

Newsletter
Issue 3 - December 2013



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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Working Together for a Healthier Region



*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 third issue of Newsletter of the SEEHN Regional Health Development Centre on Mental Health (RHDC on Mental Health). This issue, as well as the previous ones, is the product of fruitful cooperation in the area of mental health between the SEEHN Member States and its partner countries and organizations.

The Swiss Confederation, as one of main partners of the SEEHN, has provided a great support to the RHDC on Mental Health since its establishment. During 2013, the RHDC on Mental Health, as the main focal point for regional cooperation in the area of mental health in South-eastern Europe (SEE), continued to coordinate the process of strengthening the regional cooperation in mental health in SEE through very successful implementation of Project “Strengthening Capacities of Mental Health Professionals and Users’ Association”, financially supported by the Swiss Government. This Project is a result of continued commitment of the health authorities in Bosnia and Herzegovina and the Ministers of Health of the SEEHN Member States to continue the process of mental health reform in the region. I would like to take this opportunity to emphasize that the Swiss Government has supported the regional cooperation since the SEEHN establishment and considered it as an essential contributing factor to the lasting political and social stability, as well as economic development in the SEE countries.

Despite considerable improvements in the area of mental health, the burden of mental disorders is still one of major health challenges, not only for the region, but also on a global scale. In order to address this challenge, the WHO recognized the need for systematic and coherent actions which resulted in publishing two documents in the area of mental health - the Mental Health Action Plan 2013-2020 and the European Action Plan on Mental Health. In their

efforts to face the new challenges in the process of mental health reform, the activities of the SEEHN Member States and the RHDC on Mental Health will be based on these documents in the future.

The recently adopted South East Europe 2020: Jobs and Prosperity in a European Perspective (SEE 2020 Strategy), developed under the auspices of the Regional Cooperation Council, recognizes health as an important factor contributing to the growth and economic development. SEE Strategy 2020 presents a new regional development pathway for SEE, and therefore our future directions of work and development will be in accordance with the objectives of this important document.

Also, the WHO Regional Office for Europe, as one of main partners of the SEEHN, will provide technical assistance to the RHDC on Mental Health in developing its Action Plan on Mental Health 2014-2020. This Action plan will provide additional support to the RHDC on Mental Health in order to accomplish its mission with respect to regional cooperation and coordination, and it will be in line with the previously mentioned documents of the WHO and the SEE Strategy 2020.

Since its establishment in 2001 and with a great support by its partners, the SEEHN has made significant progress in the area of mental health, as well as in other areas of public health. However, there are still many challenges we have to face on our common pathway, so our joint efforts at national, regional, and European level, as before, will have a great contribution in the process of mental health reforms. Therefore, working together will continue to be our driving force for better mental health and well-being for all in the region.

Regional Activities of the SEEHN in the Area of Mental Health

The Steering Committee Meeting of the Regional Health Development Center on Mental Health in SEE Project: “Strengthening the Capacities of Mental Health Professionals and Users' Association” Sarajevo, Bosnia and Herzegovina, 21st February 2013

Project of the Regional Health Development Center on Mental Health in SEE “Strengthening the Capacities of Mental Health Professionals and Users' Association” (hereinafter: Project) is financially supported by the Swiss Agency for Development and Cooperation.

The First Steering Committee Meeting of the Project was held in Sarajevo on 21st February 2013. This meeting brought together the Steering Committee (hereinafter: SC) Members from the South-eastern Europe Health Network Member States, the Swiss Agency for Development and Cooperation and the WHO Regional Office for Europe, as well as the representatives of the Ministry of Civil Affairs of Bosnia and Herzegovina.

The focus of the meeting was on reviewing the

achievements of the Project and approval of the six-month intermediate operational and financial report, as well as approving the training curriculums on “Change management”, “Performance and outcome evaluation” and “Developing project proposals to fight against stigmatization”, developed by the three engaged experts.

Moreover, the SC has also discussed the future activities of the Regional Health Development Center on Mental Health in SEE (hereinafter: RHDC on Mental Health). The Action plan of the Project for 2013 and the new project ideas of the RHDC on Mental Health were presented to the SC Members. It was decided that the SC will cover all activities of the South-eastern Europe Health Network in the area of mental health in the future, and not only implementation of this Project.



Trainings in 2013

During 2013, through the Project “Strengthening the Capacities of Mental Health Professionals and Users' Association”, were carried out the following trainings:

- Developing project proposals to fight against stigmatization
- Change management
- Performance and outcome evaluation

The workshop “Developing project proposals to fight against stigmatization” Sarajevo, Bosnia and Herzegovina on 10-12 April 2013

The workshop “Developing project proposals to fight against stigmatization” (hereinafter: workshop) was held in Sarajevo, Bosnia and Herzegovina on 10-12 April 2013. The aim of the workshop was that Users' Associations in the SEE countries, in close cooperation with the respective health authorities, are capacitated to develop and implement initiatives to fight against stigmatization of persons with mental health disorders. The concepts of public stigma and self stigma were introduced to the participants regarding all their aspects, including consequences. Moreover, this workshop provided opportunity for developing cooperation to fight against stigmatization and social exclusion of people with mental health disorders.

10 representatives of selected Users' Associations and 9 mental health professionals from 10 SEE countries received trained in developing project proposals to fight against stigmatization.



The workshop “Change management and Performance and outcome evaluation” Zagreb, the Republic of Croatia on 06-07 June 2013

The First workshop “Change management and Performance and outcome evaluation” (hereinafter: workshop) was held in Zagreb, the Republic of Croatia on 06-07 June 2013. The workshop was organized by the Ministry of Civil Affairs of Bosnia and Herzegovina, SEEHN's Regional Health Development Center on Mental Health in South-eastern Europe, while hosted by the Ministry of Health of the Republic of Croatia.

Total 20 mental health professionals, two from each of SEEHN Member States, attended training in “Change management and Performance and outcome evaluation”.



The workshop “Change management and Performance and outcome evaluation” Skopje, the Republic of Macedonia on 24-25 October 2013

The Second workshop “Change management and Performance and outcome evaluation” (hereinafter: workshop) was held in Skopje, the Republic of Macedonia on 24-25 October 2013. This workshop was hosted by the Ministry of Health of the Republic of Macedonia.

Both workshops aimed to enable the regional network of competent experts a better exchange of knowledge and sharing of good practices related to the strengthening of mental healthcare systems in the South-eastern Europe countries. Additionally the competences of mental health professionals from SEE countries, under the auspices of the Ministries of Health, are strengthened for the improvement of community based mental health care.

The certificates were awarded to the participants of

workshops “Change management and Performance and outcome evaluation”.



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

ALBANIA



*Dr. Emanuela Tollozhina, NMHC
Head of Mental Health, Addictology
and Dental Services Department
Albanian Ministry of Health*

Dear all, it's always a great pleasure to say few words for this Newsletter on the main activities on Mental Health in Albania.

As per consequence of the activities of 2012, mainly on the legal framework, the 2013 was enriched with these kinds of activities too. The main activities on mental health were on developing and introducing for implementation the new bylaws acts. In this regard, the below mentioned activities can be highlighted.



The process of drafting the new bylaws package undertaken by Ministry of Health (MoH) and strongly supported by the Open Society Foundation for Albania (SOROS), is still continuing, but the main documents were approved within the first four months of 2013. The main documents of this package are:

- National Committee for Mental Health;
- Clinical Files of Inpatient Mental Health Services (reviewed);
- Clinical Files of Community Mental Health Services (reviewed);
- Forms of documentation for involuntary treatment;
- Standards of Physical Restraint in Inpatient Specialized Mental Health Services,
- Mental Health Regulation (reviewed), etc.

Facing this new context, the MoH organized several seminars in areas where mental health services are located, aiming the introduction of the new legal

framework, innovations that inevitably should be followed by changes in mental health professional practice, but not only.



Also, one very important moment of 2013 regarding mental health was the approval of the Operational Plan for Mental Health Services Development in Albania, 2013-2022. The vision for the future is still inspired on the human rights protection of people with mental health disorders and special mental health needs, and on the fight against social exclusion and discrimination, throw establishment of an integrated mental health services network for treatment, rehabilitation and social reintegration, network based on two key strategic objectives of the Mental Health Policy Document of 2003:

1. Decentralization – throw enlargement and enrichment of the existing mental health network with services nearer to the community; and
2. Deinstitutionalization – throw reduction of the psychiatric beds and establishment and empowerment of the community mental health services.



Even that we are aware that fulfillment of the all objectives foreseen in the framework of the reform on mental health will need engagement of a lot of human and financial resources, we still are engaged to succeed the implementation and to achieve the establishment of integrated mental health services network.

BOSNIA AND HERZEGOVINA



Zlata Papri , MD, Neuropsychiatrist
Head of MHC

Mental Health Centre of Br ko District BIH - MHC



Having realized the importance of the health system reform, within which the decentralization of organization of the mental health protection of the population is stressed, in November 2000 (based on the first organizational scheme- Z. Papri , M. Gavri) the Head of the Health Department, Dr. Anto Domi , Mayor Siniša Kisi and the District Government established the Mental Health Center (MHC) as a healthcare segment with unique organizational position in Bosnia and Herzegovina- an independent service within primary health care.

During its development MHC was relying on good knowledge of numerous national and international instruments that are of great importance for the mental health of the population, e.g. Helsinki Declaration (2005), the World Health Organization's documents (WHO), European mental health policies and strategies and actively contributed to the development and implementation of mental health policies and strategies in our country, as well as programs in this area (Project of the Stability Pact for the South- eastern Europe and current Mental Health Project in Bosnia and Herzegovina). Accordingly, from the first day our center has accepted the concept of "community- oriented psychiatry" with its three basic principles: sectorisation, decentralisation and deinstitutionalization. MHC has focused its work on all users of health services in the District of all age groups with any mental health disorder or without diseases developed

(so- called "healthy" population), by taking over the implementation of measures of all forms of prevention (primary, secondary or tertiary).

The Multidisciplinary Team consists of 17 mental health professionals : neuropsychiatrists, psychologists, social workers, defectologists (somatopedists and speech therapist), occupational therapists, physiotherapists and educated nurses/technicians.

The organisational model, established and applied in the MHC Br ko, is based on the real needs of the population of the District. MHC is organised at two basic levels:

- a) Protection of mental health of adults
- b) Protection of mental health of children, youth and children with special needs



In addition to these organizational segments, MHC continuously carries out diverse range of services: educational and promotional services, diagnostic and treatment of mental disorders, methods of resocialization and re/habilitation. Cooperation with local community is sustained and MHC actively participates in numerous activities and events in the capacity of the organizer or one of the participants.

Development, improvement of work conditions and continued upgrading of the services provided by MHC Br ko were also recognized by the Agency for Accreditation and Healthcare Quality Improvement in the Republic of Srpska (ASKVA) in Banja Luka, which on 29th March 2010 provided the MHC Br ko District with the unconditional three-year credentials when CMH Br ko District became the first MHC with credentials in mental health in Bosnia and Herzegovina. The credentials were successfully renewed on 16th July 2013 – the first MHC in Bosnia and Herzegovina which credentials were renewed. Such achievements are basis for MHC Br ko to continue the work towards achieving general strategic objectives set out in:

GENERAL STRATEGIC OBJECTIVES

1. Improving the mental and social status of the population and establishing the health system that will provide complete and effective mental health services to all persons who suffer from mental health disorders –continued work on the strategy and work organization of the mental health service.
Defining the program for the promotion and protection of mental health for vulnerable groups (children and adolescents, elderly, women, persons

- with disabilities), and special problems (substance abuse, violence...) Continued implementation of mental health promotion and anti-stigma programs
- 2. Continued support to the work of users' associations
- 3. Improving research
- 4. Creating an information system and database
- 5. Improving the administrative and legislative framework
- 6. Improving competitiveness and skills of mental health professionals

MHC MISSION

Mental health is an integral part of the overall well-being of individuals and society. The Mental Health Center of Brcko District is a nonprofit health service, which provides professional and comprehensive services of mental health care in the community and is part of a unified health system of the District.

MHC VISION

We, the Mental Health Center, are psychiatry service in the community committed to the application of comprehensive, continued, high-quality mental health care accessible to all people in the Brcko District of BIH.

A particular feature of MHC Brcko is a work of Mental Rehabilitation and Education Center, which is actually the Department for Children and Adolescents and Children with Special Needs in MHC.

MENTAL REHABILITATION AND EDUCATION CENTER M R E C

Obliged under the Helsinki Ministerial Conference on Mental Health, we established spatially dislocated second part of our service and named it, according to the modern trends of mentalhealth practice, Mental Rehabilitation and Education Center.

GENERAL FEATURES

- MREC is an integral organizational part of MHC
- Treatment is active
- Every child is unique as a person and is treated as such, but the same principle to treat a child must be followed in the family and society.

VISION

- o Respect and fight for the rights of children with developmental disabilities and children with mental disorders.
- o Currently and permanently improve the health and progress of children with developmental disabilities and children with mental disorders.

MISSION

- o Value and respect each child

- o Detect the children's needs and improve the professional work
- o Work on improving the environment that will offer a hope and possibilities to every child

Children and adolescents with developmental disabilities are placed in this section of the Child and Adolescent



Department of our MHC, but also adults with persistent mental insufficiency in program of continued treatment and resocialization, together with their family members. In particular, we are very happy because MREC widely disseminates information and educates residents of our District on the specifics of this group of young users of MREC.

The measures of primary prevention, early detection and diagnosis of disorders of child development, and work on the motivation for timely treatment and re/habilitation are implemented through methodological approach of MREC.

Our goal in the following period is to make a lot of connections and coordinate our activities with other health services, as well as all public services and institutions that deal with the same issues, thus building a network of interdisciplinary approach to this specific group of users.

Through the positive example of practice of MHC-MREC, we hope that we will encourage policymakers in reform processes to plan continued training of healthcare workers and continuously work, within the credentialing processes of medical institutions, on the introduction of standards and protocols to deal with the detection, diagnosis and re/habilitation of children with developmental disorders. The Mental Health Center of Brcko District will continue to raise the quality of its services by expanding its activities for users and also for others who live in our local community. Sharing experiences with other Mental Health Centres in the country and beyond will help our plans and visions.

*Head of MHC
Zlata Papric, MD, Neuropsychiatrist*

*Director of Public Health Institution Health Care Centre of the Brcko District
Nihad Šibonjic, MD, Neuropsychiatrist*

BULGARIA

Dr. Hristo Hinkov, NMHC

Community Mental Health Center in Slatina – Sofia, Bulgaria

The process of de-institutionalization in Bulgaria started with the first pilot community mental health center established in the city of Blagoevgrad under the Stability Pact Mental Health Project for SEE countries. Information about activities in the Center was published in the previous issue of this bulletin. In parallel with this pilot



model changes in the legislation were made following the philosophy and practical experience amounted. As a result number of day care centers and protected homes were established in other places in the country. One example of a good practice is the complex for community mental health services established in Sofia – region Slatina.



The mission of the complex is to provide social support in the community in a way that minimizes the risk of rejection, isolation, addiction, abuse, disability and premature death associated with mental illness and illness. The complex team consists of specialists from different fields - psychologists, social workers, occupational therapists.

Programs in day care center

1. Case management
2. Psychiatric home care, home visits, counseling and training in social skills.
3. Leisure-time activities: include recreation and entertainment such as sports, games, activities applied



arts, culinary classes, training in basic computer skills, etc.

4. Rehabilitation group-learning/restore communication skills and combat disease
5. Individual rehabilitation, individual support and assistance for psychological problems related to the illness of the user and create emotional difficulties in everyday life
6. Supported employment, consulting and training clients in their search, finding and keeping a job.

Programs in the protected home

The programs in the aim to develop skills for self-care, maintain a lifestyle, shopping, food preparation, cost planning, etc.

Information Centre

The information center has the capacity to provide specialized services for 90 people per month, including users, relatives and friends of people with mental illness.

Pictures are from Art studio "Tvorilnitsa"

IZRAEL

Mental Health Reform in Israel

The purpose of the mental health reform, which is part of the National Health Insurance Law (1994), is to transfer the responsibility for providing mental health services from the Ministry of Health to the HMOs (In Israel there are four HMOs). This move will allow people with mental illnesses

to receive care as part of integrated community health services, without suffering discrimination or stigma.

The decision to transfer the actual mental health care services from the state to the Sick Funds (HMOs) was signed on June 2012 and will enter into force on July 2015, based on the National Health Insurance Law.

Until now most of the services provided by clinics belonging to the Ministry of Health, Israel's HMOs plan to open 64 new mental health clinics in 2013-2014. This is meant to be the first stage of a reform plan that will be completed by 2015.

According to data recently released by the Mental Health Reform Committee, headed by Health Ministry Director General, the move is expected to sharply increase the number of adult mental health patients treated in the community by 40 percent and of minors by 70 percent. Today the HMOs offer a very limited variety of mental health treatments, based on an average of two consultations per patient, which doesn't meet accepted criteria.

Some of the clinics will be in new, separate buildings, while some will be expansions of existing general health clinics and will be established in regions that have no mental health care facilities today.

These clinics will be providing dozens of new positions for therapists in these fields and waiting list is expected to drop significantly by the end of the year, once the new clinics are fully functional. According to the ministry, the average waiting time to begin treatment at a ministry-run clinic is between three and eight months.

For the next two years, patients will not be charged for these treatments, just as they aren't charged at the Health Ministry clinics. Once the responsibility for mental health care is transferred fully to the HMOs, the latter will be permitted to collect co-payments, as they now do for treatment by other specialists.

The budget to implement the reform stands at NIS 1.5 billion, around NIS 300 million more than is spent on mental health clinics now. This allocation is apparently not affected by the economic cutbacks, as it appears in the draft budget that the Finance Ministry is currently circulating.

REPUBLIC OF MACEDONIA



Dr. Bajraktarov Stojan

Case Management of Each Psychiatric User in the Community

As part of the mental health reform towards community mental health system, case management for each person with mental illnesses was introduced as obligatory procedure in each institution for mental health in the Republic of Macedonia.

Case management represents an assessment, coordination and enforcement of different components from the individually adaptable treatment of the persons with mental illnesses. The need for such case management resulted from the movement for mental health oriented towards the community when it became obvious that the persons with mental disorders, especially those with more serious disorders, face with difficulties when they should get an adequate service in the complex and fragmented system of mental health. Case management of each psychiatric user in the community originates from the fact that many users of psychiatric services do not hold to the recommended treatment or, from different reasons, do not succeed to be adequately involved in the clinically oriented mental health services. These users unnecessarily burden the expensive hospital psychiatric service, as well as the departments for urgent treatment. For the purpose of satisfying the needs of this group of users, but also the needs of the society, programs is designed for providing of a psychiatric service for the clients in their natural living environment.

For reaching the goals of this orientation, few principles in the work with the users of the services responsible for the mental health are satisfied. Above all, a multidisciplinary approach is provided, during which, the number of members of the teams or the number of members in the multidisciplinary teams that manage the individual cases of users and the very number of users is drastically increased, (for example, Instead of 30 and more users per one professional, there is 10, per one). Further on, instead

of each psychiatric professional to have a certain number of individual cases, each individual case is managed by more professionals. 24 hour “coverage”, is provided including the intervention services in crisis situations, as well as direct providing of the services. Special attention is paid to the managing with the mental illness. Instead of the mental hospitals, the bigger number of the services is provided in the community, the frequency of the contacts with the clients is increased, as well as the assistance in relation to the practical living problems.

The mentor keeps a complete file for all the changes that occur with the user in consultation with the other members of the team, as well as on the basis of the results from the psychological researches and condition of the user, makes a plan for his/her involvement in group activities or individual therapy.

The mentoring system gives the opportunity for individual approach that provides individual care – treatment, dedicating bigger attention towards the given case and adjustment of the undertaken activities and treatments towards the needs of the user. It means that the system of mentorship provides making and realization of an individual plan for work with the user and his/her involvement in the activities, individual and group, in the moment when it will be assessed that he/she is prepared for that.

According to the former experiences and performed researches, there is clear evidence that this kind of model of treatment in the community decreases the frequency of the psychological crisis with the users of psychiatric services, improves the psychological stability in domestic conditions and decreases the number of hospitalizations. The improvement of the support in the community and decreasing of the hospitalizations are the most important factors that contribute to the improvement of the quality of living.

directions of community psychiatry development and community mental health centers extension and addressing mental health at the primary medicine level.



This process generated the definitization of the concept of integrated mental health services at the community level through the needs of beneficiaries, the principles of the Convention on the Rights of Persons with Disabilities and the European Mental Health Action Plan. Integrated Mental Health Service provides healthcare organization to ensure accessibility and continuity of care at the community level (administrative territorial unit) involving specialized services only when needed. As a result, it is expected to prevent institutionalization of people with mental health problems and providing real support for social inclusion and independent living in the community.

Together with the Ministry of Labour, Social Protection and Family and Ministry of Justice has established a partnership and draft Plan of deinstitutionalization and decentralization of mental health services in the Republic of Moldova, exhibited in the National Mental Health Forum attended by representatives of United Nations, World Health Organization, the Swiss Agency for Development and Cooperation.

Following the Forum, the Ministry of Health College has adopted an action plan to implement the strategy for the next 18 months.



REPUBLIC OF MOLDOVA

Country Activities

Year 2013 is representative by the fact that the Ministry of Health held the first half-year South-eastern Europe Health Network presidency. Hereby, the participation process was consolidated within the Network and developed cooperative relations.

In terms of mental health policy, the Ministry of Health approved the inclusion of mental health strategy at primary health care. Strategy determines concrete

MONTENEGRO

Dr. Zorica Barac-Otašević

Dr. Aleksandar Tomcuk

New Activities in Montenegro Twining Light Project – Improving the Mental Health Services in Montenegro

According to the Action plan for mental health 2011/2014 the professionals in the field of mental health and the Ministry of Health suggested to the EU Office in Podgorica that priorities of the future activities is to improve the



18 Nurses and four Psychiatrists from Montenegro,
with Dutch Educators in Front of Trimbos Institute in Utrecht,
22 November 2013

mental health services in country, with special emphasis on improvement of the role of nurse.

The Consultation with the EU Office was conducted in order to announce a public invitation to EU Member States, to take part in the twining light project. Based on the public invitation, seven projects proposals were offered (France, Finland, Italy, Spain, UK, Germany and the Netherlands). Proposals were reviewed by our experts and finally as the best offer was selected Netherlands/-specific Trimbos institute, as a country that will implement the education.

The project lasts six months, with a total value of Euro 250 000 and the project officially launched at the end of September. In addition to the Dutch experts, a few experts in mental health from Montenegro were selected with the purpose of joint coordination and organization of planned activities.

The following activities are planned to be implemented through this project:

1. opening the national resource centre
2. enhanced capacity to steer mental health services towards modernization
3. better coordination and monitoring of implementation of mental health policy, track progress over time
4. promote visibility within the region for the progress in mh in Montenegro
5. organize train-the-trainers courses in Montenegro for 18 nurses
6. prepare the training manual
7. train the 125 nurses by Montenegrin train-trainers with direct and at distance supervision from the Dutch trainers
8. substantial theoretical and hands-on training in modern mental health practice
9. revision of medical and nursing curricula
10. developing intersectoral cooperation for people with mental illnesses
11. review of legal framework-review current legal and regulatory framework for clinical guidelines

The project is hopefully just the begging of a process during which it will be a better organized way and continuously strengthen the existing capacity of staff working in mental health services, which will ultimately result in better organization of services, better health care and in general care for people with mental disorder.



ROMANIA

The National Mental Health Program (NMHP) is being implemented by the Government of Romania to support mental health structures in providing mental health services in the country.

More and more the decision factors in mental health area acknowledge the importance of promotion and prevention activities.

The Romanian National Mental Health Program has implemented during the year 2013 several innovative activities that were done for the first time in Romania.

One of the activities that had a significant success referred to "Parents School". During the year a number of 600 parents were trained in developing the emotional and social skills of their children. The need for this project came from the parents' necessity to know more about what they can do for the mental health and wellbeing of their children.

A high number of scientific studies identified the knowledge and skills that are necessary to parents and other adults from child's life that are essential for the child's healthy development. The training offered this knowledge to the parents so that they can develop healthy and functional relationships with their children. We started from the premises that children's behaviors are learned from the interaction with others and for teaching children functional attitudes and behaviors it is necessary the involvement of all those who interact with them, changing a child's behavior means changing others' behavior being them parents, teachers, colleagues, friends. Parents were taught to focus on the child's needs and communication skills development.

They were trained in the key aspects of positive parenting strategy such as:

- creating a safe and relaxing family environment: this environment, being a safe environment, offers the child opportunities for exploring and experimenting;
- creating positive contexts for learning: parents have to be available for their children which means that when the child asks for parents' attention, help or support, the parents respond;
- using positive techniques for discipline: teaching children acceptable behaviors and at the same time eliminating problematic behaviors through methods that exclude punishment that could hurt physically or emotionally children. Discipline techniques are oriented towards learning how to take responsibility and to solve problems.

Realistic expectations of parents regarding their child's development progress: each child is unique and is developing at his/her own pace. The problems appear when parents expect too much, too soon or expect to have the "perfect child".

SERBIA



*Dr Oliver Vidojević ,
National Mental Health Coordinator for
the Republic of Serbia in SEE MH Network*

Resume of Activities in Mental Health Area for 2013 in the Republic of Serbia

The Law for Protection of Persons with Mental Health Difficulties and the Law for Protection and Improvements of Patients Rights have been voted in the Parliament of Serbia. Prof Dr Slavica Djukić Dejanović PhD, a President of Serbian Psychiatric Association, has become a new Minister of Health.



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

Collaborating Center WHO (CC). In the Institute of Mental Health (IMH) in Belgrade, CC since 2009 has developed wide activities of education mental healthcare professionals, primary health care practitioners as well as for family members. The IMH is redesignated for a Collaborative center of WHO due to valuable contribution of the Head of CC Professor Dušica Le i Tosevski, Director of IMH. The Fifth Forum of IMH „Comorbidity of Mental and Somatic Disorders“ was held in April 2013 at Serbian Academy of Sciences and Arts in Belgrade. The Forum with a participation of distinguished lecturers from Serbia and abroad was attended by 400 participants from all parts of the country.

The training in mental health issues of primary health care

workers has continued in 2013.

Education on the Treatment of Bipolar disorders (BAP) was held on January 2013, with 166 general practitioners. The National Guidelines for the diagnosis and treatment of schizophrenia and alcoholism were created and promoted in October 2013 by the expert team. Educational projects for strengthening the primary health-care system to support early childhood development were performed in collaboration with the Paediatric Association of Serbia with support by UNICEF and covered pediatricians from all 13 primary health care centres (PHCs) in South Serbia.



*Prof Dušica Lečić Tosevski, Director of IMH,
Head Collaborating Center WHO*

PARTNERS NEWS



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

MINISTRY OF HEALTH OF THE REPUBLIC OF SLOVENIA

In December, we generally look forward to the coming year, full of positive expectations, while this is also the time for evaluation of the work accomplished and the results achieved in the year which is drawing to an end.

For South Eastern Europe Health Network (hereinafter: SEEHN) activities, 2013 was among the most important years to date.

The SEEHN Secretariat, with its office in Skopje, was established in March. And in November, the South East Europe 2020 Strategy was adopted in Sarajevo; its chapter "Inclusive Growth", based on the efforts and intensive cooperation of experts from SEEHN member states and Regional Cooperation Council representatives, also covers the area of health as one of the foundations and building blocks of the existence and successful development of every economy and society as a whole.

This year, active cooperation of experts from the Ministry of Health of Montenegro and the Institute of Public Health of Montenegro, representatives of the WHO European Office for Investment for Health and Development from Venice, and Slovenian experts from the Ministry of Health, the Institute of Public Health of the Republic of Slovenia and the Centre for Health and Development in Murska Sobota resulted in the first work plan of the Regional Health Development Centre on Non-Communicable Diseases, which is the latest centre established within the framework of SEEHN in Montenegro.

Also in 2013, SEEHN, in cooperation with the European Commission, carried out two workshops on "Harmonization and Mutual Recognition of Health Professionals' Qualifications in Europe" and "Preventive Actions against Excessive Salt Intake", where experts from Slovenia participated as lecturers, and recently also a workshop on "Clinical Risk Management and Management of Adverse Events".

Participation of the Republic of Slovenia in SEEHN has already been ongoing for more than a decade. From the very beginning, it has been based on partnership and the wish to contribute to the development of individual fields (mental health, blood safety, tobacco control, food safety, public health and tackling health inequalities, and organ donation and transplantation) by way of knowledge and experience sharing and by joint professional work at the regional level to the benefit of the inhabitants of the region and beyond.

We remain committed to further cooperation with SEEHN insofar as human, financial and technical possibilities at the national level allow, since we believe that just a coordinated joint effort can produce the good results to which we all aspire.

Let me conclude by quoting Bertrand Russell, who said that "The only thing that will redeem mankind is cooperation". And it is precisely cooperation that is one of the key principles of the foundation and successful 13 years of SEEHN operation.

*Dunja Gruntar Golanda
Member of the SEEHN Executive Committee
Secretary at the European Affairs and International Cooperation
Service, Ministry of Health of the Republic of Slovenia*

DEVELOPMENTS

WHO Regional Office for Europe



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

The European Mental Health Action Plan has now been adopted by all the Member States of the WHO Regional Office, including the members of the South East European health network. On behalf of the countries of the network, a statement was made that the agenda of the Regional Mental Health Centre will be the implementation of the Action Plan. This is a powerful endorsement of both the Action Plan and the Regional Centre.

Since the adoption WHO has consulted partners, including the European Commission on priorities. By a fortuitous coincidence, the WHO regional Committee was followed a month later by the Lithuanian European union Presidency even "Mental health: Challenges and Possibilities". Challenges identified for the EU countries were very similar to those in the Action Plan, covering the need to address promotion and prevention, reducing the treatment gap, safeguarding human rights, developing a competent workforce and the importance of good information and research.

The Conclusions emphasise the importance of continued WHO and European Commission partnership, which is already well established. Of particular importance to WHO is the reduction of the treatment gap, and actions that create mental health services that are regarded as safe, respectful and effective by people with mental health problems and their families. We are also working closely with European patient and family associations to agree steps that can make a difference.

Intriguingly, while we are very concerned about the shortage of adequate services and the reluctance of many patients to engage, the OECD published findings about very high prescription rates of antidepressants. Data only included OECD Member States, and up to 10% of the population were reported to have prescriptions. No information was available for South East European Countries, but this combination of service related data is obviously of concern. This reinforces the importance of good training for family doctors, an issue already high on the agenda of the Regional Development Centre.

WHO is working in close partnership with the RHDC and countries to establish an effective shared work plan addressing some of these challenges. It is a great opportunity that priorities of countries, the European Union, the WHO and the RHDC are so similar. It also offers an opportunity to organize activities in partnership that will benefit all stakeholders. The next year is likely to see some exciting initiatives and good progress in mental health in South East Europe.

USERS NEWS

BOSNIA AND HERZEGOVINA

Users Association for Protection of Mental Health „Tunnel“ Klju

Elma Hadži

The „Tunnel“ was founded on 15th of December in 2009 on the initiative of persons with mental disorders, members of their families, employees and volunteers of the Center for mental health Klju and citizens of Klju. The



Visit of representatives of Vinje commune, Norway

association is voluntary, non-governmental and impolitic.



According to our mission – improvement and protection of mental health in our community and our vision –to create conditions for adequate professional services, our main goal is to achieve that people with mental disorders are involved in all phases of treatment and recovery. Furthermore, it is not possible to make any serious procedure without active involvement of the therapeutic environments such as family, school, workplace, etc.

Essentially, mental disorders represent a disturbance in the relation - towards oneself and others and therefore a person with a mental disorder should not be treated by being excluded from her/his surroundings. Methods against stigma and discrimination towards people with mental disorders should be assumed as a sustained process, rather than a campaign. It is also necessary for users of mental health services to be encouraged to accept obligations and responsibility for their behavior.

Therefore we decided to introduce our association with a few statements of the people with severe mental disorders: „I struggled and I still do struggle for my place in the family and community.“

„Training of assertiveness has helped me to distinguish a person from their actions. Now, I do not blame the person because of her/his negative attitudes toward people with mental disorders, but I can disagree with her/his behavior toward these people.“

„Just as a mental health professional should not behave like a person of power, thus the user of mental health services should not behave like a person with inability.“

„I am not a doctor, I am not a psychologist, but I am a person with a lot of experience of mental disorder and therefore I am important.“

„I feel equal to others when I feel that another person does not approach me because of pity or power.“

„I just want to be treated as any other guest in a restaurant. I do not want to be the severe patient in the hospital, the severe patient in the restaurant, the severe patient in the family, the patient in the community.“



Organization of Amputees “UDAS”

Organization of Amputees “UDAS” in the Republic of Srpska is an organization that arranges and provides support to amputees, mine victims and their families to exercise their rights and reintegrate into the community.



The organization is present in all areas of social life, particularly in the area of health and social protection, economic reintegration, legal regulations, culture and sport, in which it works on improving the quality of life of its members with the aim of integrating them into the community. We work at the territory of the Republic of Srpska through five regional associations in Banja Luka, Doboј, Bijeljina, East Sarajevo and Trebinje.

Program activities of the “Udas“ organization are aimed at improving the quality of mine victim lives, amputees and other persons with disabilities and their complete integration into the community. Accordingly, the organization implements the program activities in several areas as follows:

- the area of health and social protection - in this area we provide the amputees, mine victims and persons with posttraumatic stress disorder with the information on health protection, self-examination of residual limb and prevention of infection, rehabilitation and treatment of residual limb, method of using orthopedic aids, psychologist counseling, cooperation with family medicine, Community based rehabilitation centers, as well as orthopedic shops;

- Economic reintegration - based on which amputees and mine victims attend seminars, workshops, trainings with the aim of strengthening personal capacities of amputees, mine victims and their greater competition on the market. The main objective is to increase the revenue for mine victims and other persons with disabilities;



- Laws and policies serving as a basis to work on amendments of the legislation in order to improve the quality of life of amputees, mine victims; follow existing laws and their application in practice, engage the organization in the preparation of laws and regulations relating to our population category, advocate full implementation of the Convention on the Rights of Persons with Disabilities and Ottawa Treaty;

One of the most important aspects of the work of the organization is application of the “peer support” concept which we use during the recovery of users, mine victims, people with posttraumatic stress disorder, their rehabilitation and integration into community.

Also, we work with users using individual recovery plan conducted by educated professional team composed of psychologist, social worker and peer supporter. The purpose of the above concept is to provide all necessary assistance during the recovery, provision of overall health and social protection, achievement of a satisfactory level of user rehabilitation, involvement in various training

programs, strengthening personal capacities, assistance in informal employment, etc.

An important aspect of the work of the organization is an activity on informal employment of amputees, mine victims, which is reflected in the allocation of grant funds to support business plans in the area of agriculture, livestock in the rural areas. Thus we create atmosphere for our customers to improve and increase their income in the family, become economically autonomous and independent and become active members of the community.

Distinctive "tool" in promoting the rights and needs of persons with disabilities is UDAS art gallery which is a unique gallery in South-eastern Europe providing an opportunity for young students of the Academy of Fine Arts, unknown artists, and artists with and without disabilities to showcase their artwork in our gallery. Through numerous cultural events that we organize, we recognized the opportunity to provide art with a special place and raise it to the higher pedestal and introduce artists to the public in a specific way.

The goal of cultural activities is a cultural creation and applied art that will contribute, through cultural manifestations, to the general interest of the community the preservation of cultural heritage, multiculturalism, the promotion of national culture and cultural diversity, the development of regional and inter-regional cultural cooperation, presentation and recognition of art in the country and abroad, the participation of eminent names from the world of arts, educational programs, as well as to the emergence of quality and artistic works. Through independent and group exhibitions we want to create a network of artists from the country and the region, draw attention to the barriers faced by persons with disabilities, promote the creative potential of artists at the local, entity, state and regional levels.

Based on achieved results and provided support to the people with disabilities, the “Udas” organization was declared by the Government of the Republic of Srpska in 2006 as the organization of public interest for the Republic of Srpska. The organization was established in 2002.



CROATIA



Mladen Lončar, MD, PhD

National Program of Psychosocial and Health Assistance for Participants and Casualties of the Homeland War, World War II and Peace-keeping Missions

The Ministry of Veterans' Affairs has been systematically implementing the National Program of Psychosocial and Health Assistance for the Participants and Casualties of the Homeland War, World War II and Peace-keeping Missions. The specific nature of war events and the fact that war either directly or indirectly affects not just those engaged in war activities but the social community at large, require a system of post-war care that will be organized primarily through a psychosocial program which not only provides overall health and psychosocial care, but also encourages the cooperation of all institutions in order to provide the best possible care for the casualties. The system of psychosocial and health assistance is adapted to the different needs of the beneficiaries. For that reason, the National Program does not focus solely on Croatian veterans and Croatian war invalids, but also on the members of their families, as well as the parents and spouses of the deceased Croatian veterans, members of the families of the missing and imprisoned Croatian veterans, children of killed veterans, civil casualties of war, victims and witnesses of rapes and sexual abuses during the Homeland War, as well as the victims and witnesses of war crimes. The program implies psychosocial and health care for the participants and casualties of the Homeland War, and its basic long-term objective is to raise the general quality of life and support complete psychosocial reintegration of all war participants and casualties on the territory of the Republic of Croatia, of the participants of World War II, of war and civil invalids of World War II and their family members, as well as of persons who perished while performing their military and police duties in a foreign country within UN, NATO and EU missions, and members of their families. The program encompasses a system of psychosocial and health assistance, and has been designed for implementation on the entire territory of the Republic of Croatia, on the local (county), regional and

national level. The program holder is the Ministry of Veterans' Affairs.

On the local (county) level, the Program is implemented in 21 counties, through centers for psychosocial assistance active in county centers. On a daily basis, the centers provide psychosocial counselling (with a focus on alleviating the consequences of traumatic experience, facilitating adjustment to new situations and achieving social change with the aim of improving the conditions of life). In addition to psychosocial assistance, the beneficiaries are also offered legal assistance that primarily relates to the procedure of exercising rights arising from the Act on the Rights of Croatian Homeland War Veterans and Their Family Members, as well as information on the programs and projects implemented by the Ministry of Veterans' Affairs. Furthermore, in response to the observed need, veterans' clubs were organized, couple and family therapy and children's workshops. The centers use the services of experts of different profiles – psychologists, social workers, psychiatrists, lawyers and other professionals of social and humanistic orientation, who provide counselling and psychosocial support to casualties in stationary (organized duty shifts on the center premises) and mobile form (through visits to the beneficiaries' homes and families).

As previously mentioned, the National Program is organized not just on the county level but on the regional and national levels as well. On the regional level, the system of health care for program beneficiaries is organized through three Regional Centers for Psychotrauma, while on the national level the National Center for Psychotrauma was formed.

The Regional Centers for Psychotrauma have the status of special departments within university hospital centers (in UHC Split, UHC Osijek and UHC Rijeka) which provide premises for their work, while the Ministry of Veterans' Affairs co-finances the work of professionals and professional programs intended for all Program beneficiaries. The Regional Centers for Psychotrauma provide diagnoses and treatment for persons suffering from war-related psychological trauma, develop highly differential diagnostic treatment procedures, conduct research in the field of diagnosing and treating war-related psychological trauma, as well as the necessary analyses with the aim of long-term improvement of the health and quality of life of the target groups.

The National Center for Psychotrauma has been designed as a separate department for the provision of health assistance to the participants and casualties of the Homeland War on the national level. Its basic mission is to improve clinical and psychosocial care for veterans and

casualties through: research, education, scientific training and more efficient diagnosing and treatment of PTSD and other disorders related to war trauma. The center is organized as a clinical department with a day hospital (provision of psychiatric assistance with special focus on suicide prevention among Croatian veterans by including beneficiaries in different therapy programs), and the Center for Scientific Research Projects (established as a center of excellence for research, education on prevention, understanding and treatment of PTSD, with the final objective of practical implementation of all scientific, research and educational activities).

REPUBLIC OF MACEDONIA

ART THERAPY

*Stojan Andonov- art therapist
NGO WELCOME, Republic of Macedonia*

Art therapy has been introduced as one of the regular activities in our NGO for support of people with mental illnesses WELCOME from Republic of Macedonia in last years. Therefore, here are some basics of the activities implemented.

Person is expressing through the characteristics like a specific ability for adequate announce of feelings, thoughts, wishes and instincts. That is expression, included characteristic in human's excitation, and it's realized through perception, sensibility and selectivity.

Creative work is definite like ability to find the thoughts schemas like new experience, ideas like a result or related experiences. Creation enriches from the sources of human creature, and the borders of it existence are deleted. Creativity is in the base of human existence.

Creative imagination absorbs necessary resources for expression. There are many live and death thinks that are present trough different shapes of colors and feeling and which are unlimited sources for art creative work.

Beside of fantastic creatures in some pictures that do not present something defined, underlining expression, the reflections of under conscience without naturalism and biological vulgarization, somewhere dominate lyric emphasis, somewhere cold intellectual rezones, but they all have art value.

Parallel, spontaneous, elementary, naive, amateurs art, that in the creations wears unconventional are. Pictures

reflex a part from the own creature, something that is deeply inside in author, who creates lead by some human instinct, basic and in the same time creative with new elements, new visions for world, appearances around us, and life in general. Because of that, his artwork is new and creative.

If we get inside in work details, than we can easy notice that the figures are worked separately one form other, without any proportion, trough complete spontaneous process, without any previous intention. The artist is using general ideas and his moment art objectification is not a result of immediate observation of the object, than to his previous general performance. So, the whole process is missing. As result of that the act is combined, not synthesis. He is leading by conscious, dominant idea for colors and forms that he is starting to do. Very often the color and form are not authentically, but they are close with the modern art, creating an impression near with cubism and surrealism.

Then, what is their value?

Even it is without formal art knowledge's, that painting is honestly painter's confession, immediate memorial vision, narrated impressive and directly. That emotive intensively gives plastic and figurative - the biggest treasure of this unusually painting, still elementary, which is not realism or over realism, that painting is truth that is born in child without any experience of the generations and history.

The express of person is a key to understand his abilities. That is sum of characteristics, trough them he recognize himself trough his scares. Scares are integrated in the physiognomy, and trough them we recognize leaders psychological characteristics of person, expressed with gesticulation, mimicking, behavior and writhing. These characteristics, self-expressing, to some persons are sparse, to others poor, and to someone's reach.

All art impulses are coming out from deep human insidenest, so the art creating is immediately connect with feelings. All people are capable for paint expression, depends of intensity of feelings, that ability will be more or less realized.

In every man, recently comes out need for showing up emotions trough paints. That Positive effect on art therapy can be divided in 4 groups:

1. Paint express as a possibility for communication - pain activities when clients work in groups, leads to communication that in start are express trough paint formulation of collective duty. Realization of duty

determinate verbal contacts, which lead to free communications between collaborators. Its famous fact that one "pain discussion" is much more spontaneous and simply, than a regular speech, and discussion after finishing the picture, gives much more opportunities to persons to communicate and to be include in the discussion with collaborators.

2. Possibility for self-expression - clients have opportunity to express and confirm themselves, they can to present themselves trough forms and colors; like man, animal, plant, mask, mythology figure. Client presents the way that he looked himself, but also he presents the way that he look others. That type of expression tells lot for his relation with others, also appoint to his need to be close to someone, to feel better. Stimulation and develop of self-express in paint activity, have positive therapeutically effects in strengthen of his personality, self-confidence and self-value.
3. Cultivation of feelings - in the process of paint expression, client has a possibility for paint expression of feelings: happiness, anger, sadness, love...that is specific for every person, because it's depend of "his happiness", "his sadness" i.e. express subjective feelings, not some general represents. In these paint acts, we can read his conflicts, fears and weakness to release from them.
4. Paint express is like play and fun - clients can use every type of painter's material that could offer them pleasure in expression of their creativity. Freedom that they have, let them to "play", "relax", and in the same time to let free their creativity. During the play and relax we let client to draw with fingers est.

Art work, in coordination with physical and mental possibilities and gift, activate and integrate feel, thought, and possibility for research. That creates sense for form, function, color, beauty, and forms personal relation to surrounding and art in general.

REPUBLIC OF MOLDOVA

Moldova signed the Convention on the Rights of Persons with Disabilities in 2008. After this event, a coordinated big advocacy campaign leaded by a coalition of CSOs and DPOs, and with the major support of the UN and other donor agencies, resulted into the ratification of the Convention, in July 2010. Before the ratification, in Moldova were only a few disabilities organizations and some organizations working with children with intellectual disabilities, however, there were no psychiatric user organizations to promote the rights of persons with psychosocial and intellectual disabilities in

Moldova. Until the Convention gained legal power in Moldova, all the advocacy work involved mostly NGOs working in the field of physical disabilities, leaving aside the most vulnerable and discriminated group of persons with mental and intellectual impairments. Nevertheless, the practice in mental health services remains to be oriented to pharmacological treatment, no alternative support services, major concentration of mental health services in hospitals and a lack of mental health care services in the community. Today, in Moldova are still operating three large psychiatric hospitals, four residential care institutions (boarding houses) for adults and two residential homes for children with psychosocial and intellectual disabilities. Beside the above mentioned facilities, in almost every district of Moldova, there are residential institutions for elderly population. Human right violation were documented through different human rights monitoring mechanisms (Human Right Centre in Moldova, UN bodies, CPT, Ombudsman in psychiatry).



In May 2013 with the support of UN partnerships for promotion of the right of person with disabilities (UNPRPD), comprising four UN agencies (OHCHR, UNDP, WHO, UNCEF) and initiative user/survivor group of psychiatric services began their meetings in a peer support format. During these biweekly meetings, that always take place in a free and trustful environment, they identified and discussed common problems. They started to have separate meetings dedicated to issues of psychiatry organization, user including plans for advancing and mainstreaming around the rights of persons with psychosocial and intellectual disabilities. The initiative group of user/survivors, which in created its adherence in the short period of one month, have received training in the human rights of persons with disabilities, different mental health informal support and peer support.

The deputy president of WNUSP visited the initiative group spending a training in November current.

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

The initiative group of user/survivors attended various events concerning training on CRPD, human rights that last in Bulgaria, Georgia, New York.

In December 2013 the group requested official registration at the Ministry of Justice as the first organization of people with psychosocial disabilities that speak on their own behalf.



The future plans of organization are to develop a plethora of human rights campaigns in mental health, working with central and local authorities for community and support services creating for users of mental health services. Organization receives support from different donors and negotiates its collaboration with similar organizations in the Caucasus (Georgia, Armenia, Azerbaijan) and the initiative to join the European and global network (ENUSP and WNUSP).

Group aims are socio - therapeutic support in terms of extending the period of abstinence, and helping families to prevent a crisis and recognize the problem.

Also, the group aims are to strengthen capacity for support the families, and thus for strengthening new role in the family, better acceptance in society, at work and etc.

The group meets every Wednesday at 5 pm.

ROMANIA

Gabriela Tanasan – Chair, Horizons Foundation

User Involvement in Mental Health Bridging the gap between challenge and practice

Orizonturi/Horizons Foundation was established in 1995 by a group of mental health service users and ex- users, carers, mental health professionals, and people from the community of Campulung Moldovenesc, a small town in the north of Romania. This 'mosaic' might look strange. Ordinary organizations are formed by and designed for one specific group of people. Horizons is unique in Romania bringing together all these categories in order to support mental health service users/survivors to regain their self-confidence, to acquire abilities and skills that allow them to live independently in the community and fully participate in social life. This support is done by meaningful involvement in planning, implementation,



monitoring and developing projects and in decision making processes as well.

Although 'user involvement' is a current buzzword and appears regularly in policy documents, mission statements and in the academic literature, it is less meaningful in practice. Over the years Orizonturi Foundation implemented a series of projects focused on user involvement in mental health operating at different levels.

MONTENEGRO

Support Group for Cured Alcoholic

Support group for cured alcoholic is placed in the Special Psychiatric Hospital in Kotor. Group is the result of need to establish support groups originated from the need for extended support from the professionals to recovering alcoholic, and his family.

The group consisted of the professionals engaged psychiatrists, psychologists and social workers. Group is also open to those who use alcohol but who do not accept the treatment.

User Involvement in Policy arena

Pathways to Policy program was one of the first large-scale user-involvement projects in Romania. The program enabled users and their NGOs to meet and work together with all stakeholders (including local government, businesses and the media) within Policy Forums (Local Policy Forum-LPF, and National Policy Forum-NPF) to initiate suitable mental health policies at local and national levels. Users made up 33% membership of the forum.

The composition of the forum made different approaches possible, top-down and bottom-up, in different settings, so that to find the common ground. The users had a greater voice in mental health policy through active and visible participation on the policy forums and action plans. Users, their families and carers, their NGOs and other local mental health stakeholders developed new skills and knowledge about advocacy and policy making. These skills were used to undertake different actions (campaigning, lobbying, media work). New, stronger and sustainable relationships between users and a wide range of other stakeholders (such as bureaucrats, policy makers, journalists, faith groups, professionals, politicians) were formed. This enabled them to learn from each other, form partnerships and alliances and ultimately had a greater influence on mental health policies and practices. The NPF has put forward several propositions and solutions in terms of implementing the Mental Health Law and developing the Action Plan for the Implementation of the Strategy in the Mental Health Field.

In November 2004, at the second National Forum, the idea of promoting the National Forum to the Ministry of Health as the clear voice of an increasingly large group was born. Moreover, the possibility of signing a protocol between a representative Forum and the Ministry of Health was discussed. In June 2005, the National Forum decided to set up the National Centre of Mental Health – a structure which would find the common ground of the two approaches, top-down and bottom-up. The National Center of Mental Health (NCMH) was established through the Order of the Minister of Health No. 373/ 2006 on August 15, 2006, as a technical and methodological forum to perform the promotion, monitoring and evaluation of activities implemented in the area of mental health.

User Involvement in fighting stigma

Orizonturi Foundation developed antidiscrimination campaigns, advocating for support and respect of the rights of persons with mental health problems such as “Together we make the world a better place”, awareness raising campaign, within Pathways to Policy program and “The rights of people with mental health problems ARE human rights” campaign, entitled “I am INDIVIDUAL not ILLNESS”.

Self-help and advocacy

- A FI – TO BE - a magazine produced by the literary group „Floare de Colt”, a group of users/survivors of psychiatry and people from our community. This publication has no external funding, and all contributions - from written content to work on design, illustration, proofreading and distribution – come from user/survivor volunteers and other group members (since 1996).
- Blogging the Dream Project - enabled users to use their talents, as well as develop new skills to demonstrate that they are active and valuable assets to their community. They created Blogging the Dream blog which promotes the reality that people with mental health problems are also complex individuals who also have hobbies, dreams and successful lives. The blog helps break through stigma barriers, prevent future misunderstandings that lead to discrimination, and rectify the present misrepresentation of mental health in the media.
- Traveling Beyond Barriers with overall aim to increase the social integration, educational opportunities and health amongst mental health service users and students with special needs, to increase the involvement of individuals and organizations in civic participation within the entire community. This project has allowed a group of 20 users and students to explore their surroundings and learn about the area they live in, an alternative learning environment amongst their community members.
- Training Volunteers for Advocacy in Mental Health Project aimed to remedy 3 local problems that were pinpointed by Local Policy Forum: stigma, the lack of a variety of activities for community members, and the need of volunteers to assist with new activities at the club. Volunteer trainings focused on how to work and advocate together with mental health service users. The project generated 4 small projects developed by trainees, users and people from the community.

‘Nothing about us without us – enabling mental health service users to get involved in processes that affect their lives’ is exclusively the first project idea developed by users/survivors of Orizonturi Foundation and dedicated to users/survivors from Romania. This is a long-term project which includes three stages: (1) developing advocacy and organisational management skills; (2) assisting and facilitating in building the most appropriate user-led structure across Romania (network/platform/national organization of mental health service users); (3) active involvement, concrete participation of mental health service users in mental health policy process and the implementation of CRPD in Romania. „Orizonturi” is currently seeking funding for the first stage.

¹<http://orizonturi.org/images/afi/r%2043.pdf>

²<http://www.fundatiaorizonturi.blogspot.ro/>

SERBIA

National Mental Health Coordinator for the Republic of Serbia in SEE MH Network

Prepared by Dr Oliver Vidojevi ,

A campaign “Let s open the doors” was held at Ada Ciganlija in Belgrade on the occasion of the World Mental Health Day on 10th October. It was organized by users associations, NGO “Caritas” and the Ministry of Health. Different materials presenting activities of associations were exhibited and during manifestation visitors were informed about users associations.



The Forum on rights of persons with mental health problems (Forum) was held with participation of members of different associations and it was established a network “NaUM” - National network of persons with mental health problems. During the Forum were discussed issues of mental health, rights of patients and quality of care. There are about 7 user associations in Serbia. “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 mentally treated patients; “Duša”-The SOUL, association of users of psychiatric services and their family members from Belgrade; “Herc” – associations for supporting neurotic patients from Belgrade.



Some of them have participated in Forum on rights of persons with mental health problems. They are all concerned by everyday problems in life of users and their social position and situation. Some have also psycho educative meetings, and creative workshops. They have no financial support and manage by using small contribution of members or participate in some projects. They have social activities and they communicate through media with wider social environment.

Upcoming Events

Second Steering Committee Meeting, Sarajevo, Bosnia and Herzegovina, 21st February 2014

TAIEX Workshop – „Mental Health and Human Rights“ will be organized in cooperation of the Ministry of Health of the Republic of Serbia, RHDC on Accreditation and Continuous Quality Improvement on Health Care and the Ministry of Civil Affairs of Bosnia and Herzegovina, RHDC on Mental Health (tbc).



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For more information please visit:

Ministry of Civil Affairs of B&H

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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