

Newsletter
Issue 2 - December 2012



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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Partnership in the Area of Mental Health in the South-eastern Europe



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

Dear friends,

It is a great pleasure to address you on behalf of the Ministry of Civil Affairs of Bosnia and Herzegovina, in the second issue of Newsletter of the Regional Development Centre on Mental Health in South-East Europe (RHDC on Mental Health in SEE), which operates within the Ministry as a central point for mental health cooperation in the SEE Health Network member countries (SEEHN).

In 2012, the RHDC on Mental Health in SEE continued to coordinate the process of regional cooperation in the field of mental health in SEE, including communication with the SEEHN member countries and partners, preparation of necessary documents, collect and exchange the information and regional experience.

The WHO Regional Office for Europe and Switzerland, as the main partners of the SEEHN, contributed in particular to the success in the present work of the RHDC on Mental Health in SEE, and their support will continue in the next year.

The recommendations to improve the health system performance, with a focus on reducing the burden of diseases caused, among other

things, by the mental health disorders, are contained in the new policy of the WHO Regional Office for Europe "Health 2020". Also, the Biennial Collaborative Agreement between Bosnia and Herzegovina and the WHO Regional Office for Europe 2012-2013 plans the support to the RHDC on Mental Health in SEE, by providing technical advice and professional support of WHO Regional Office for Europe, to better fulfill its mission.

The RHDC on Mental Health in SEE will continue the implementation of the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations" in the coming year, which is financially supported by the Swiss Government. The implementation of this project is of great importance and benefit to the institutions and individuals who deal with mental health issues in the countries of our region, and represents a step forward in our joint action.

The mental health reform is ongoing in the SEEHN member countries. Although the progress in this area is considerable, mental health issues are still increasing and have a significant influence on the development of

health and social systems and economies. Therefore, a comprehensive and coordinated approach to the issue of mental health is necessary, what was recognized by the World Health Assembly that adopted the Resolution on Mental Health in May 2012. In this document the Member States expressed commitment to "promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of person with mental disorders"

On our common path to the improvement of mental health in the region, taking into account the specifics of the health care system of each SEEHN member country, the exchange of experiences, practices and learning from each other provide great opportunities for improving the mental health services and the health system as a whole. The ultimate goal is an efficient and comprehensive care

and treatment of people with mental health issues in their environment, also to take into consideration their personal choices and desires, and to ensure their involvement in the treatment process according to their needs and culture, while protecting them from neglect and abuse. In this context, it is necessary to provide support to non-governmental organizations active in the field of mental health and to stimulate the establishment of users associations, where the promotion of inclusion and empowerment of people with mental disorders is a key priority.

The strong regional cooperation among the countries of the SEE Health Network and their partners provides the opportunity to face the challenges together on this journey and to pursue this goal - improving mental health and wellbeing of the population of South Eastern Europe.

Regional Activities of the South-eastern Europe Health Network in the Area of Mental Health

The Signing Ceremony of the Agreement between Bosnia and Herzegovina and Swiss Confederation on Support to the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations"
Sarajevo, on 19th June 2012

*Mirha Ošijan, MSc
Coordinator
of the RHDC on
Mental Health in SEE*



Following all legally required procedures on 19th June 2012, Mr. Sredoje Nović, the Minister of Civil Affairs of BiH and Mr. Joseph Guntern, Director of the Swiss Cooperation Office signed the Agreement between Bosnia and Herzegovina and Swiss Confederation on Support to the Project of the Regional Health Development Centre on Mental Health in South-eastern Europe: "Strengthening the Capacities of Mental Health Professionals and Users' Associations".



The Project will support strengthening the established network of regional mental health counterparts and strengthening the capacities of mental health professionals in the SEE countries. Taking into account that stigmatization and social exclusion of people with mental health disorders still exists, this Project will also focus on strengthening the capacities of the selected Users' Associations through the training for developing project proposals to fight against stigmatization with the aim to increase respect of the human rights and dignity of persons with mental disorders.

Duration of the Project is two years and its implementation started on 1st July 2012.

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

The Regional Meeting of SEE Health Network Mental Health Counterparts was held in Belgrade, the Republic of Serbia from 22-23 March 2012. organized by the Ministry of Civil Affairs of Bosnia and Herzegovina, Regional

Health Development Center on Mental Health in South-eastern Europe (RHDC on Mental Health in SEE) and hosted by the Ministry of Health of the Republic of Serbia, this meeting gathered the representatives from the SEE countries, WHO Regional Office for Europe, and the experts in the field of mental health.

The Regional Meeting of SEE Health Network Mental Health Counterparts was focused on introduction of the Project "Strengthening the Capacities of Mental Health Professionals and Users Associations" and preparation for the process of its implementation.

Based on discussion, and in accordance with the specific needs for training of each SEE country, the list of training priorities for the professionals in the area of mental health was reached.



Moreover, the draft of the WHO European Mental Action Plan was presented by the Dr. Matthijs Muijen on the second day of the meeting. The floor for discussion was opened and the participants had an opportunity to provide feedback on this document.

The Regional Meeting of SEE Health Network Mental Health Counterparts, Sarajevo, Bosnia and Herzegovina, on 9th May 2012

The Regional Meeting of SEE Health Network Mental Health Counterparts was held in Sarajevo, Bosnia and Herzegovina, on 9th May 2012. This meeting was organized by the Regional Health Development Center on Mental Health in South-eastern Europe (RHDC).

This meeting brought together the National Mental Health Coordinators (NMHCs) from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, Republic of Macedonia, Republic of Moldova, Romania, and Serbia, as well as the representatives of the Swiss Agency for Development and Cooperation, the WHO Regional Office for Europe, and the experts in the field of mental health. The network welcomed Israel as a newly joined member.



During the meeting the most effective ways of implementation of the project “Strengthening the Capacities of Mental Health Professionals and Users associations”, financially supported by the Swiss Agency for Development and

Cooperation, were discussed in depth, particularly training areas and target audience. Possibilities to link the project as well as overall network activities with other initiatives such as through collaboration with the EU have been also addressed.



Furthermore, the overview of cooperation between individual SEE countries and WHO as per respective Biennial Collaborative Agreement 2012-2013 was presented and discussed. Subsequently, the country feedback on WHO European Mental Health Action Plan was provided by the National Mental Health Counterparts from SEE countries.

The participants of the meeting also had a possibility to attend and contribute to the Conference “Mental health for all: good policy, better practice and better outcomes” organized by the Mental Health Project in Bosnia and Herzegovina on 10-11 May 2012 financially supported by the Swiss Agency for Development and Cooperation. This possibility was highly appreciated by all participants.

Country Activities of the SEEHN Member States in the Area of Mental Health

ALBANIA



*Dr. Emanuela Tollozhina
National Mental Health Coordinator*

2012 has signed a crucial phase for the Mental Health Reform in Albania, with two main activities that can be highlighted in this regard.

The first one was the approval of the New Mental Health Law, no.44/2012 from the Albanian Parliament on 19 April 2012. The drafting process of the new mental health law was a long and comprehensive process, which involved all the relevant actors in this field, such as mental health professionals from public and private/not public institutions, representatives from civil society, etc.

The new law was an important and needed step to be undertaken in order to reflect not only the changes in the mental health system based on the deinstitutionalization reform and the community care approach, as well as to emphasize the rights of persons with mental health disorders based on the changes of the national level laws and international conventions.

In the context of this new legal framework, the entry into force of the “For Mental Health” Law, no.44/2012, on June 1, 2012, the Ministry of

Health has undertaken the drafting of bylaws acts, which will ensure its proper implementation. This process, which was been supported by Open Society Foundation for Albania (SOROS), engaged the establishment of two working groups, as well as the implementation of several two-day workshops with health care providers in the four priority areas of the country, namely Elbasan, Shkodra, Vlora and Tirana. These seminars, organized in the period June-November 2012, aimed to introduce the new mental health law, by highlighting the innovations and changes in professional practice resulting from it; and encourage discussion and suggestions on new bylaws.



The second important activity in regard to Mental Health Reform in Albania was the drafting process of the new Operational Plan for Mental Health Services Development in Albania, for the period 2013-2022. In this context, the draft developed by a group of experts was introduced



and discussed with several relevant actors in the field, in order to ensure a comprehensive process.

Both above mentioned activities implemented during 2012 are expected to be finalized at the beginning of 2013, through the approval of all the bylaws that will ensure the implementation of the new law 'On Mental Health', as well as the approval of the new Operational Plan.



BOSNIA AND HERZEGOVINA



*Dr. Biljana Lakić
National Mental
Health Coordinator*

Activities in Mental Health Project in Bosnia and Herzegovina during 2011-2012

The Mental Health Project in Bosnia and Herzegovina (BiH) is based on the commitment of the Entity health ministries to continue mental health reform in BiH. Its work focuses on four strategic areas supporting implementation

of mental health strategies of the two entities (Federation BiH Mental Health Protection and Improvement Policy and Strategy 2012-2020; Republic Srpska Mental Health Development Strategy 2009-2015): 1) Administrative & Legislative Framework; 2) Human Resources Development; 3) Management of CMHCs; and 4) Reduction of Stigma and Discrimination. The project has been recognised by key stakeholders as a leader and voice for mental health issues and as a driver of change for improvements in mental health care practices. The Project works with numerous partners: The Swiss partners and donors include SDC and Swiss cantons of Geneva, Jura, Bern and Fribourg, Ministry of Civil Affairs of Bosnia-Herzegovina, the Ministry of Health of the Federation of BiH, the Ministry of Health and Social Welfare of the Republic of Srpska and the Department of Health and Other Services of Brčko District of BiH, all community mental health centers, psychiatric clinics and hospital departments, entity health care accreditation agencies, entity and cantonal health insurance funds and public health institutes, associations of users and carers, while the key stakeholders in the social and educational areas will benefit from the project indirectly.

1. Administrative and Legislative Framework

The Rulebook on the Establishment, Operation and Financing of Commissions for the Protection of Persons with Mental Disorders and the Commissions' Training Manual were developed. Members of Commission for Protection of Human Rights of Persons with Mental Disorders of the Republic of Srpska (30 members) are officially appointed including local community and user associations' representatives and they have undergone a three-day training in the working methodology and prepared a plan to field visits in 2013.

The Federation Ministry of Health prepared amendments to the Law on Health Protection of Persons with Mental Disorders, in particular

Articles 51 and 52 related to the organisation and financing of the work of the Commission, creating prerequisites for formal legal changes enabling the establishment of the Commission in the Federation of BiH. These amendments have been recently adopted by the Federation Parliament and the Law on Amendments to the Law on Health Protection of Persons with Mental Disorders is now pending the publication in the Official Gazette.

The Republic of Srpska Health Insurance Fund has adopted a revised nomenclature for primary, secondary and tertiary healthcare. The new set of services avoids service overlap, giving specific attention to defining team services in more precise manner and enhancing prevention and inter- and intra-sectorial cooperation.

The revised staffing and job descriptions for mental health services at primary and secondary level were endorsed by the Republic of Srpska MoHSW and communicated towards targeted mental health institutions as obligatory.

The Rulebook on organisation, space conditions, medical-technical equipment and staffing for CMHCs was endorsed by the Federation BiH MoH and a timeframe of a year given to CMHCs to put it in their practice;

The Federation BiH Government endorsed Mental Health Policy and Strategy 2012-2020.

Draft set of uniform indicators for monitoring of mental health of the population in BiH was developed and endorsed by the entity MoHs. Indicators are divided into 10 domains as follows: demographic and socio-demographic data, health status, health determinants, prevention and health promotion, social and health insurance, financing, service provision, social-health service provision, human resources and use of medication. The process of data collection has been defined, involving all relevant institutions (the entity MoHs, PHIs and CMHCs). Software, infrastructure and capacity building for data collection and analysis have been provided by the project.

2. Human Resources Development:

Curriculum and manual for case management (Guided and client-centred case management for patients with long term and severe mental disorders) were developed, and also Practicum for trainers with descriptions of all the exercises and working materials. A Training of Trainers (ToT) course was completed (3 training cycles with total duration of 7 days) with the group of 21 mental health professionals. Educators have passed a final exam and now are certificated by the entity Ministries of Health. A plan for regional trainings has been created and monitoring and evaluation of the entire process (regional educations and use in every day practice). The First cycle of education started in December 2012 for multidisciplinary teams in the Republic of Srpska and in the Federation BiH they will start in February 2013 (3 cycles x 2 days). Trainings are scheduled to be finished by the end of June 2013 with achieved goal of approximately 700 professionals in the field of mental health educated in BiH (complete staff of CMHCs and 1/3 of hospital staff).

Mental health nursing curriculum and manual were developed within the project and adopted by the entity MoHs. Twenty nurses, appointed by the entity MoHs and Brčko District Department of Health and Other Services, were trained and became certified trainers for their colleague nurses. Regional trainings implementation has been completed involving 290 nurses from both primary and secondary mental health care level. In addition a training module covering Nursing interventions in emergency situations in psychiatry and Violence management in health care and Nursing evaluation of Suicidal Risks topics was delivered to ToT participants. The training module was jointly developed with and delivered by the local and Swiss experts as part of Swiss Cantons support to MHP.

Six CMHCs were awarded small research project grants through a tender procedure. Grants aimed at improving access to needs-based services at the community level, covering various topics of particular interest to the

concerned CMHC, namely anxiety, depression and dementia disorders of elderly persons, presence of the PTSD elements among the population of veterans, eating disorders, daily life skills development interventions for patients with schizophrenia, preventive interventions directed at the children and youth at risk and difficulties in psycho-physical development.

3. Improved Management of CMHCs and enhanced intra - and intersectorial cooperation

A series of capacity building trainings were implemented by the entity Accreditation Agencies targeting managers of healthcare centres (HCs), community mental health centres (CMHCs) and centres for social work (CSWs). Thirty-nine CMHCs were supported by their HC managers in applying for accreditation process (10 RS/29 FBiH). Five CMHCs in the Republic of Srpska has passed the accreditation process.

Four project grants targeting peer violence prevention were awarded to CMHCs in four communities. The projects include capacity building of the school staff and their collaboration with CMHCs in early interventions and prevention activities with the youth.

4. Reduction of stigma and Discrimination

Strengthening capacities of User Associations

A total of 12 trainings targeting 26 User Associations in 15 communities were implemented aiming at improving their organisational management and advocacy skills. Trainings involved 145 user associations members (77 M/ 68 F) from both entities.

A total of 14 grants were awarded to User Associations involving 64 associations from 29 communities. 300 user associations members actively participated in the grants implementation. Grants aim at improving associations' capacity to effectively combat the stigma through their greater inclusion in social and economic life, organisational capacities building, wider population awareness raising on

importance of mental health, increasing skills of mental health professionals in area of treating alcohol abuse, promotion of positive social inclusion practice of persons with mental health disorders, increase access to information and mental health counseling services to persons suffering from somatic diseases.

Combating stigma

Field research on attitudes towards persons with mental health disorders was completed. The entity PHIs were engaged as experts and administrators of the research activities. Research expert team involves mental health, public health experts, and service user representatives. The research sample is 1920 examinees.

Activities concerning promotion of mental health care reform continue through the partnering with medical magazine "medici.com", introducing mental health section in every issue. The topics covered by the magazine are related to the work of the CMHCs, MHP activities and other mental health issues. Nine issues were published and distributed to all health institutions in the Republic of Srpska, reaching a large number of health professionals.

A Project Conference was held in Sarajevo on 10-11 May 2012. The aim of the conference was to present good practices and promote service users initiatives in mental health in BiH and other European countries. The conference provided sample opportunities for discussing challenges in reforming mental health care and for identifying potential solutions, policies, strategies and programmes to overcome them. There were approx. 200 participants, including representatives of the ministries, WHO, service users associations, non-governmental sector, regional initiatives, mental health professionals, international organizations, Swiss partners, academic community and media.

BULGARIA



*Dr. Hristo Hinkov
National Mental
Health Coordinator*

Community Mental Health Center for adults with mental disabilities The city of Blagoevgrad

The first pilot center established under the activities of the SEE Mental Health Project in Bulgaria was the Community Mental Health Center in the city of Blagoevgrad. The CMHC serves the population of the city and the region and complement the services provided by other mental health facilities by implementation of new rehabilitation programs and modern attitude to the clients. Initial training of the personnel was provided by team of specialists in community psychiatry from the New Bulgarian University in Sofia with close cooperation with the Medical College in Blagoevgrad. During the implementation of the project a fruitful cooperation was established between Country project office and the NGO "Geneva Initiative of Psychiatry" (now "Global Initiative of Psychiatry").

In more than 5 years of its establishment the center offers complex of psychosocial services in the community, creating conditions for comprehensive care for persons with mental disabilities during their day life. The services are related with provision of food, meeting their

health educational and rehabilitation needs as well management of the free time and personal contacts. The main goals are to ensure equal status for persons with disabilities, to overcome the social isolation by number of activities aiming social inclusion in the community, to obtain new knowledge, social skills and abilities for better independent life and to provide support to the families of the persons with disabilities.

There are number of programs established in the Center as Case management, Social club, Art shop, Computer skills, Program "Music mania", Program "Learn about Bulgaria. The structured modules for obtaining social skills and ability for independent life include basic communication skills, control of the symptoms, looking for a job.



Users and staff of the CMHC in Blagoevgrad, summer 2012, Greece

The center also developed programs for complex rehabilitation in three main directions:

- recovering the lost social skills
- enlargement of the social inclusion
- prevention of relapses

There are formulated criteria for admission persons with mental disabilities and persons with severe mental disorders above 18.

The personnel of the center include three psychologists, three social workers, one nurse and one occupational therapist. The capacity of the Center is 25 -30 persons per day.

The basic principles established in the CMHC in Blagoevgrad were disseminated in the development of similar centers in the country. One of these successful projects is located in Sofia, District "Slatina". It is a mutual project of Global Initiative on Psychiatry and the Sofia Municipality. The result of this cooperation is the Center for adults with mental disabilities. The following material provides insight into the work of this center which can be considered as the successor of the pilot center in Blagoevgrad.

CROATIA



Ivan Begovac, MD PhD

Future Center for the Study and treatment of eating disorders in the Department of Psychological Medicine in Zagreb

Previous experience

The founders of the Department of Psychological Medicine, as well as their close associates were already last 50 years dealing with eating disorders (Betlheim 1959; Dvoržak-Beck, 1959), and it has continued at the Department of Psychological Medicine, given that the Department was always psychotherapeutic and psychosomatic (considering the impact of intertwining of somatic and psychic) directed (Blazevic, 1984; Cividini-Stranic, 1984; Rudan, 1999, Klain, 1999; Gregurek, 2010). Nikolic (1990) gives an overview of the psychodynamics of eating disorders in adolescence; Vidovic et al (Vidovic, 1998; Vidovic, 2004 (a); Vidovic, 2004 (b); Vidovic, Henigsberg&Juresa, 2003; Vidovic et al., 1996, Vidovic, Majić&Begovac, 2008;

Vidovic et al, 2005), in his years of work with patients with eating disorders provide clinical characteristics, and psychotherapeutic aspects of treatment. It has proved as very important family psychotherapy in eating disorders, and prominent experts write about (Prpic, 1992; Vidovic, 1998). Recently, there are also recorded activities in the field of care for people with eating disorders. Professor Ivan Begovac the current head of the research project, approved by the Ministry of Science, in the field of eating disorders. In area of international cooperation, Professor Ivan Begovac, have been collaborating with prominent colleague from Germany, an expert in the field of eating disorders professor. Dr. Joern von Wietersheimom from Ulm (Kusano & Schwarz-von Wietersheim, 2005; Pecová & von Wietersheim, 2005). In progress are the competition for support in the framework of bilateral cooperation and projects between Germany (the German side was led by prof. Joern von Wietersheim from Ulm) and Croatian (with the Croatian side of the head Professor Begovac Ivan), and the topic is subject of eating disorders. At the Department of Child and adolescent Psychiatry and psychotherapy, are created a core team specialized for eating disorders: Professor Ivan Begovac; Dr. Silvana Pleština; Dr. Anđelina Bokić Sabolić, Dr. Jarmila Škrinjarić, while at the Institute of Psychosomatics would be formed organizational following staff: prof. Dr. Rudolf Gregurek; Dr. Marija Saric, Dr. Sasa Jeftović; Dr. Vesna Grgic.

Current situation in the Republic of Croatia

Despite the different activities within university psychiatric, pediatric and general internal clinics, due to the increased number of persons with eating disorders, the overall situation in Croatia seems to be unsatisfactory. So far there does not exist a specialized center for eating disorders, which would coordinate the various multidisciplinary professions, and that would provide continuity care for patients with eating disorders.

Practical issues

- At the Department of Psychological Medicine would be open center for eating disorders. The emphasis of this work was to outpatient

treatment (including day hospital concept). A small number of patients would be treated at inpatient department.

- Primary target groups would be: eating disorders (anorexia, bulimia, binge eating) and obesity, both sexes. Specialized department for Child and Adolescent Psychiatry and psychotherapy would be care for patient age from 0-18 years, while the Department of Psychosomatics specialist would be care for adults.

- Eating disorders are clearly psychiatric disorders (Yager et al., 2006). This future center would encompass future activities of the child and adolescent psychiatry and psychotherapy (including the future inpatient) department, and also the Department of Psychosomatics Department of Psychological Medicine. In accordance with the experience from developed countries, and the American Psychiatric Association guidelines would be especially regulated the relationship between psychiatric care in relation to somatic care disposal. In accordance with our many years of experience, Department of Psychological Medicine would deal with psychiatric care (up to the fourth level of care, while the fifth degree of care would take Department of Pediatrics and Department of Internal Medicine-somatic care / Levels and the American Psychiatric Association guidelines / Yager et al. 2006). From literature are well-known guidelines for somatic care disposal (fifth grade), in relation to psychiatric and psychological care (Yager et al, 2006). In this sense, the somatic treatment would be especially complicated in relation to the possible comorbidities (diabetes, addictions, etc.). On this way we would achieve continuous care between different levels (Yager et al, 2006), but on same time would be achieved vertical coherence of psychological and psychiatric care and care for people with eating disorders in the Department of Psychological Medicine, including adolescents and adults.

- Indications for hospital treatment of eating disorders are well defined in the literature (Rosen et al., 2010; Vandereycken, 2003; Yager et al., 2006), and this center would be completely adhered to them.

- The Department of Psychological Medicine would be designate person for coordination both team of professionals and work with patients with eating disorders.

- Treatment of children and adolescents have a better chance of success if in work applies the multimodal approach, respectively when in the treatment used various elements: psychotherapy (individual and group, supportive psychotherapy, play therapy, psychodrama, working with parents and parent counseling, marriage and family therapy), encourage the development, from time to time even pharmacological therapy, social and therapeutic measures, educational therapy, creative therapy, social-educational therapy, pedagogic therapy, welfare measures and other therapies. The above treatments implemented a numerous experts.

- It would be considered the possibility for including in this Centre the Department of Pediatrics, University Hospital Center Zagreb, as well as the Department of Internal Medicine, University Hospital Center Zagreb, also the Department of Psychiatry, University Hospital Center Zagreb. The importance of this concept would be in the continuity of care for children and adolescents, and adults with eating disorders (Yager et al., 2006). As part of the Faculty of Medicine in Zagreb in our department we conducted undergraduate and postgraduate teaching, training specialists, and other school activities. Research activity is also a regular part of our activities. Particularly we emphasize our experiences and knowledge from psychodynamic psychotherapy, which is used with children and adolescents.

- The most important therapeutic concept specialist of the department for Child and Adolescent Psychiatry and Psychotherapy is psychotherapy, a pedagogical and oriented to the therapeutic milieu. In his concept we try as much as possible that the child / adolescent is never absent from his school commitments, and as a rule are adjusted.

- There is a need to mobilize additional "basement" Department of Psychological Medicine at the frame of department of Child and Adolescent Psychiatry and Psychotherapy, and it

was written a letter to head of KBC Zagreb, on several times.

- The center would include a multidisciplinary profession: doctors on residency, specialist psychiatrists, psychologists, social workers, occupational therapists, nurses. In accordance with existing legal regulations it would be given the possibility to perform the school activities, in this sense, a preliminary discussion is done with the professor Gregurinčić, who is responsible for the operation of school hours in Zagreb University Hospital. Furthermore, pursuant to the regulations in order to open up the possibility of the volunteers work, according to the existing experience of the Department of Pediatrics, University Hospital Center Zagreb.

- Especially to be cherished association with credible patient organizations and / or associations of parents.

- The center would have a clear focus and psychodynamic psychotherapy in accordance with previous tradition of department for Child and Adolescent Psychiatry and Psychotherapy (Nikolic, Rudan&Vidovic, 1999). In this sense it could be used by modern achievements and knowledge in this area (Streeck-Fischer, 2009). In this sense, would be separate the work of the physician-manager, he would be responsible for the regular daily control, prescribing medications, coordinating the work of residents, would have an educational and disciplinary role. On the other side of the (psycho)therapist have only had psychotherapy role in the overall treatment. In some cases, would be used cognitive-behavioral and / or psychodynamic processes. Question of various psychotherapeutic procedures would be considered in relation to acquired experiences, which are consistent with the literature (Munz, Goepel& Simon, 2009).

- We would like to point out specific psychotherapeutic treatment of eating disorders in adolescents. This would certainly be a place for the parallel treatment of parents (Ahlheim, 2009), as well as for family psychotherapy dysfunctional family (Prpic, 1992; Vidovic, 1998).

- Inpatient department would be part of Department of Psychological Medicine, and

would be linked to effect activities. This inpatient department would have "opened door". The emphasis would be on the integrative approach- which means that one doctor involved in all parts of the department, not just partly. For example, a doctor working on a patient unit, about 50%, but it is still about 50% of the inpatient department.

- Outpatient department would still be the most important backbone of the Centre, in accordance with the experiences from developed countries. Cases, resistant to outpatient treatment, would be sending further to the existing day hospital, and future inpatient department. Furthermore, for example after inpatient treatment, patient will be taken care in outpatient treatment, etc.

- Special attention should be paid to the education of nurses, and for them there was organized continuing education.

- So far, there is a good cooperation with the Clinic of Pediatrics, University Hospital Center Zagreb, University Hospital for psychiatry KBC Zagreb, and psychiatric hospital for children and youths in Zagreb, which have for a number of years inpatients psychiatric section "closed" type.

- Minimum staffing requirements-It would be necessary to retain existing staff but they are highly burdened by past and recent activities! In relation to the fact that it is an integrated approach, then, one psychiatrist working not only on the inpatient part, but also in the outpatient section, then you need to stop going over fellow specialists from the Department (Jarmila Škrinjarić, MD) or get a new replacement for them. Generally speaking, in Croatia in relation to other European countries there is a shortage of staff in child and adolescent psychiatry (Begovac, 2012). Should preferably an at least one additional psychiatrist for each new department. Furthermore, it is necessary to employ an additional one psychologist or extend an existing contract with prof. Ana Kordic, who recently left because her contract expired, one special educator, and one occupational therapist (may be a Bachelor).

Evaluation and quality control

After a certain period of time, at least once every

six months, there would be an evaluation of overall activity. In accordance with the lessons learned in order to consider the possibility of the need for adding new methods of treatment and to weigh the effectiveness of the present method.

Conclusion

In this report, a study suggested that synthesizes previous experience, using the additional modern knowledge in the field of treatment of eating disorders. Given the above important technical reasons, and long-term value and financial reasons, we believe that there is justification for the opening of the center for eating disorders in the Department of Psychological Medicine.



MONTENEGRO



Dr. Zorica Barac – Otašević
National Mental Health Coordinator

Community Mental Health Centre in Nikšić

Community Mental Health Centre in Nikšić is located in the primary health care centre – Dom zdravlja Nikšić

There are three psychiatrist, two nurses, one psychologist, and one social worker

Working hours 7h-15h, and the last working hour is for home visiting patient

Phone number:

0038269 431 543, 0038240 204 605

In this text we will present part of our work:

TREATMENT OF CHILDREN AND YOUTH IN THE COMMUNITY MENTAL HEALTH CENTRE IN NIKŠIĆ, MONTENEGRO

Minić D, Joksimović V, Milović V, Vujanović S, Čorić D.

INTRODUCTION: Treated children and young people who appeared in the Community Mental Health Center (CMHC), Nikšić, during the first eight months of 2012.

OBJECTIVE: this study was to determine the presence of psychiatric entity representation by gender and by age representation.

METHODS: epidemiological (statistical analysis)

RESULTS: During the first eight months of the CMHC in Nikšić, occurred 61 people.

Out of the total, male was 36, - 59.01%, and female 25 - 40, 98%.

REPRESENTATION

by the age and representation by diagnosis

Year of birth		%	Year of birth		%
1987	10	16,06	1996	1	1,63
1988	10	16,06	1997	2	3,27
1989	4	6,22	1998	1	1,63
1990	3	4,93	1999	0	0
1991	3	4,93	2000	0	0
1992	8	13,11	2001	0	0
1993	1	1,63	2002	1	1,63
1994	9	14,75	2003	1	1,63
1995	7	11,47			

Mostly the users are young people between ages 24-25.

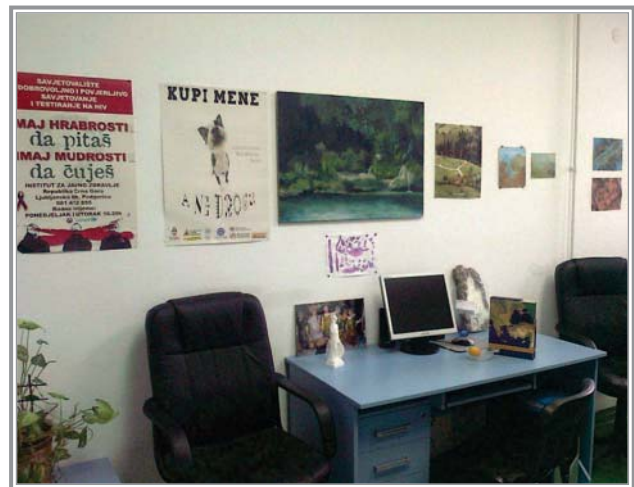
Ten adolescents 32,12%: This group of young people was the most frequent Anxious depressive disorder 60% in 1987 and 40% for in 1988.

Representation of young people aged 20 years was 14.75%, nine young people, of whom four were from psychotic disorder.

It was also significantly represented aged born in 1994, young age of 18,9 of them 14,75 %, of which three were from an acute psychotic disorder.

Young age in 1995: Aged 17 years was 7 or 11.47%. One of them had a psychotic disorder, two with conduct disorder, two with mental retardation and two with anxiety depressive disorder.

F 20	1	1,63%
F23	9	14,75%
F32	3	4,91%
F 40	2	3,27%
F41	22	36.06%
F43	9	14,75%
F60	2	3,27%
F63	1	1,63%
F 70	1	1,63%
F 71	1	1,63%
F 79	1	1,63%
F 92	4	6,55%
G25	1	1,63%



CONCLUSION:

From psychiatric disorders in the highest number was Anxious – depressive disorder.

In 36.06%, followed by post-traumatic stress disorder and 14.75% in the same percentage Acute psychosis 14.75%.

Addictions are represented in this group, with 1.63%, only one person aged 24 years.

REPUBLIC OF MACEDONIA



*Dr. Stojan
Bajraktarov
National Mental
Health Coordinator*

Community Mental Health Center at the University Clinic of Psychiatry – Skopje

Our Community mental health center is incorporated in the University psychiatry clinic, situated in urban area, among other health services, so people with mental illness are not separated (segregated) from the other population.

Working hours are from 8 am to 16 pm, usually about 30-40 patients are visiting our center per day, they are not separated by diagnostics, group is mixed with schizophrenics, borderline, depressive I neurotic users, who have problem with social adaptation and are in need of prolong socio-therapeutical rehabilitation.

Staff consists of two psychiatrists, four nurses, one psychologist, social worker and occupational therapist, so besides psychopharmacological therapy, main therapeutical impact is on psychotherapeutical, psychosocial and occupational measures.

The model of therapeutic community is organized in our day care center, with accent on democratic and horizontal relations between the staff and the patients. They organize their everyday life and activities suitable to their needs and capacities.

Every patient is included in individual and group psychotherapy. The individual approach depends on the mental condition of the patient, includes psychodynamic psychotherapy, gestalt, CBT, as well as supportive measures for everyday management and survivor skills.



Group therapy is organized twice a week, with accent on psychodrama and social assertiveness, with particular interest on emotional reactions in group dynamics and matrix.



Working with the families is usually organized on two levels: systematic family therapy with higher goals of reconstruction of family ties and relations, and psycho-education of the members of the patient's family to manage relapses and compliance to the treatment.

We especially accentuate our artwork therapy as part of the process of rehabilitation which includes music, bibliotherapy, introductory course in fine arts (drawing, painting, and modeling) and old Macedonian handcrafts like embroidery and weaving. Special results are achieved in clay art so exhibitions were often organized.



Our main goal is to create a positive atmosphere within patients everyday life, atmosphere of empathy, understanding and non judgmental behavior and to meliorate effects of stigma in the process of reintegration of mentally ill.

a working group in the mental health domain that comprises members from the practical and managerial sectors; officials from Ministry of Health, National Insurance Company, Ministry of Labour, Social Protection and Family, non-governmental organizations necessary for conciliation of determinants and multisectoral policies promotion.



Together with the international experts, with the support of World Health Organization and the Swiss Agency for Cooperation and Development were reviewed priorities in the mental health domain, elaboration of a strategic action plan intended to reform essentially the mental health services nationwide. The strategic plan is focused on 4 specific objectives, such as:

1. Integration of mental health services into primary care which will assure the addressing of mental health problems primarily.
2. Elaboration and regulation of integrated mental health services at the community level which will be the second intervention link at the local level and the most essential in the multidisciplinary approach of mental issue and will foster medical and social rehabilitation of persons affected by mental illnesses.
3. Decentralization of mental health hospital services with the establishment of beds for mentally ill persons into the general hospitals, more accessible for population, closer

REPUBLIC OF MOLDOVA



*Dr. Vadim Aftene
National Mental
Health Coordinator*

Country activities

In Moldova, a special attention was given to the review of national policies in mental health domain. Thus, Ministry of Health established

to the native environment, without isolation and stigmatization.

4. Psychiatric hospitals reform by reducing the number of beds and creation of conditions for a superior level of functioning.

These actions will produce an important change of the mental health service – closer to beneficiaries and for beneficiaries.



The Romanian government considered that the elaboration and adoption of a mental health strategy for children and adolescents will contribute to the well-being of this segment and reduce the costs for treatment of mental disorders of adults.

Thus, the National Mental Health Centre and Anti-Drug in collaboration with the Ministry of Labor, Family and Social Protection and the Ministry of Education, Research, Youth and Sport have elaborated a draft of the National Strategy for Children and Adolescents Mental Health 2013-2018.

The Mental Health Strategy for Children and Adolescents contains chapters such as:

- Development of mental health promotion services destined to the whole population which includes awareness campaigns for the acknowledgement of the parents regarding the importance of mental health for their children as well as the promotion of the protector factors for the children mental health
- Development of the early detection and intervention services
- Development of specialized treatment and intervention services both educational and psychological targeting children with mental health problems and their families.

The Mental Health Strategy for Children and Adolescents was sent to the General Secretariat of the Government, and we hope that in the coming year, the document will be finalized and agreed by all institutions involved in promoting mental health and treating children with mental health problems.

ROMANIA



*Raluca Nica, MSc
National Mental
Health
Coordinator*

Mental Health Strategy for Children and Adolescents in Romania

Taking into account the fact that the early age is the essential moment not only for screening and intervention but also for the promotion of mental health and prevention of mental health problems and that Romania does not have a Mental Health Strategy for Children and Adolescents.

SERBIA



*Dr. Oliver Vidojević
National Mental
Health Coordinator*

Activities in Mental Health area for 2012 in the Republic of Serbia

The Regional Meeting of SEE Health Network Mental Health Counterparts was held in March 2012 in Belgrade.



*Prof. dr Slavica Djukić Dejanović, PhD
Minister of Health*

- III Congress of PAEEB Association and XIV Congress of SPA (Serbian Psychiatric Association) "PSYCHIATRY FOR CHANGING WORLD" co-sponsored by WPA took place in Belgrade, in last April, with Prof. dr Dušica Lečić Toševski PhD as actual President of PAEEB (Psychiatric Association of Eastern Europe and Balkans). It was held under auspices of President of Republic of Serbia. The congress was very successful with important contribution by international and national experts in mental health invited from WPA.

- After recent general elections few events could be important for further advances in mental health: Prof. dr Slavica Djukić Dejanović PhD, a President of Serbian Psychiatric association become a new Minister of Health.

Two very important laws have been submitted for vote to the Parliament with newly elected deputies: Law for Protection of persons with difficulties of mental and Law for Protection and improvements of Patients Rights, after a wide discussion by experts and professionals in mental health with a contribution from relevant.

Collaborating Center WHO for education and strengthening for professionals in mental healthcare development is one of good examples in this field. Collaborative center in Institute of Mental Health is established since 2009 and develops activities of education mental healthcare professionals and with family members, with a special emphasis on

development of mental health for children and adolescents.

The main projects are:

- Training of multidisciplinary teams within community mental health services, as well as evaluation of these services.
- Continuing education for primary health care employees on mental health problems (general practitioners, nurses, pediatricians), aimed to create competent health care professionals for early recognition and

treatment of mental health problems, prevention of mental disorders, and promotion of mental health.

- Training for family members of persons with mental disorders.
- Support to professional development of employees of social care institutions.

The administrator of the WHO Collaborating Center at the Institute of Mental Health is Prof. Dr. Dušica Lečić Toševski

Partners/News

The Global and European Mental Health Action Plans

Mental health problems are among the leading contributors to the burden of disease globally. In many European countries, they are already the major cause of morbidity and pose major challenges to the quality of life and functioning of individuals and their families. It also causes major social and economic costs to the society. To address the challenges joint actions and partnerships at both national and international levels are needed.

In response to this, WHO headquarters is drafting a comprehensive global mental health action plan, for consideration by the 66th World Health Assembly in May 2013. The WHO Regional Office for Europe is preparing a European Mental Health Action Plan, targeting the needs of its European Member States, to be submitted to the WHO Regional Committee for Europe in September 2013.

As a part of this process, the WHO Regional Office for Europe held a joint consultation with WHO headquarters on drafts of the European Mental Health Action Plan and the Global Mental



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

Health Action Plan with its Member States and other key stakeholders in September 2012 in Oslo. The consultation resulted in strong support for the Action Plans.

The European Action Plan covers mental health and mental disorders across the life course. It is fully aligned to the values and priority areas of the WHO European policy framework Health 2020, and makes an important contribution towards its achieving. The scope of the European Action plan builds on 3 dimensions:

1. Wellbeing: Improve the mental wellbeing of the population and reduce the burden of mental disorders, with a special focus on vulnerable groups, exposure to determinants and risk behaviours;
2. Rights: Respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma and discrimination;
3. Services and care: Establish accessible, safe and effective services that meet people's mental, physical and social needs, and the expectations of people with mental health problems and their families.

experienced by patients and their families will determine acceptability and outcome of care.



*Dr. Elena Shevkun
WHO Regional Office
for Europe*

The European Mental Health Action Plan puts forward actions that have the potential to improve wellbeing of populations and access and quality of services. Particular emphasis is given to the point that service structure, however excellent, is necessary but on its own insufficient. Safety, effectiveness and absence of stigma as

This is an important time to advocate for sustained investment in mental health care. In order for this to be successful, associations and organizations need to stand together, agreeing on principles and priorities in mental health care. The European Action Plan offers a platform for such consensus.

Users/News

ALBANIA

“Help the Life”

“Help the Life” is a national non-profit organization of parents and persons with disabilities, established in Tirana in 1998, as an initiative of a group of parents of children and adolescents with mental and physical disabilities with the mission to improve the capacities, to the rights, to improve the social status of children, adolescents, young people, who has mental and physical disabilities to finally improve the social integration of disabled persons.

The main focus of our association is on the provision of social services for mentally and physically disabled as a fundamental right for this category.

Thus, since 1999 we provide a wide range of psycho-socio-educational services for people with disabilities and their families. Since 2003 the organization has been licensed by the Ministry of Labour and Social Affairs. Our centre is a day service agency for about 35 children and adolescents with mental and physical disabilities, aged 6 - 30 years old, most of them are children pervasive development disorders, autism, etc.

Based on our work in the field of disabilities for more than 14 years, “Help the Life” in 2009 won the award for best achievement: “The provision of rehabilitation services, integrating Community Center for children, young teenager with mental disabilities” in our country, provided by USAID.

The most important activities carried out by the association during the 2012 are:

- Accessibility to services.

To fulfill its mission on social inclusion of persons with disabilities in Albania, our association works on several areas, such as the improvement of legislation, fight against discrimination, protection of human rights, but also on provision of social services for this category.

In the context of services accessibility, since February 2012, "Help the Life" in collaboration with the State Social Service, implement the project "Accessibility to services! A fundamental right for persons with disabilities" with the main objective to improve the quality of services for people with disabilities by reviewing current social services standards for day centers, residential services as well as developing standards for the service in the family.

This project was funded by the European Union Delegation to Albania. We think that the new standards will increase the quality of social services and it will improve the lives of people with disabilities throughout the country



- December 3, International Day of the rights of persons with disabilities.

It has become a good tradition of our organization of organizing promotion activities for 3 December, The International Day of Persons with disabilities.

We had a photo exhibition of all our activities and an artistic program was performed by our services users for all the participants (parents, specialist of the field, counterpart organizations, members of local authorities, as well as public school students)

Meanwhile, in the center of Tirana, some young persons with mental and physical disability together with volunteers of our association distributed leaflets of young people with disabilities and voluntary association. Working always thought to advocate lobbying for the implementation in practice of the rights "Help the Life" will always be at the forefront of such initiatives.

Comprehensiveness is the only way towards an



open society, without barriers and with equal rights for all.



BOSNIA AND HERZEGOVINA

Association for Mutual Help in Mental Distress “Fenix”, Tuzla

Mr. Vahid Đulović
The President of Association



The Association is an independent non-profit and volunteer-based organization of mental health service users and of those who support user movement. The purpose of the Association is to improve mutual support, alternative ways of dealing with crisis, cooperation in creating and modifying mental health policies, and evaluation of activities conducted by public institutions that work in the field of mental health, all with the final goal of improving the quality of life of mental health service users.



The Association conducts its activities in collaboration with various governmental and non-governmental stakeholders, as well as foreign and international organization active in the field of mental health. Fenix is internationally recognized as a strong actor in shaping trends of supporting the inclusion and involvement of users in social and economic processes. Fenix is involved in disseminating training to a number of similar less developed users associations in the country and abroad; supports and guides the establishment and legal registration of new user associations, provides training for the purposes of capacity building.

Peer-to-peer training in art-therapy is also offered by members of Fenix. An entire program of psychosocial support is offered to users, consisting of diverse modules covering basic social skills, healthy living styles including e.g. cooking, personal and living space hygiene, personal finances management. Advanced training modules for supporting employment process, e.g. in carpentry.

Services:

- Day care center
- Self-help groups
- Campaigning (anti-stigma)
- Supporting users in reaching paid employment
- Advocacy
- Occupational therapy, art-therapy
- Counseling

Organization skills and interests:

- Cost-efficiency and cost-benefit studies
- Data streaming in mental health
- Improving cooperation with public services
- Quality of life studies
- Studies on stigma and anti-stigma campaigns
- Supporting various forms of social inclusion of mental health service users
- Capacity building
- Prevention

Recent research projects:

- Evaluation of effectiveness of a program of psychosocial intervention provided in cooperation with a community mental health centre.
- Involvement in a national study on the scope and forms of stigmatising attitudes and behaviours towards mental health service users.
- Involvement in a comparative study on mental health services provided by governmental and non-governmental organisations, and their impact on quality of life of users.



**Meet the Association
“Zajedno” from Banja Luka**

*Ms. Ružica Atanacković,
The President of Association*

The Citizens Association «Zajedno» for support to families, individuals and community in mental health was founded in 2006 in Banja Luka, Bosnia and Herzegovina with the aim of improving the quality of care in mental health, social integration of mental health system survivors and protection of their human rights. From the very beginning the Association promotes the involvement of service users and their families in the decision making process, design and implementation of program activities and community actions.



Since 2007, the Association has implemented a major project “Day Care Centre for People with Mental Health Illness”. It presents an alternative service delivered to strengthen the social capacity of service users through engagement in everyday activities including the psychosocial, educational, occupational, musical, recreational workshops, and various local community events.

Additional psychological support is provided to the family caregivers through therapy group workshops. The outcomes confirm such structured activities are continuing to have a significant impact on the users recovery, the quality of life, social inclusion and stigma reduction. This is an innovative model of community care in BiH,

based on the development of partnership with the public sector and evaluation of the quality of service with ISO standards.



As stigma is a serious obstacle to the social rehabilitation and integration of people who experience a mental illness, in 2009 the Association conducted a research titled “Study on the presence of stigma and discrimination against the mentally ill persons” based on cooperation with the Center for Excellence in MH Birmingham, UK. Obtained results are based on a sample of 560 mental health service users and general population from 13 communities across BiH. The study examines users experiences of discrimination, willingness to self-disclose, their self-esteem level and self-stigmatization in mental health.



The invested efforts are recognized by the local community and awarded the Association as of particular importance for the City of Banja Luka.

In 2012, the Association has implemented the project “Create New Resources” as part of the Mental Health Project in BiH, which resulted in the establishment of new mental health users associations in seven communities across BiH.

Besides all advantages, it is being able to identify several disadvantages as obstacles for the further organization’s successful operation such as insufficient project calls in mental health, financial and staffing constraints, inadequate work space, stigmatized attitude towards this type of organizations and the lack of associations with a similar mission.



BULGARIA

Day center for adults with mental disabilities, Sofia, Slatina

Capacity: 25 people

There are also numbers of programs developed in the Center:

Case management

The program is structured customer care based on the principles of human relations. The objective is to provide long-term support and assistance to solve everyday problems in the life of the user, creating a supportive environment and integrating the efforts of various professionals and stakeholders around the user. The program is aimed at users who have demonstrated a low

level of social skills and functioning. More than 26 users are involved in the program, 7 professionals are engaged in 60 sessions globally.

Supported Employment

The program involves users who have employment and / or those who want to change jobs. The main task of this program is to facilitate the user's relationship with his employer (or others involved), with the main task – to keep the job.

Within KPZUO Slatina since March 2009 there is a social enterprise - laundromat «Green». It was created with the support of Ministry of Foreign Affairs of the Netherlands under the MATRA / KAP

Active community-based care for people with severe mental disorders

The program aims to provide services «in the field» - to assist and support social inclusion, assessment, referral, mediation, lobbying and advocacy, counseling and psychological education in accordance with identified needs.

Group Rehabilitation

Group rehabilitation programs are divided into structured group programs for rehabilitation and unstructured group rehabilitation programs.

Structured group rehabilitation programs have been developed in the University of California at Los Angeles team led by Dr. Robert Lieberman, and the team of professionals from the pharmaceutical company Eli Lilly. Generally they are training (learning) social skills or structured application of the principles of behavioral psychology of learning. The goal is to help users learn the repertoire of skills that will enhance their ability to function adequately in the community, and to care for themselves and their health.

The courses involve seven basic behavioral training techniques: introduction to a skill, use of video to demonstrate proper execution of skills, role-playing skills, use of available resources; solving

problems, live exercises, tasks homework. Each of the modules contains the leading textbook and workbook for the user.

Module Active participation in drug therapy

The module aims to provide information about antipsychotic medications and self-promoting responsible adoption of prescribed treatment, recognizing the side effects of medications and their differentiation from precursors to worsening. It also aims to empower users to negotiate and renegotiate in an appropriate and informed way about their topic treatment with responsible persons.

Module coping with symptom

The module aims to train users in recognizing the warning signs of deterioration of mental state (disease exacerbation) in order to control the warning signs and take appropriate measures and to train them to deal with chronic illness. The module comprises of two professionals - a leading and co-leading one.

Module Healthy Living

The module aims to educate consumers in a healthy lifestyle, the main topics are diet and food choices, increasing physical activity
The module is held once a week and carried out by two professionals - a leading and co-leading. During the reporting period there were no activities carried out in this module.

Module Job Search

The module aims to train users to search, find and retain employment. Working in the program is a sequence of steps: the user has a clear idea of what kind of job seeking, job search user is realistic, is there employment profile that meets the desired position, and to be presented to the employer etc.

Communication skills module

The module aims to train users in initiating, maintaining and ending the conversation, conflict

prevention and appropriate topics for conversation in various social situations. The module is held four times a month and is carried out by two professionals.

The Center offers also number of additional programs apart from the structured modules like "Seeking job" Club, Club "I want to know", Club "My rights" English language Club etc.

Information Center is another integral part of the overall structure. The goal is to provide systematic information to increase knowledge and awareness of the general public on topics related to mental illness and its consequences.

CROATIA

Day center for persons with serious mental illness

***Association for protection and promotion of mental health "Svitanje"
Zagreb, Croatia***

Sladana Štrkalj-Ivezić, Anka Vuković, Kristina Jandrić

Association "Svitanje" was established in 2004 due to the initiative of the users of mental health services because of the need for self management, self-support and lobbying for establishment and improvement of services for mental health in community. Goals are protection and promotion of mental health through implemented activities such as day-centers, self-support groups, advocacy, human right protection, counseling, client-support in his/her home, help in housing and employment and fight against stigma and discrimination because of mental illness.

Svitanje accept recovery and empowerment as a basis principle in work with users. Recovery means deeply personal unique process of changing one's attitudes, values, feelings, goals,

skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations causes by the illness. Help is offer in atmosphere of hope and optimism. Service user preferences are central. We treated users as equal partners in assessing their needs and planning their rehabilitation goals. Svitanje support the recovery process and facilitate empowerment through different program activities.

Svitanje provides program through several projects supported from Ministry of social welfare, Ministry of Health, City of Zagreb and some other donors such as Open society mental health initiative as others. Svitanje runs several projects such as self help groups for self management of mental illness for bipolar disorder, psychoses, anxiety and depression; advocacy project focus on human right and vocational rehabilitation program in Caffee club. Here we present rehabilitation day center project which we run now for four years.



Our day center program wants to fulfill the needs of our users to live equally as any other individual in the society, with as full autonomy as they could reach as individuals. The program is conducted by a multidisciplinary team, which consisted of an occupational therapist, a social worker and a psychiatrist. The team underwent training before the program start. Continuous supervision is available by psychiatrist on everyday bases and as is needed. Day center offers following psychosocial methods: social and life skills training, relapse prevention program with psycho-

education for patients and family, strategies for coping with stress, occupational therapy and therapeutic community.

Training of life skills needed for every day routine include: training of basic life skills needed for a life in the society. It includes for example: care about physical appearance, care about the apartment they live in, supplying with groceries, cooking, how to deal with money, cleaning of clothes, how not to miss medications, how to contact medical services, etc.

Training in inter-personal skills includes communication skills necessary for any communication, e.g.: how to start conversation, how to listen to other people, how to keep conversation fluent, how to end conversation, how to solve a conflict (e.g. by negotiating or by compromise), rules and regulations of appropriate behavior; how to act if you do not understand somebody what he is telling you, how to check which legal rights protect persons with mental health difficulties, whom to approach if your human rights are violated.

Skills needed for finding an employment include planning and the preparations for the employment: how to make a CV, how to write a request for an employment, training for the interview with an employer, means of searching job on the open market, self-presentation, learning about the possibilities how to get another qualification for different job, how to improve working skills, contacts with employees at the Employment offices.

Computer workshop teach them skills for using – Microsoft Word, Excel, Access, Power point, e mail, use of internet, create the web page.

Users are learning how to search for data important for their possibilities of employment; how to search and use the pages where there are useful data about their legal and human rights from the area of social welfare that could empower them to learn more about the rights of persons with psychiatric illnesses; how to search for other data they are interested in.



Production of art and crafts include souvenirs from different material, ornaments furniture using different technique such as decoupage or ceramic. This activities is offer on continues weekly bases in different art workshop.

Musical workshop is led by professor of music who teaches participants reading notes and playing instruments (synthesizer). The purpose of this activity is to improve leisure time of participants, allow them to express through music and provide them with new interesting skills.



Cooking workshop offers opportunities for people to develop task performance skills (e.g. following instructions, problem solving), and can also be applied to later stages of treatment when patients are practicing their domestic role

skills. Cooking seems to be enjoyed by people of all age groups and abilities, not least because of enjoyable end-products.

Family education include education about the mental health illness; relapse prevention plan, improvement of communication in family teaching communication skills and building the support network of family.

Psycho-education is offer to patients in order to prevent relapse of illness, reduce the self stigma and better cope with public stigma and maintain mental health.

Self support groups are providing support to its members so they would not feel alone and isolated. They strengthen members' self-confidence and have sustainable support helping them in maintaining their health status. These groups have turned to be an important factor for individuals who do not have a supportive network in their environment. Through the self-support groups the users are satisfying their needs for social interaction, friendship and quality time together with other members of the group – what avoids their isolation. Users can join these groups during the working hours of the Day Center and during the weekend.

We have evaluation statistic date on effectiveness of day center but we believe that the best evaluation of our work is experience of patient, so we present here the recovery story.



«Before the treatment in the Day Center I thought that I am ruined and degraded man. My life was over because I was treated in psychiatric hospital and have had diagnosed as schizophrenic and must take medications. Also I let my family members and social worker to make the decisions about my life. Simply, I thought that is the only proper way because I am ill and can't make decisions and they now better. They act there wise...I was desperate because of my illness; avoid the people in term to not be asked about it, I was afraid to be derided. My life was over. I will never find the girlfriend. Here I have learned that my attitude to the disease is important. Here I have learned that I am worth person and that doesn't depend on disease. Even I started to think that disease help me to be better person and to have more understanding for people. I decided to master the life on my own and to do things I wish to. My attitudes to the medications have also changed – I consider the medications substances that help my brain to think better. I am more comfortable with the idea that I have schizophrenia. I understand that it is disease that may be treated. I can work and have found a job, have a girlfriend. I am satisfied with my life since I changed a 100% my attitude to disease. In the Center I have learned how to recognize my abilities. I am proud about them. Also I learned some skills - how to communicate better to the people, than not to be afraid of problems that may come and how to look for the help. Now I make decisions by my own but often after the consultations with the therapeutic team, family, and others. My life now has a sense. Furthermore I do have some crisis, fears and sometimes I feel that people look me strange but I can cope with that. That happens to some other people and that is a part of my life...»

ISRAEL

The Lishma

The Lishma association is a nonprofit organization of people with mental disability (consumers) aiming to create and strengthen a community of people with mental disability "standing for their rights and able to speak for themselves based on the principal that 'nothing about us without us'"

«Lishma» (in Hebrew) stand for the integration and empowerment of people with mental disability (consumers), it was founded in 2006. Lishma is the only national consumer organization of people with mental disability in Israel. All the organizations activities are initiated, led and operated by people with mental disability in full cooperation with other bodies such as the ministry of health, the JDC, The National Insurance Institute of Israel.

The main areas Lishma focuses on are:

- Mental Disabilities
- Basic human needs
- Education
- Health

Lishma operates two "activist center" one in Be'er Sheva and one in Jerusalem. During 2013 Lishma is planning to open two more "activist centers" one in Tel-Aviv and one in Haifa. In these centers we hold seminars for recovery and empowerment, cultural activities twice a month.

On the 6-7.12.2012 we held our annual meeting in the Judean mountains. During the meeting we had the honor of listening to Dr. Gad Lubin the head of the mental health department in the ministry of health, Max Lachman , Ph.D, Senior Lecturer, Haifa University, Community Mental Health Dept. We also listened to, Idit Saragusti, Coordinator of the Mental Health

Project, Bizchut, the Israel Human Right Center for People with Disabilities. All the speakers shared their views and attitudes regarding the reform in mental health care that was recently adopted by the Israeli government after many years of negotiations. In general the reform will change the map of mental health treatment in Israel. From now onwards the responsibility of giving mental health treatment will be upon the clinics run by the different "kupot cholim" which will be financed by the government. Lishma association, all along these years, stood on the Implementation of this reform.

Written by:

David Harris, Vice chairman of Lishma association

In January 2010 we filed a petition to Supreme Court of justice to release the forcible arrangement that obligates mentally ill people in Israel to be hospitalized in only one hospital according to a specific street address. We asked that will be granted the option of selecting an institution when needed, as it is customarily done in other health services. The hospitalization difficult conditions in psychiatric institutions were the direct result of the lack of choice and lack of competition - each institution is a monopoly.

It seems to us quite reasonable that a person fears from worsening of his mental condition, but it is not reasonable at all that he will live in dread from hospitalization because in previous ones he was suffering degradation, humiliation, blatant treatment or even brutal behavior from the part of medical teams. In May 2012 we filed a second petition to supreme court of justice, and we hope that this time the judges will resolve the problem.

The author - Tzviel Rofe' - is a human rights activist, writer and lecturer, who founded the mental Health consumer's movement in Israel

MONTENEGRO



Association for help to the persons with autism

- Foundation of Society

In the year 1986 in Titograd (now Podgorica), Society of parents of persons with autism was formed.

After Belgrade and Zagreb, our society was third in the former republic of Yugoslavia.

Only a year later, in 1987, on the initiative of a group of parents we managed to open a department with adequate equipment for children with autism at school "1. Jun".

Then, very little was known about autism, or even nothing – especially in undeveloped communities.

The biggest problem was to go public, and say in front of the cameras 'Yes, we have a child with autism, but we are ready to fight for the rights required under international conventions.'

We had to break the prejudice of Montenegro. We had to work on the battle against stigma, discrimination and to introduce public with the poorly known disease.

In collaboration with special education teachers and psychologists, the Record list of persons from autistic spectrum was made, by which we could monitor statistics of number of diseased, as well as health, educational, social and housing issues of a family.

We realized that autistic child equals to autistic family, and many problems resulting from that.

For the president of the Society, Mr. Derviš Beli Selhanović – the last president of Federal association of persons with autism SFRJ was unanimously elected.

- Program activities - goal:

Record of children, support to the family, guidance through the rights of persons with autism, convergence of law by filing an amendment in Parliament.

We regularly held seminars, gathered the parents. Lecturers from Zagreb and Belgrade were coming. Dr Olga Hadži Antonović – who was then a leading expert in the field of autism as a syndrome (as it was then identified) ; Mr Jadranko Marić – director of Centar for autism Zagreb with his team of experts from Croatia, Dr Miljana Selaković – Neuropsychiatrist also a parent of a child with autism, as well as many others. We sent coordinators to congresses abroad, for the purpose of quality monitoring developments in all segments necessary for the rounding of knowledge and its application in practice.

Program activities include:

Biochemistry, special education and speech treatment, working with parents, informing the citizens through media, advertising materials, Informants for parents etc..

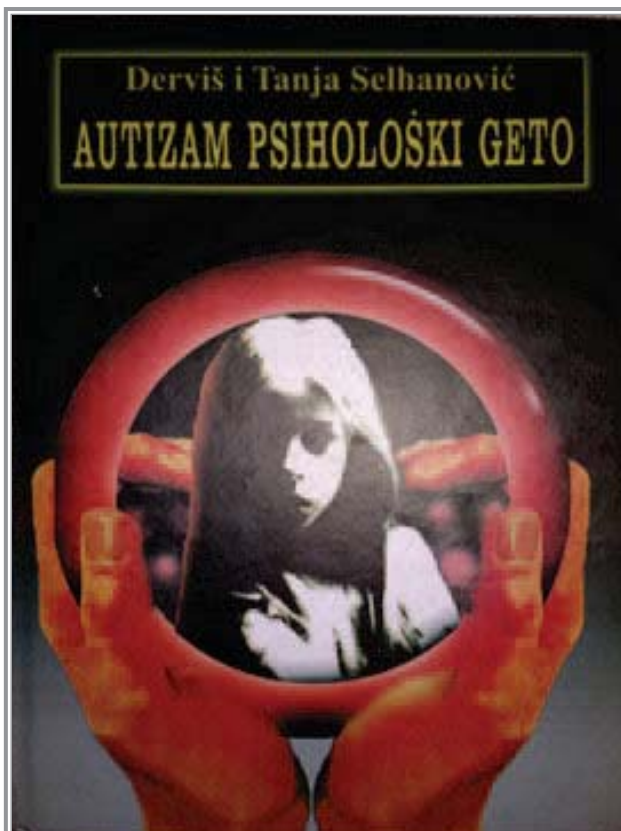
1988. – we have got involved in the program of working with dolphins in Budva – that was led by Dr Marija Momirov with the help of experts from Montenegro - Clinical psychologist – Lidija Kapući 1995.- Diagnostic program of allergies to gluten and casein in cooperation with Center for autism Belgrade. Program was led by Dr Neuropsychiatrist Mila Selaković.

Opening of the department at the Center "1. Jun" was the foundation for further dealing with autism.



Association published a book

"Autism psychological ghetto" the first book about autism in a studious matter. The book was a result of hard work and research of parents. We had to provide all the information known until then in one place. That was the first book about autism in Montenegro.



In the era of internet, we communicate daily. We exchange information, refer the parents whose children were diagnosed with autism spectrum disorder in the sequence of steps, which path to follow, what addresses to go to.

What we consider success is a network of organizations on local levels that spread the activities. We think that by putting pressure on the institutions of system and local administrations we have to provide conditions for work and life of this population.

We have put special emphasis to cooperation with the institutions of the state of Montenegro, because without its support and retraining of competent experts everything would be pointless. We don't want to be second-class citizens.

That is why our moto is " WE DON'T FIGHT FOR SPECIAL RIGHTS, WE FIGHT FOR EQUAL RIGHTS". Because, family is where the heart is, and state without happy families become the states of chaos and unhappy people – people without hope. And life dies where hope stops.

REPUBLIC OF MACEDONIA

Association of citizens for supporting people with psychosis "Welcome"

"Welcome" - Association of citizens for supporting people with psychosis is one of the pioneers organizations in the R. of Macedonia that works in the area of mental health. Established in Skopje, in 1998 we have 14 years of experience in planning, realizing and evaluation activities that are direct toward empowerment of persons with psychosis and their families.

In cooperation with numerous international organizations, Macedonian governmental and non-governmental organizations "Welcome" had build up a long list of realized projects, and each of them has it own reflection on the general condition of mental health system in our country.

Aiming toward quality live of persons with psychosis our mission is to propose, promote and incorporate alternatives of mental health hospital treatment and support possibilities to live and cope in the community for people with mental disabilities – with one word “Welcome” mainly works in the area of community mental health.

These starts with mentality changes and public education for reducing stigma and marginalization, following with lobbying for changing the law legislature that refers to the rights of users of psychiatry services, than strengthen personal capacity of users to fight for their needs and last but not least important changing perspectives of the professionals employee to provide medical help on all levels of medical protection of people with mental disabilities.

So far, we achieved several important results on the trace of our mission:

- On the initiative of the Association was changed Article 4 of the Low for Individual Employments.
- In the frames of the Second Psychiatrists Congress of R.M, where the main issue was psychiatry reforms, as a result of the cooperation with the ARC, people’s users of the psychiatry service were actively included.
- As a result of the cooperation between the Association and WHO, was opened the first Social Clubhouse “Welcome” in Macedonia.
- Association had a big contributions for the process of forming others associations with the same purpose and mission with ours, especially in Bitola, Demir Hisar, Prilep. Gevgelija, Tetovo ect.
- Association reach contract with the Ministry of Traffic and Relations, for continuously employment of the members of the association for differ needs of the Ministry.
- Big media anti-stigma campaign, promoted

to all media in Macedonia.

- Twelve accredited training programs, by the relevant authorities for professionals in the area of community mental health. Realized training for more than 300 professionals.

“Welcome” tends to perform effective and long lasting projects, meaning involvement of all relevant parties during planning and realization of the activities. During our last activity, training for professionals (psychologists, social workers and psychiatrists) in the area of community mental health, we cooperate with international experts and their experience in combination with the local expertise and support of local ministry of health and education result in accredit training program that contains 12 training modules. Modules were piloted among professionals and then the final version was publicized. Now the manual is available for all interested parties and is useful for: mental health professionals, policy makers and health planners, governmental departments and state and local municipal levels, groups representing people with mental disorders, representatives or associations of families of people with mental disorders, NGOs involved or interested in the provision of mental health services, students.. By promotional activities the manual is distributed to all levels of mental health system in R. of Macedonia. These is are our regular practice of work, that shown effective and appreciated on national and are international level so we have many supporters to our work and many activities are in preparatory phase.

“Welcome” is create and lead by the main actors in the area of mental health: persons with psychosis, their families, professionals in the spot (social workers, psychologists, psychiatrists) and citizens will to support our idea. We respect and appreciate differences, with no tolerance toward any kind of discrimination.

REPUBLIC OF MOLDOVA

Users Associations

This is one of the most important actions for the Government of the Republic of Moldova. Together with the United Nations Development Program support, it was the pilot project on the establishment of ombudsman in psychiatric institutions. The project started in April 2012 initially for a period of six months.

Ombudsman's mission consists of providing an independent mechanism of addressing complaints of persons on treatment in psychiatric hospitals and identification of systemic issues on human rights observance in psychiatric institutions. The topics addressed by the ombudsman focused on liberty and security of person, restriction of right to health, cruel and inhuman treatment, access to justice, private and physical integrity, access of children to education, and the individual complaints system.

Thus, during the period of six months, there were made regular visits to the psychiatric hospitals. Were visited all subdivisions, including those for the coercive treatment, there were also held discussions with patients. The identified problems were solved at the administrative level, with the heads of subdivisions or of hospitals. 2000 of complaints were examined from 618 patients; they were resumed to verbal abuse, food quality, limiting walks, not informing patients about their medical treatment.

As a result of the project course, the report showed deficiencies in the existent system. There is a necessity of a mouthpiece for people affected by mental illnesses, determinants involved in this issue, the complexity of actions to reform the mental health service system.

The project importance consists in the reflection quality of ombudsman institution on the existing problems of the health system, necessity of decentralization process, changing the paradigm of approaching people affected by mental illnesses, respect for human dignity.

ROMANIA

“Aripi” (Wings)

Stefan Bandol, President

“Aripi” (Wings) Association is an organization of users and ex-users of mental health services that was founded in 2002 by nine users and ex-users.

Today the association has over 100 members and it is involved in many projects.

The main purposes of the association are to promote the rights of the persons who have or had mental health problems and to fight against stigma and discrimination of persons who have or had mental health problems.

In order to achieve its aims, “Aripi” Association has organized protests several times since it was founded in front of the Health Ministry and the National Health Insurance House.

As a result of protesting in front of the Health Ministry “Aripi” Association was invited to take part of the team that has elaborated a lot of amendments to the Romanian Mental Health act.

We also have shown our solidarity with users and ex-users of mental health services from the Czech Republic, organizing an action of protest against the use of the cage beds in this country in front of the Czech Embassy from Bucharest.

Our organization has received a donation of 37,500 square meters of land (almost 4 hectares) in Transylvania, where we intend to develop a major respite care project and where we have already built our first house there.

SERBIA

Users Associations

There are about seven user associations in Serbia.

“Duša” – The SOUL, association of users psychiatric services and their family members from Belgrade; “Herc” – associations for supporting neurotic patients from Belgrade; “Humanitarian center Duga-RAINBOW” from Zrenjanin; ULOP – association of patients treated for psychoses, from Novi Sad; “Valenca”, civil association from Niš; “Videa” civil association from Belgrade; “Zvono” – The Bell, association of family members and friends of mental treated patients;

Number of members is different, the biggest are “Zvono” and ULOP, 100 members, the smallest are “Videa” and “Duša”, more than 15, and others are in between. Presidents are users and family members in 4 associations, and professionals are in 3 associations. Some professionals are working with members of some associations,

and in “Duša” students of humanistic are engaged. Most of people who work in associations are practically volunteers. In ULOP it is demanded from volunteers to have certain personal experience concerning mental illness. They have more than 30 volunteers. Some associations have everyday meetings, some have self-help groups. They are all concerned by everyday problems in life of users and their social position and situation. Some have also psychoeducative meetings, and creative workshops. They have no financial support and manage by using small contribution of members or participation in some projects. They have social activities and they communicate through media with wider social environment. Some of them have participated in round table discussion during a mental health conference in Belgrade concerning interest of patients and families in the treatment and rehabilitation. These associations have contacts among them, but they are not organized on some large basis.

Although this is recent experience since recent years they are always present in media and in public during a Mental Health day.

Upcoming Events

- First Steering Committee Meeting of the Project “Strengthening the Capacities of Mental Health Professionals and Users’ Associations”, Sarajevo, Bosnia and Herzegovina, 21st February 2013
- Workshop – Developing Project Proposal to Fight against Stigmatization, April 2013
- Workshop – Change Management and Performance/Outcome Evaluation, May 2013
- Workshop – Change Management and Performance/Outcome Evaluation, October 2013



**SOUTH-EASTERN EUROPE
HEALTH NETWORK**

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On behalf of Bosnia and Herzegovina's health authorities this Newsletter was prepared by the Ministry of Civil Affairs of BiH - the Regional Health Development Center on Mental Health in SEE in cooperation with the Ministries of Health of Albania, Bulgaria, Croatia, Israel, Republic of Macedonia, Republic of Moldova, Montenegro, Romania, and Serbia, the WHO Regional Office for Europe and the Users Association from the SEE countries.

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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