romania; one of the strongest supporters of the Romanian mental health area was the Netherlands Government which through a number of projects gave a strong boost especially in the area of legislation improvement and training.

There were also a number of projects funded by the Norwegian Government that will support the development of new services mainly for children with mental health problems. The projects brought with them not only the financial support but also the know-how and the experience which were beneficial for the Romanian mental health professionals.

Even if there were made a number of investments and a number of projects were developed in the last 5 years and the Romanian psychiatric system of care is improving, there are still many objectives to be achieved in the area of personnel training and development of community services.

For Romania the process of improvement has begun and it is important to continue making progress.

Developments in the mental health area in Romania

*Professor Ladislau Ritli, MD, PhD
Minister
Ministry of Health*

For a population of 21.584.365 million people Romania has about 1.367 psychiatrists for adults and children (6/100.000);

The mental health system includes a number of 31 Psychiatric Hospitals and 4 forensic psychiatric hospitals, 36 Mental Health Centers for Adults (outpatient care) and 13 Mental Health Centers for Children.

One of the important progresses made in mental health area was the setup of the National Mental Health Center through HG 356/26.03.2008 and modified by HG 1428/18.11.2009 when it became National Mental Health and Addictions Centre. The main purpose of the NMHAC is to establish the priorities in mental health strategies, to establish the priorities in the development and implementation of specific projects and to submit them to the Ministry of Health for approval. It also coordinates the technical and methodological support given to the psychiatric units for the development of the mental health services.

Resume of activities in the area of mental health for 2011 in the Republic of Serbia



*Prof. dr. Zoran Stanković
Minister of Health
of the Republic of Serbia*

In 2011 several important steps have been achieved in the promotion and improvement of mental health services in Republic of Serbia. Ministry of Health has submitted a draft of the Law for protection of persons with mental diseases and disorders. The text of the Law has been accessible for a wide discussion among experts and professionals but also for NGO and users organizations. Next step will be to put it on the agenda of the national Parliament for the vote. Transformation of mental health services for diagnostics, treatment and rehabilitation is based on several principles: Treatment of mental health disorders is primarily organized in outpatient mental health departments. Hospital treatment have been reserved only for acute crisis states and for a limited period if time, estimated individually for each patient.

Republic of Serbia consist of four regions with approximately 1,7-2 million inhabitants. Each region have a University Psychiatric Clinic as a center for education and for coordination and supervision for other psychiatric departments on the secondary level of health services: psychiatric wards in sub-regional general hospitals or

psychiatric departments in psychiatric clinics, and also for primary health care centers. On the primary level of health protection there are 71 dispensaries, outpatient departments, in Primary Health Care Center (Dom Zdravlja). Each of them is provided with a Multidisciplinary Team for prevention, treatment and rehabilitation of patients with substance abuse and psychiatric disorders.

Already existing five specialized psychiatric hospitals are to be largely transformed in their structure and functioning. The number of psychiatric beds will be systematically decreased, for instance "Laza Lazarević" Special Psychiatric Hospital in Belgrade, will be transformed, with a reduction from previous 650 to 500 inpatient beds. Other four psychiatric hospitals will reduce a number of inpatient beds up to 10% each.

The National Guidelines for Depression has been published and promoted as an important practical clinical guidance, and it is not only for psychiatrists and mental health workers, but for all doctors, health care professionals and for all users and their families. The Guidance is available on line too.

Psychiatric Association of Serbia has held General Assembly in April 2011 and a new presidency have been elected: Prof. dr. Slavica Djukić Dejanović, PhD as a President and Prof. dr. Dušica Lečić Toševski, PhD a Member of Serbian Academy of Sciences and Arts as a Vice-president of UPS and actual President of PAEEB (Psychiatric Association of Eastern Europe and Balkans).

III Congress and XIV Congress of SPA (Serbian Psychiatric Association) "PSYCHIATRY FOR CHANGING WORLD" co-sponsored by WPA will jointly take place in April 2012 in Belgrade, under auspices of President of Republic of Serbia. Members of SEE Mental Health Network are welcomed!

Partners/News



*Ms. Simone Giger
Deputy Country Director
SDC – Swiss Cooperation Office in Bosnia and Herzegovina*

Switzerland has been a partner country of the SEEHN since its establishment, supporting regional cooperation as an essential contributing factor to lasting political and social stability as well as economic development in the countries of SEE. Switzerland recognises the importance of having a regional network of competent health experts and authorities. Such a network enables an exchange of knowledge and sharing of good practices, thereby contributing to the strengthening of healthcare service delivery and ultimately to the improvement of health outcomes of the respective populations in the SEE region.

With the establishment of SEEHN's Regional Health Development Centre (RHDC) on Mental Health, regional cooperation is extended to the field of mental health - an area that is particularly dear to us. Switzerland has been assisting the authorities in Bosnia and Herzegovina (BiH) in reforming their mental healthcare system, with considerable progress so far. Switzerland,

Swiss Agency for Development and Cooperation

through the Swiss Agency for Development and Cooperation (SDC), therefore decided to support the activities of the RHDC on Mental Health for the coming two years. The primary aim of this support will be to strengthen the network of national mental health experts from the region and to disseminate good practices across the region.

Planned activities will focus on mental health policy development in the region, with a view to strengthen the provision of community-based mental healthcare services and the application of a human rights-based approach in service provision. To further this process, ample opportunities for exchanging good practice examples, such as of the ones from BiH, among countries of the region shall be offered. The capacities of leaders and decision-makers in the mental health sectors of the SEE countries will be strengthened, enabling them to implement international standards of mental healthcare in their countries. Last but not least, associations of service users will be capacitated to jointly work with the health authorities in fighting stigmatisation and improving the quality of life of persons with mental disorders in the SEE region.

Developments



*Dr. Matthijs Muijen
Programme Manager Mental Health
WHO Regional Office for Europe*

Last June the RHDC on Mental Health was formally opened in Sarajevo. The ministers expressed their strong commitment to mental health and the need to continue with the transformation of mental health services in the Region. It was good to hear that this field, so often ignored, is still so prominent on their agenda.

A lot has happened in mental health care over the last decade, since the initiation of the Stability Pact for South East Europe. Representatives from nine countries met several times a year to compare progress and identify how they coped with the challenges. All had drafted mental health strategies, all had established community mental health centres and training of community staff was also coordinated. Inevitably speed of progress differed.

Bosnia and Herzegovina was the leader in the development of community services, establishing a network of community services to replace mental hospital beds.



The inauguration of the CMNH in Prnjavor

Albania established a very effective crisis service in Tirana, preventing hospital admissions. Several other countries opened community centres for people with long term mental health problems. It was a pleasure to visit most of these centres over the years, and all had in common inspiring staff, supporting people who thrived on the opportunity to learn computer skills, develop their artistic skills or prepare for job interviews. Although not formally measured, I would be surprised if hospital use has not declined thanks to this support.



*Inauguration of the CMHC in Strumica,
The Republic of Macedonia, March 2005*



Inauguration of the CMHC in Blagoevgrad, Bulgaria, April 2005



Inauguration of the CMHC in Kotor, Montenegro, May 2005

Despite these important developments, the meeting of the country representatives also demonstrated how hard it can be to change service models locally, but even more to disseminate such effective services nationally and sustain any progress achieved. National implementation of a community based model is not just about creating mental health centres.

These centres need to be incorporated into comprehensive services, linking to primary care for referrals and support, and to hospital wards to allow early discharge and to support functioning at home and in occupation. This is not just a challenge for staff working in community centres, but also for family doctors and psychiatrists and nurses in hospitals.



Inauguration of the CMHC in Chisinau, The Republic of Moldavia, April 2005

Moreover, staff employed by welfare agencies, consider for example housing and benefit offices, also need to be prepared for different ways of working. Stigma and discrimination are obvious challenges that affect service users in every part of the mental health system. If staff do not believe the possibility that people with mental health problems can live full lives, it will be very hard to achieve.

Some wonderful examples of people with mental health problems now have moved from hospitals to nice residential homes across the Region show that it can be done.

This sets an agenda for the RHDC on Mental Health, generously supported by the Swiss Agency for Development and Cooperation. All countries now have a strategy, and some budding centres.

But essential to the success of community based mental health services are reduction of stigma and staff competencies. These are the aims of the RHDC for the next few years, and they complement the work of WHO in the Region. We will be closely working together, and it is wonderful to experience all the time everywhere in the Region that everyone involved in mental health care believes in the importance of the rights of people with mental health problems to live a life equally worth living.



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For more information please visit:

Ministry of Civil Affairs of B&H <http://www.mcp.gov.ba>

Regional Health Development Center on Mental Health in SEE

http://www.mcp.gov.ba/org_jedinice/sektor_zdravstvo/regionalni_centar/Default.aspx?langTag=en-US

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