The Mental Health Project for south-eastern Europe

The Mental Health Project for south-eastern Europe is part of a wider effort to bring the region closer to the norms and aspirations of the European Union. The initiative started in 1999, when the international community established the Stability Pact for south-eastern Europe to strengthen social stability in the region by fostering peace, democracy, human rights and economic prosperity.

In 2001 the Stability Pact added health to its agenda as one of the five subject areas of its Social Cohesion Initiative. In September of the same year the WHO Regional Office for Europe and the Council of Europe launched the South-eastern European (SEE) Health Network. Its purpose was to contribute to the improvement of the health of populations across the region. The SEE Health Network currently comprises Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia.

In September 2001, Dubrovnik, Croatia, hosted the Health Ministers’ Forum for south-eastern Europe. The highlight of the meeting was the signing of The Dubrovnik Pledge: Meeting the health needs of vulnerable populations in South East Europe. Once the commitment by the respective governments to develop health in the region was officially acknowledged in the Dubrovnik Pledge, it was necessary to select the projects best suited for implementation under the initiative.

Real activity began at a meeting in Hilleroed, Denmark, in May 2002, with the establishment of the Mental Health Project for south-eastern Europe. The overall goal of the project is to place community-based mental health services at the centre of mental health systems of the participating countries. Its implementation has been divided into three components:
The progress achieved since September 2002, when the project became fully operational, was gratifying, especially when considering the remarkably short timeframe and a whole array of obstacles in the early phase of project implementation. Component One was a challenge for everyone. Only one country had an officially adopted national mental health policy at the time and mental health legislation needed considerable improvement everywhere. Nevertheless, the target of developing national mental health policies and action plans was reached in just over a year. The successful completion of Component One had an added benefit in the motivation and zeal it inspired in everyone involved. This created resolve to make it happen.

Thus, with the orientation towards community-based mental health care firmly set in the national mental health policies, we embarked on establishing pilot community mental health centres in the participating countries. Ten functioning community mental health centres comprised the target set for Component Two. This task was by no means less of a challenge, but this time we had the benefit of solid teamwork, mutual trust, managerial competence and friendship. The account of our journey from the initial ideas of where the pilot CMHCs could be located to inaugural ceremonies is at the heart of this brochure.

Yet, beyond the technical scope and achievements of the Mental Health Project for south-eastern Europe, there are other noteworthy effects of this entire process. There was a significant improvement in capacity building, most noticeable in the managerial sphere. A variety of benefits came from the availability of the regional network of mental health professionals, including efficient information sharing and increased participation in international events. Many useful lessons were also learned from the experience of Bosnia and Herzegovina as the lead country. The most encouraging outcome is the readiness and determination of Bosnia and Herzegovina to take a prominent position at the forefront of mental health reform in the region over the long run. The approved extension of the implementation period for Component Three from one to two years will contribute significantly towards this goal. Most important, Dr Vjekoslav Mandic, newly appointed Minister of Health in the Federation of Bosnia and Herzegovina, has already demonstrated his intent to provide ongoing support and to participate in the promotion of the project.
The 10 community mental health centres symbolize a move from large institutions where people are often neglected, thus contributing to their suffering, towards mental health services that are provided where people live, offering them the kind of services they want. We hope that these centres will be beacons of good practice that will show, across the country and throughout the region, what can be achieved in mental health care. Mental health care is not about locking people away and abandoning them - people can live in communities, they can fulfil useful functions and they can live normal lives. What has been shown at our Conference in Helsinki is the strong commitment of governments. The 10 ministers who were in Helsinki spoke proudly of the Stability Pact. Donor countries, notably Greece, Belgium and Italy, all showed how enthusiastic they are to make this work. We believe this is an example of solidarity and of the will of countries to really make it work. The extent to which this has been taken up by governments as a model of what can be achieved together is impressive. Ministers are committed to this process and the role of WHO is to make it happen.

Dr Matthijs Muijen
Regional Adviser
for Mental Health
WHO Regional Office for Europe

The concept of lead country should be understood within the wider framework of the South-eastern Europe Health Development Action Plan which comprises seven, soon eight, health projects, each with a different lead country. As lead country for the Mental Health Project, Bosnia and Herzegovina has the primary responsibility for managing this joint endeavour to improve the mental health of all populations in the region by setting up community mental health services.

Despite the odds, the Mental Health Project for south-eastern Europe has made it this far - and done very well. It serves now as a blueprint for other projects that are being implemented within the framework of the Stability Pact’s Social Cohesion Initiative. Today I can say with pride that the foremost challenge for the Mental Health Project right now lies in preserving its momentum and hard-earned reputation.

Tomo Lucic
Former Minister of Health
Federation of Bosnia and Herzegovina
The Mental Health Declaration

WHO European Ministerial Conference on Mental Health - Facing the Challenges, Building Solutions, held in Helsinki, Finland, from 12-15 January 2005, was an exciting opportunity to present our Project before the most eminent mental health authorities in Europe.

In the Mental Health Declaration for Europe, agreed upon and signed during the conference, the ministers of health of Member States in the European Region acknowledged that mental health and mental well-being were fundamental to the quality of life and productivity of individuals, families, communities and nations. Furthermore, the ministers recognized the importance and urgency of facing the challenges and building solutions based on evidence. They endorsed the Mental Health Action Plan for Europe to be implemented over the next five to ten years.

The parallel session devoted

The Mental Health Action Plan (excerpts)
The challenges over the next five to ten years are to develop, implement and evaluate policies and legislation that will deliver mental health activities capable of improving the well-being of the whole population, preventing mental health problems and enhancing the inclusion and functioning of people experiencing mental health problems. The priorities for the next decade are to:

I foster awareness of the importance of mental well-being;
II collectively tackle stigma, discrimination and inequality, and empower and support people with mental health problems and their families to be actively engaged in this process;
III design and implement comprehensive, integrated and efficient mental health systems that cover promotion, prevention, treatment and rehabilitation, care and recovery;
IV address the need for a competent workforce, effective in all these areas;
V recognize the experience and knowledge of service users and carers as an important basis for planning and developing services.

Helsinki, January 2005
to the Mental Health Project of the Stability Pact for southeastern Europe attracted more than 130 people and had a significant ministerial presence.

The presentations focused on achievements, problems and perspectives of the Project and were delivered by former Minister of Health Tomo Lucic on behalf of Bosnia and Herzegovina as the lead country, Professor Athanassios Constantopoulos as a member of the Project’s Executive Committee representing the Greek Government, and Dr Maria Haralanova, the Chair of the Executive Committee representing WHO/Europe. These were followed by round table discussion with the ministers of health of the eight participating countries.

In his opening speech, Minister Lucic emphasized the adverse political, economic and social conditions that are characteristic of all countries in transition. In this context, the success of the Mental Health Project was particularly impressive. The major hurdles faced in the early days had been overcome and the project now served as a blueprint for other projects implemented within the framework of the Stability Pact’s Social Cohesion Initiative. Minister Lucic urged his fellow ministers to establish sustainable structures to ensure the continuing reform of the mental health systems in their respective countries. Finally Minister Lucic referred to the Second Health Ministers’ Forum to be held in November 2005. "My hope is that this important event will afford us the opportunity to discuss the most appropriate ways in which to continue the reform of the mental health system in our region. To this end, Bosnia and Herzegovina will argue for formalizing long-term collaboration in the field of mental health."

We plan to reorganize psychiatric services by empowering psychiatric departments in general hospitals, gradually decreasing the number of beds in large psychiatric hospitals and developing community mental health care. It is also important to establish an information network for these services and to continue improving the knowledge and skills of our human resources by their continuous education.

Professor Tomica Milosavljevic
Minister of Health of Serbia
It is commonly accepted that the health sector can act as a catalyst for the development of cooperation in an area. Even in areas that face political difficulties, health, with its neutral and deeply humane nature, can contribute to and reinforce cooperation, thus influencing considerably the stabilization process. Indisputable proof of this fact is the success of the Mental Health Project for south-eastern Europe, which, for exactly these reasons, has become a model for the whole Social Cohesion Initiative of the Stability Pact for south-eastern Europe. It is for this reason, that the Ministers of Health of SEE, during their Round Table at the WHO Helsinki Conference on Mental Health, unanimously declared their intention to turn the Mental Health Project into a joint Regional Programme of collaboration in the field of Mental Health. This will be initiated at the forthcoming Second Ministerial Forum in Skopje, in November 2005.

Dr Athanassios Constantopoulos
Member of the Executive Committee of the Mental Health Project for south-eastern Europe

This coordination across borders is a new practice. The successful implementation of such cross-border projects will have an enormous political effect, not only for the region of south-eastern Europe but also for the whole of eastern Europe. It will show that there is a capacity for cooperative activity in the name of humanitarian goals, such as improving public health in the populations of the region´s countries, overcoming political differentiation and ostracism, and building the foundations for a better European future.

Dr Slavcho Bogoev
Former Minister of Health of Bulgaria
For the present, we will continue to implement the project and provide the services we have committed to. But the project is like a seed that needs care and nurturing if it is to blossom and grow strong. This care involves the long-term commitment of governments to the mental health reform process. The countries will benefit if they can transform the time-limited Mental Health Project into a long-term programme to maintain, expand and strengthen regional collaboration and international partnerships. International support will be vital to this process.

Dr Maria Haralanova
Regional Adviser
Strategic Country Support
WHO Regional Office for Europe

For Romania, the first component of the Mental Health Project was a good opportunity to develop a national mental health policy within a regional perspective. Presently, the Project helps us to establish and promote a new model of care - community mental health care. If successful, the Romanian Ministry of Health will replicate the model of the pilot community mental health centre in other regions, as an essential component of mental health reform in Romania.

Ms Dana Farcasanu on behalf of the Former Romanian Health Minister
Professor Mircea Citeza

We all worked hard to implement the project and through our combined hard work we learned one of the most important lessons to date - a sense of togetherness. This derives from the project’s regional dimension. There is no doubt that this sense of togetherness is the major factor that motivates each country in the project to sustain steady progress. It is also a source of support for countries in times of crisis, offering many opportunities for consultation and the exchange of advice, both formal and informal, which greatly facilitates conflict-resolution and decision-making.

Dr Marin Kvaternik
Former Minister of Health of Republika Srpska
Bosnia and Herzegovina
The Workshops
Arriving at the moment when 10 out of the 10 planned pilot community mental health centres (CMHCs) are in operation has not been easy. Alongside intensive activities and negotiations that were taking place at country level, we held 10 technical workshops at regional level. Each workshop contributed a building block for what was to become a solid platform for a major change in the organization of mental health care in the region.

Review of mental health services in SEE countries
21-23 February 2003, Ohrid, The former Yugoslav Republic of Macedonia

Review of mental health policies and legislation in south-eastern Europe
4-6 November 2002, Ljubljana, Slovenia

International recommendations and experience in mental health policies and legislation. Mental health policy development - introducing international and European Union (EU) standards
8-10 June 2003, Veliko Tarnovo, Bulgaria
International recommendations and experience in mental health legislation and human rights - introducing international and European Union (EU) standards
5-8 October 2003, Sarajevo, Bosnia and Herzegovina

Review of mental health policy development in SEE countries
14-17 September 2003, Sinaia, Romania

Review of mental health policy and legislation in SEE - regional dimension and recommendations to governments
23-25 November 2003, Ljubljana, Slovenia

Organization of mental health services in south-eastern Europe
19-21 February 2004, Zagreb, Croatia

Adopting the model of community mental health services in SEE
13-15 July 2004, Tirana, Albania
The Pilot CMHCs

Quite predictably, in each participating country the primary objective of Component Two - establishing a pilot community mental health centre (CMHC) - has been the most challenging process since the project’s inception. The overall success of the project will hugely depend on the performance of these pilot CMHCs. They will serve as the manoeuvring grounds for implementing new mental health policies, applying new professional skills, demonstrating gains from users’ participation and building an attitude of acceptance of the mentally ill in the community. Their establishment has also been a reliable test of the commitment by the SEE governments to the reform of their mental health systems. With the CMHCs in operation, the earlier verbal support of the governments has become a reality. Given the political nature of Bosnia and Herzegovina and Serbia and Montenegro, it was decided to establish two pilot CMHCs in each of the two countries, with the allocated funds divided between the two centres. The sites selected in Bosnia and Herzegovina are Prnjavor (Republika Srpska) and Mostar (Federation of Bosnia and Herzegovina). In Serbia and Montenegro the pilot CMHCs have been established in Nis and Kotor respectively.

Priorities

As agreed at the 8th technical workshop in Tirana, the CMHCs will give priority to people with serious mental illness and will offer an alternative to hospitalization. CMHC services will be available during working hours, with cover available during nights and weekends. Each CMHC will be accorded formal recognition as an official mental health unit within the mental health service. Also, the CMHC will have clearly specified linkages with primary care, hospital and other secondary and tertiary sector services, and agencies responsible for welfare, promotion and prevention.

Services

The chart below shows that the services delivered by the pilot CMHCs are currently available to a total of 932 983 people in the region. The work that has already been done in the areas of policy development, preparation for mental health legislation and the establishment of pilot community mental health centres now must be extended to include:
a major programme of workforce education,
- establishment of community mental health centres in all areas where they are required,
- a process of reduction in size of mental hospitals, and
- community education and engagement.

Further planning and implementation of the project should be sufficiently flexible to accommodate differences between countries in their circumstances, perspectives and approaches to reform. Consensus must be reached concerning standards, and all countries should aim to establish national mental health systems that are consistent with European norms. The opportunity for continuing dialogue, sharing information and problem-solving will foster a commitment to the achievement of such standards.

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### Country

- **Albania**
- **Bosnia and Herzegovina (BiH)**
- **Bulgaria**
- **Croatia**
- **Republic of Moldova**
- **Romania**
- **Serbia and Montenegro**
- **The former Yugoslav Republic of Macedonia**

### Location of CMHC

- **Albania**: Vlora
- **Bosnia and Herzegovina (BiH)**: Prnjavor (Republika Srpska), Mostar (Federation of BiH)
- **Bulgaria**: Blagoevgrad
- **Croatia**: Zagreb
- **Republic of Moldova**: Chisinau
- **Romania**: Bucharest
- **Serbia and Montenegro**: Nis (Serbia), Kotor (Montenegro)
- **The former Yugoslav Republic of Macedonia**: Strumica

### Official inauguration

- **Albania**: April 2005
- **Bosnia and Herzegovina (BiH)**: June 2005, November 2005
- **Bulgaria**: April 2005
- **Croatia**: November 2005
- **Republic of Moldova**: April 2005
- **Romania**: November 2005
- **Serbia and Montenegro**: October 2005, May 2005
- **The former Yugoslav Republic of Macedonia**: March 2005

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**Catchment areas of the pilot CMHCs**
Strumica is one of the largest towns in the eastern part of the Republic of Macedonia, with a population of about 120,000 inhabitants, including the surrounding villages. An additional 50,000 people from smaller towns in the southeastern part of the country, namely from Radovis, Berovo, Valandovo and Dojran, gravitate toward Strumica. The fact that none of the existing six CMHCs in the country is located in the eastern part (east of the Vardar River) was a decisive reason for selecting Strumica as the site for the pilot CMHC.

Currently there are about 140 people from Strumica and nearby villages who are residents/inpatients in the three existing psychiatric hospitals in the country (85 in Negorci-Gevgelija, 35 in Skopje and 20 in Demir Hisar-Bitola). Their continuing treatment and rehabilitation will be one of the primary functions of the pilot CMHC. In the period from March to October 2005, 474 patients received treatment in the CMHC in Strumica.

Progress in reforming the mental health system towards community-based care has also been greatly facilitated by the WHO Mental Health Programme that has been implemented since 2000. Six community mental health centres have been established and developed over the past five years offering a broad spectrum of mental health services. Two protected homes have been established that can provide lodging of up to one year; one permanent protected home and several houses for supported living have been established as well. At present, more than 100 people are employed in four social firms for people with mental illnesses throughout the country.

The overall significance of the Stability Pact Mental Health Project for southeastern Europe has been enormous. Its achievements, notably the draft national mental health policy and the draft mental health law, as well as the establishment of the pilot CMHC in Strumica, have had a great impact on reforms in the mental health sector. We sincerely hope that this project’s contribution will not end in Strumica.

Dr Vladimir Ortakov
Country Project Manager
Country Office - The former Yugoslav Republic of Macedonia
### Community Mental Health Centre in Strumica, The former Yugoslav Republic of Macedonia

<table>
<thead>
<tr>
<th>Catchment area:</th>
<th>120 000 inhabitants</th>
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<tbody>
<tr>
<td><strong>Type of services delivered at the CMHC:</strong></td>
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<td>- day care services, including a variety of rehabilitation activities, such as music, painting, cooking, and gardening;</td>
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<td>- temporary protected housing (yet to be implemented);</td>
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<td>- protected employment (planned for the future).</td>
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<td><strong>Human resources employed by the CMHC:</strong></td>
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<tr>
<td>- 1 psychiatrist</td>
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<tr>
<td>- 1 psychologist</td>
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<td>- 1 social worker</td>
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<tr>
<td>- 6 nurses</td>
<td></td>
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<tr>
<td>- 1 administration worker</td>
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<tr>
<td>- 1 security officer</td>
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<tr>
<td><strong>Linkages with other mental health and health services</strong></td>
<td>Linkages have been established between the CMHC Strumica and the two big mental hospitals - Negorci and Skopje. The network of community mental health centres has already met twice at the CMHC in Strumica. Significant and productive cooperation has been established with the CMHC in Gevgelija and with the CMHC in Prolet-Skopje. All health services in the region of Strumica have established links with the CMHC in Strumica through the Medical Centre of Strumica.</td>
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<td><strong>Linkages with community organizations</strong></td>
<td>The CMHC Strumica cooperates regularly with the Centre for Social Work in Strumica and has developed connections with the NGOs “Welcome” and “Trust” established by service users, as well as with the Greek NGO HRT (Hellenic Rescue Team). There have also been contacts with the Macedonian Orthodox Church, local authorities, and children from kindergartens and primary schools in Strumica.</td>
</tr>
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| **Contact details: Pilot Community Mental Health Centre** | Director: Dr Tatjana Trencevska Cvetkova  
Address: ul. Mosa Pijade br. 41, 1200 Strumica, Republic of Macedonia  
Phone: +389 70 310 634  
Fax: +389 34 324 142  
E-mail: tatjanatc@mt.net.mk |
| **Contact details: Country Project Office** | Country Project Manager: Dr Vladimir Ortakov  
Address: 3-ta Makedonska Udarna Brigada br.4, 1000 Skopje, Republic of Macedonia  
Phone: +389 2 3136 950  
Fax: +389 2 3136 950  
E-mail: vortakov@on.net.mk |
The institutional services already provided in Bulgaria proved a big challenge for this relatively small group of reformers. Apart from the old-fashioned dispensary/hospital model inherited from the totalitarian past and the uneven distribution of services in the area, a serious obstacle for ensuring quality and continuity of care is the fact that two ministries (Ministry of Health and Ministry of Labour and Social Policy) are responsible for the vulnerable groups of mentally sick and mentally retarded persons. Large numbers of patients have been transferred from acute psychiatric hospitals to nursing homes as hopeless cases. In addition, since 2000 almost all outpatient care has been privatised, while psychiatric hospitals remain fully financed by the Ministry of Health.

Officially at least 10 day-care centres and a number of non-governmental or private units have opened in the last couple of years offering a wide range of community mental health services, including shelter, home care, consultation and rehabilitation services. So far, day-care centres have been established in Sofia ("Adaptacia"), Pazardjic ("Chovekoljuibe"), Burgas, Russe, Blagoevgrad, Vidin, Kurdjali and in other cities in the country. However, these services and their outcomes have not yet been evaluated in terms of their compliance with the European standards of care.

In 2002, the future development of mental health reform in Bulgaria was reinforced by launching the Mental Health Project for south-eastern Europe, implemented as part of the Stability Pact’s Initiative for Social Cohesion. The impact of the project on the existing system of mental health services has been remarkable, as it has triggered a number of parallel activities in the field of mental health and attracted the attention of politicians and the public to the importance of mental health issues.
| **Community Mental Health Centre**  
*in Blagoevgrad, Bulgaria* |
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<tr>
<td><strong>Catchment area:</strong></td>
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<tr>
<td><strong>Type of services delivered at the CMHC:</strong></td>
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</table>
- outpatient care, including consultation, diagnostics, short and long-term treatment, home visits and crisis interventions, group and individual rehabilitation, and social rehabilitation programmes;  
- inpatient care - acute treatment;  
- forensic psychiatric consultations. |
| **Human resources employed by the CMHC:** |  
The total number of personnel employed in the existing psychiatric dispensary is 68 - 8 doctors, 2 psychologists, 1 social worker, 1 occupational therapist, 30 nurses and 26 non-medical staff.  
The outpatient unit includes a day-care centre and outpatient service - it is the basis for the newly established pilot CMHC. The total number of personnel will be 18, including social workers and non-medical staff. |
| **Linkages with other mental health and health services** | Linkages exist with general practitioners, psychiatric specialists in the city and the region, local regional hospital and other specialists in private practice.  
The CMHC also has connections with the day-care centres in other regions in Bulgaria. |
| **Linkages with community organizations** | NGOs: Global Initiative in Psychiatry, Open Society Foundation, Organisation of Parents Against Dependency, Red Cross, Regional Youth Centre, etc. |
| **Contact details: Pilot Community Mental Health Centre** | Director: Dr Nikolaj Janakiev, psychiatrist  
Address: Blagoevgrad, 21 Br. Miladinovi str. Regional Dispensary for Mental Health  
Phone: +359 7 388 4143  
E-mail: odpzs@abv.bg |
| **Contact details: Country Project Office** | Country Project Manager: Dr Hristo Hinkov, Chief Expert, National Centre for Public Health Prevention  
Address: Sofia, 15 Acad. Geshov, National Centre for Public Health Prevention  
Phone: +359 2 9549769  
Fax: +359 2 9549718  
E-mail: mhproject@mbox.contact.bg |
The existing mental health system from the Soviet period has been grossly unresponsive to the needs of the mentally ill, such as their need to be integrated into ordinary community life. Consequently, the widespread stigmatisation of people with mental illness and their unrelenting discrimination in all spheres of life have become major threats to mental health reform, which began in 1988. The primary objectives of the reform included:

- decentralization of psychiatric care
- reduction of beds in psychiatric hospitals (the number of beds was reduced from 4,000 to 2,400 between 1988 and 2002)
- establishment of a postgraduate faculty for psychiatrists with the State Medical University, and
- creation of day hospitals and centres for psychosocial rehabilitation.

The Stability Pact Mental Health Project for south-eastern Europe helped tremendously in making mental health a national priority. Community-based mental health services developed during the project will become an alternative to hospitalization of chronically ill patients in the CMHC’s catchment area. This model, if successful, will be replicated across the country. This project gives us the opportunity to develop psychosocial rehabilitation services and programmes which cannot be ignored in the effective treatment of mental illness.

Dr Larisa Boderscova
Country Project Manager
Country Office - Republic of Moldova
### Community Mental Health Centre in Chisinau, Republic of Moldova

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<tr>
<th><strong>Catchment area:</strong></th>
<th>120 000 inhabitants</th>
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| **Type of services delivered at the CMHC:** | - consultation services delivered by psychiatrists, psychologists, and lawyers;  
- individual and family psychotherapy;  
- occupational activities. |
| **Human resources employed by the CMHC:** | - 1 director of the CMHC - psychotherapist  
- 1 psychiatrist  
- 1 child psychiatrist  
- 1 clinical psychologist  
- 1 social worker  
- 1 occupational therapist  
- 2 nurses  
- 1 registration clerk  
- 1 lawyer |
| **Linkages with other mental health and health services** | The pilot CMHC has linkages with the psychiatric hospital and family medicine centres. |
| **Linkages with community organizations** | Negotiations have been initiated with the community mental health centres that have been created in the frame of other mental health programs (Soros Foundation, UNICEF, SDC, SIDA) concerning the exchange of experience and elaboration of joint rehabilitation programmes. |
| **Contact details: Pilot Community Mental Health Centre** | Director: Alexandra Rusnac  
Address: Ion Creanga str, 24  
Phone: +373 22 74 17 38  
Fax: +373 22 74 17 38 |
| **Contact details: Country Project Office** | Country Project Manager: Dr Larisa Boderscova  
Address: Cosmescu str, 3  
Phone: +373 22 54 59 96, +373 692 400 85  
Fax: +373 22 54 59 96  
E-mail: lboderscova@mednet.md |
Currently, the provision of mental health care in Albania is undergoing thorough changes. The main institution providing psychiatric services in Albania is the "Mother Theresa" University Hospital in Tirana. There are three more psychiatric institutions in Elbasan, Vlora, and Shkoder. Community mental health centres exist in Tirana, Peshkopi, Vlora, Gramsh, Elbasan, Berat, and the Casa Mimosa in Shkoder.

The establishment of the community mental health centre in Vlora has been included in the Albanian mental health strategy. It has thus already become an integral part of the national mental health system and will be managed accordingly. The CMHC in Vlora is a special case because of the agreement that it should function in conjunction with the Pilot Admission Services of the Psychiatric Hospital of Vlora. This will give the Vlora population continued community mental health services and in turn become a model for the whole country.

The CMHC will provide support to persons with mental health problems, mainly adults residing in the catchment area. The chief reason for selecting the town of Vlora as the location for the pilot CMHC was the proximity of the Vlora Psychiatric Hospital, the first psychiatric institution established in Albania. Also, several factors are expected to have a positive impact on the future functioning of the pilot CMHC. These include the availability of international expertise in mental health (UNOPS-PASARP programme) in the area; excellent outcomes of the Pilot Admission Services (PAS); success with the Individual Rehabilitation Projects (IRP) for the patients of the psychiatric hospital and with rehabilitation activities supported by UNOPS-PASARP as part of the de-institutionalization process. A particularly good omen for the CMHC in Vlora is the support it has received from local authorities, as well as the availability of human resources.

Dr Klodian Rjepaj
Country Project Manager
Country Office - Albania
## Community Mental Health Centre in Vlora, Albania

<table>
<thead>
<tr>
<th><strong>Catchment area:</strong></th>
<th>120,000 inhabitants</th>
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| **Type of services delivered at the CMHC:** | The main target group to be assisted by the mental health team consists of people with serious mental illness (essentially psychotic disorders)  
The services to be delivered are:  
- treatment  
- psychosocial rehabilitation  
- social and job integration activities  
- outreach work with families  
- outreach work with patients |
|------------------|---------------------------------------------------------------|

| **Human resources employed by the CMHC:** | 2 psychiatrists  
5 nurses  
1 social worker  
1 psychologist |
|-------------------|------------------|

| **Linkages with other mental health and health services** | The CMHC has established cooperation with other community mental health services in the country; with local primary health care services; and local general health services. |
|--------------------------|---------------------------------------------------------------------------------

| **Linkages with community organizations** | Links and cooperation will be developed between the CMHC and other services including:  
- family and user organizations in Vlora  
- local authorities  
- local social welfare services with a focus on employment programmes  
- NGOs  
- religious organizations  
- local vocational and employment services  
- universities in Vlora and Tirana |
|-----------------------------|------------------------------------------------------------------|

| **Contact details:** Pilot Community Mental Health Centre | Director: Dr Diana Brahimucaj  
Address: In the vicinity of the psychiatric hospital in Vlora |
|---------------------|---------------------------------------------------------------|

| **Contact details:** Country Project Office | Country Project Manager: Dr Klodian Rjepaj  
Address: Institute of Public Health, Rr. Aleksander Moisiu, Nr. 80, Tirana, Albania  
Phone: +355 4 364 034  
E-mail: klo_klo1@yahoo.com |
|--------------------------|------------------------------------------------------------------|
Existing mental health care in Montenegro is not satisfactory. People suffering from mental disorders are usually treated in facilities with poor conditions and inadequate services. Such institutional isolation perpetuates stigmatisation and discrimination of mentally disabled persons.

The activities implemented through the Mental Health Project for south-eastern Europe have been the first concrete steps towards de-institutionalisation and development of community-based mental health care in Montenegro. The pilot CMHC in Kotor is the first centre of this kind in Montenegro. As of 1 October 2005, mental health services at the centre were provided to 370 persons.

There are two main reasons for selecting Kotor as the site for the pilot CMHC in Montenegro. First, the largest psychiatric hospital in Montenegro (Dobrota Special Psychiatric Hospital) is located in Kotor. Consequently, the whole population in the area has been sensitised to mental health issues, with far less stigmatisation and negative attitude towards the mentally ill than is the case in other parts of the country. Second, Kotor represents the urban centre for the whole coastal region belonging to the CMHC’s catchment area.

The Montenegrin Parliament adopted the new Law on Mental Health in May 2005. The law is based on the Strategy for Mental Health Improvement and proclaims the principle of providing mental health care in the community, with the full engagement of all formal and informal resources. We hope that the implementation of the new law will greatly facilitate mental health reform in Montenegro.

As for the future, there are plans to open seven other community mental health centres in the municipalities of Berane, Bar, Bijelo Polje, Podgorica (2 centres), Pljevlja, and Niksic.
# Community Mental Health Centre in Kotor, Serbia and Montenegro

| **Catchment area:** | 80,000 inhabitants  
Municipalities Kotor, Budva, Risan, Tivat, and Herceg Novi |
|---------------------|----------------------------------------------------------|
| **Type of services delivered at the CMHC:** | ❖ diagnostics  
❖ personality assessment  
❖ pharmacotherapy  
❖ psychotherapy (individual and group)  
❖ training in living skills  
❖ rehabilitation  
❖ social support |
| **Human resources employed by the CMHC:** | At present, the staff of the pilot CMHC in Kotor comprises:  
❖ 1 neuropsychiatrist  
❖ 1 general practitioner (specialising psychiatry)  
❖ 1 specialist in clinical psychology  
❖ 1 medical technician  
❖ 1 nurse |
| **Linkages with other mental health and health services** | The CMHC has established linkages with the Special Psychiatric Hospital Dobrota Kotor and other outpatient clinics (Health Centres) in the catchment area. |
| **Linkages with community organizations** | The CMHC is developing collaboration with the law court services, schools and religious organizations. |
| **Contact details: Pilot Community Mental Health Centre** | Director of the Health Centre Kotor: Dr Aco Adzic  
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Phone: +381 82 334 533  
E-mail: aaco@cg.yu  

Coordinator of the CMHC: dr Marina Roganovic  
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Phone: +381 82 334 533  
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| **Contact details: Country Project Office** | Country Project Manager: Mandic Tatijana  
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E-mail: tatianna@cg.yu |
The war resulted in the demolition of most psychiatric facilities in Bosnia and Herzegovina, thus the reform of the mental health system was unavoidable. The ensuing dramatic deterioration of the mental health of the population following the war further increased the urgency of establishing adequate mental health services in the community.

Currently in the Federation of Bosnia and Herzegovina mental health services are provided through a network of 38 community-based mental health centres. Secondary and tertiary mental health services are provided by the University Hospitals in Sarajevo, Tuzla and Mostar and in psychiatric wards within general hospitals located in other larger towns in the Federation.

Mental health services in Republika Srpska are provided mainly through public institutions organized on two levels. The system comprises one psychiatric hospital within the Clinical Centre in Banja Luka, one psychiatric hospital for long-term treatment and rehabilitation in Jakes, one psychiatric hospital in Sokolac for forensic psychiatry, six general hospitals with psychiatric wards and 12 community-based mental health centres. The system has been reinforced by two shelter houses and one "cooperative". Also, there are three user associations active within the country. The pilot CMHC in Prnjavor became operational in April 2005. Between 11 April and 31 August 2005 mental health services were provided to 556 patients.

The Mental Health Project for south-eastern Europe affords us a unique opportunity to introduce quality community mental health services in the whole territory of Bosnia and Herzegovina. Teamwork between the pilot centres in Prnjavor and Mostar will be a test for any future attempt in overcoming limitations imposed by political divisions in Bosnia and Herzegovina and how they are reflected in the sphere of mental health care.

Dr Joka Blagovcanin Simic
Country Project Manager
Bosnia and Herzegovina
<table>
<thead>
<tr>
<th><strong>Community Mental Health Centre in Prnjavor, Bosnia and Herzegovina (Republika Srpska)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catchment area:</strong></td>
</tr>
</tbody>
</table>
| **Type of services delivered at the CMHC:** | **CMHC Prnjavor** provides mental health services for people with chronic mental illness and people suffering from depression and anxiety disorders, addiction problems (caused by alcohol and substance abuse) and people with personality disorders. These include:  
- assessment: diagnostic, risk and functional assessment, and multidisciplinary assessment  
- treatment: individual and group psychotherapy, systemic family therapy, occupational therapy and psychopharmacological management  
- rehabilitation/skills training for chronic patients |
| **Human resources employed by the CMHC:** |  
- 1 neuropsychiatrist  
- 2 psychologists  
- 1 occupational therapist  
- 3 psychiatric nurses  
- 1 speech therapist (part-time)  
- 1 special teacher (part-time)  
- 1 social worker from the centre for social services (as required) |
| **Linkages with other mental health and health services** | The CMHC Prnjavor has established linkages with the Psychiatric Hospital in Banja Luka (department for children and adolescents, department for alcohol and drug abuse), and the psychiatric ward in the General Hospital of Doboj. |
| **Linkages with community organizations** | Agreement has been reached to sign protocols defining relations between the CMHC Prnjavor and the following NGOs and paras-tatal organizations: the social welfare centre, the police station, the Red Cross, "Kolo srpskih sestara", "Caritas", "Merhamet", "Mala Evropa" and primary and secondary schools. |
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The Serbian mental health care system has the advantage of having rather even territorial coverage of inpatient psychiatric services and a well-educated staff. Its additional advantage is a relatively small percentage of institutionalised patients.

A major disadvantage of the system relates to the fact that some of the large psychiatric hospitals represent asylums for chronic psychiatric and mentally retarded patients. The majority of these patients remain institutionalised for many years, mainly for social reasons. The hospitals are overcrowded and understaffed and treatment does not follow the principles of contemporary psychiatry. Respect for human rights of mental patients is not always assured. There is also a lack of cooperation between psychiatric institutions and social welfare institutions, a cooperation which is necessary for adequate accommodation, treatment and continued care of the mentally ill. The greatest limitation of the system lies in a complete absence of community mental health centres and other outpatient psychiatric services that would provide mental health care in community.

The agreement to initiate the reform of mental health care has had enormous importance for the country and for the region in general, especially in light of how the health care system has been developed in the last decades. Thus, teams of professionals from different neighbouring countries working together could provide many advantages, such as the learning from each other about different systems of mental health care and the possibility of establishing different models of care. Collaboration of professionals in a region torn by political conflicts for years could also provide a creative framework for further development of regional institutions, as well as further reconciliation.

Dr Vladimir Jovic
Country Project Manager in Serbia
Serbia and Montenegro

Country: Serbia and Montenegro
Capital city: Belgrade
Population: 8 108 672
Area: 88 361 km²

The pilot community mental health centre in Nis, Serbia, was officially inaugurated on 2 October 2005.
Community Mental Health Centre in Nis, Serbia and Montenegro

<table>
<thead>
<tr>
<th>Catchment area:</th>
<th>City of Nis, Municipality of Mediana: 100 000 inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of services delivered at the CMHC:</td>
<td>The CMHC provides a range of adult mental health services, including outpatient services, treatment (assessment, treatment and consultancy services), day hospital, home-based outreach (home visits, support to clients living in their own homes), psychosocial rehabilitation services (development of social and living skills) and a service for psychotherapy.</td>
</tr>
<tr>
<td>Human resources employed by the CMHC:</td>
<td>psychiatric: 2 full-time, 5 part-time (equivalent to 1 full-time psychiatrist); psychologists: 4 part-time (equivalent to 2 full-time psychologists); social workers: 4 part-time (equivalent to 2 full-time social workers); nurses: 10; occupational therapists: 2; administration workers: 2; cleaners: 2</td>
</tr>
<tr>
<td>Linkages with other mental health and health services</td>
<td>The CMHC is part of the special psychiatric hospital &quot;Gornja Toponica&quot; which is located 12 km from Nis. The CMHC has close linkages with the City Health Centre and the University Clinic for Psychiatry.</td>
</tr>
<tr>
<td>Linkages with community organizations</td>
<td>The CMHC is developing better linkages with the City Centre for Social Work, local authorities, schools and other community organizations.</td>
</tr>
</tbody>
</table>

**Contact details:**

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E-mail: jovicv@yubc.net
The agreement of the two ministries of health to establish a pilot community mental health centre in the town of Mostar was received with great appreciation by both professional and local communities. The harsh consequences of the recent war have pervaded almost every aspect of life in this extraordinary town, making the demand for broad-spectrum mental health services even more pressing.

The pilot CMHC is located in the building of the Community Health Centre. The space has been refurbished and between April and October 2005, mental health professionals in the CMHC have already seen 522 patients. Our priorities for the near future are to expand the range of services we offer at the CMHC and to ensure continuing professional training to all staff members.

The CMHC’s activities are closely coordinated with the services provided at other general and mental health facilities in the pilot area, including the Community Mental Health Centre Mostar (established in 1997), the Clinical Hospital Mostar and a department for extended psychiatric hospitalization in Bijeli brijeg. At present, the priority of the CMHC in Mostar is to treat people with chronic mental illness who live with their families.

It has taken immense resources, human effort and perseverance to accomplish the above in such challenging post-war circumstances. Therefore we take particular pride in our role as the lead country of the Mental Health Project for south-eastern Europe and hope to bring about better mental health care throughout our region.

Dr Joka Blagovcanin Simic
Country Project Manager
Bosnia and Herzegovina
## Community Mental Health Centre in Mostar, Bosnia and Herzegovina (Federation of Bosnia and Herzegovina)

<table>
<thead>
<tr>
<th><strong>Catchment area:</strong></th>
<th>60,000 inhabitants</th>
</tr>
</thead>
</table>
| **Type of services delivered at the CMHC:** | The services delivered include:  
- psychological counselling  
- individual and group psychotherapy  
- pharmacotherapy  
- psycho-education |
| **Human resources employed by the CMHC:** |  
- 1 neuropsychiatrist  
- 1 psychologist  
- 3 nurses  
- 1 social worker (half-time) |
| **Linkages with other mental health and health services** | The CMHC has established linkages with the neuropsychiatry wards for acute and chronic patients at the Clinic Hospital of Mostar. Collaboration with the existing CMHC in Mostar has been developed. |
| **Linkages with community organizations** |  
- Centre for Social Work  
- NGOs: “Zene za BiH”, School for Outpatient Treatment of Alcoholism, Centre for Prevention and Outpatient Treatment of Drug Addiction, Caritas, etc. |
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The health care system is almost entirely owned by the state. It consists of a network of hospitals, polyclinics, dispensaries and other health institutions. These are all coordinated through 42 health directorates by the Ministry of Health.

Currently, mental health facilities in Romania consist of 37 psychiatric hospitals, 20 psychiatric wards in general hospitals, 62 mental health outpatient facilities and 16 599 psychiatric beds, including 4 819 beds for chronic patients.

The National Mental Health Strategy of the Ministry of Health was endorsed in April 2005. Its elaboration was the most important achievement of the first component of the Mental Health Project for south-eastern Europe.

According to the Strategy, mental health centres are to become a fundamental part of the mental health system, representing an alternative to hospitalization of people with mental health problems. Mental health centres will also be responsible for implementing programmes for mental health promotion and prevention of mental illness.

The second component of the project is especially important for Romania as it has helped establish a model community mental health centre according to the standards of the EU countries. The Titan Psychiatric Unit in Bucharest has been selected as the pilot site for the community mental health centre. A multidisciplinary team of 8 people is already providing mental health services on the existing premises.

Ms Raluca Nica
Country Project Manager
Country Office - Romania
# Community Mental Health Centre in Bucharest, Romania

<table>
<thead>
<tr>
<th><strong>Catchment area:</strong></th>
<th>120,000 inhabitants</th>
</tr>
</thead>
</table>

**Type of services delivered at the CMHC:**
- psychiatric evaluation
- individual psychotherapy
- group psychotherapy
- psychological support
- rehabilitation activities
- skills training

**Human resources employed by the CMHC:**
- 1 psychiatrist
- 2 psychologists
- 2 psychiatric nurses
- 1 occupational therapist
- 1 social assistant
- 1 receptionist/administrative assistant

**Linkages with other mental health and health services:**
The CMHC has established linkages with primary care doctors, general practitioners in the area and with professionals from the Titan Psychiatric Unit.

**Linkages with community organizations:**
The pilot CMHC will closely collaborate with the Romanian League for Mental Health and the Estuar Foundation.

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**Country Project Office**
Country Project Manager: Ms Raluca Ileana Nica  
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The pilot CMHC in Croatia is located in the western part of Zagreb and caters to about 80,000 inhabitants. In the area there are two major psychiatric hospitals, one with 881 hospital beds and 354 health professionals, and the other with 558 hospital beds and 160 health professionals. In the beginning we were facing a dilemma of whether to proceed towards establishing a participatory model or a legislation-based model. Initially we favoured the model based on local participation because its establishment would be quicker. But there was concern for its sustainability as we envisaged it. We made a final decision to have the CMHC firmly in line with the implementing legislation. This meant that the process would take considerably longer. We have arrived at the following distribution of responsibilities.

- the PHC Centre Zagreb-West will provide premises,
- the Mental Health Project for south-eastern Europe will provide funds for reconstruction, technical support and training opportunities,
- the Medical School will provide a centre for education in community mental health,
- psychiatric hospitals in the area will provide mental health professionals, and additional facilities for rehabilitation of chronic psychiatric patients, and
- the Ministry of Health and the City of Zagreb will provide the legislative framework.

The costs of services will be reimbursed by compulsory health insurance or paid from dedicated funds. Also, hospitals will continue to keep service providers on their payrolls and will continue to receive funds up to the agreed financial limits. Medicines will be paid for by compulsory health insurance. This model offers some significant incentives for participating hospitals and mental health professionals. The hospitals are primarily interested in less expensive treatment alternatives. On the other hand, the professionals who will work in the CMHC will keep their existing contracts with hospitals or be paid by primary health care centre, and will have a possibility to follow-up their patients during hospitalization and will be linked with the university.

In the long run we hope to ensure the sustainability of the CMHC by having it fully integrated within the national health system. We also hope that there will be many opportunities to replicate this model in other areas of Croatia in the near future.

Dr Neven Henigsberg
Country Project Manager
Country Office - Croatia
## Community Mental Health Centre in Zagreb, Croatia

<table>
<thead>
<tr>
<th><strong>Catchment area:</strong></th>
<th>83 617 inhabitants</th>
</tr>
</thead>
</table>
| **Type of services delivered at the CMHC:** | - diagnostic and therapeutic services  
- prevention  
- promotion  
- education |
| **Human resources employed by the CMHC:** | - 2 psychiatrists  
- 1 clinical psychologist  
- 1 social worker  
- 1 occupational therapist  
- 4 psychiatric nurses  
- 1 administrator |
| **Linkages with other mental health and health services** | The CMHC is establishing linkages with the Zagreb West Primary Health Care Centre; Vrapce Psychiatric Hospital; Jankomir Psychiatric Hospital; the Psychiatric Hospital for Children and Adolescents and general health hospitals in Zagreb. |
| **Linkages with community organizations** | Centre for social welfare Podsused-Vrapce; Centre for social welfare Stenjevec; Employment Bureau, Health and social welfare of the city of Zagreb; the Croatian Mental Health Institute; Croatian Medical Association, Croatian Institute for Health Insurance; the Ministry of Health and Social Welfare, the Ministry of Science, Education and Sport; NGO Duga, and NGOs such as the Centre for Disaster Management, the Croatian Association for the Promotion of Patients’ Rights, etc. |
| **Contact details:** Pilot Community Mental Health Centre | Pilot CMHC Director: Dr Lidija Hrastic-Novak  
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How would you describe the difference between traditional and community psychiatry?

One new aspect of how to help people with mental illness is to get them into the community as full members, which means developing jobs for them and providing them with skills and the capacity to run their homes. Community psychiatry tailors its intervention in line with these needs, which ordinary biological psychiatry is insensitive to. Suddenly there is a major area in the care and treatment of psychiatric illness which in this part of the world has never been covered by programmes, professional roles or training. This has become the core of the community care model that we are developing.

How difficult is this shift for psychiatrists trained in the old system?

It is a very major change with the extension of care into territories like social welfare or professional training, and does not correspond to the traditional understanding that most medical doctors and psychiatrists have about their obligations to patients. Some of them feel quite frustrated by the fact that they find themselves improperly trained to respond to this new policy. Various people react differently to frustration and some express this in a denial that community psychiatry is relevant or scientific or that it makes a difference.

In your view, what are the main characteristics of this new approach which is also being promoted by the Mental Health Project for south-eastern Europe?

The argument that this project is trying to put forward is that quality of life alongside with mental illness must be our major achievement rather than thinking of medicine and psychiatry as contributing only to the cure of cases. Other professions such as social work, psychiatric nursing, clinical psychology and psychosocial rehabilitation need to bring their own perspective of mental illness and of what present-day interventions can contribute to the well being of these people.

As a result of these contributions people with severe mental illness will become fully capable of living side by side with us, in our own households and in our own environment. And we need to begin to develop tolerance of the fact that
they are different - we must not just see them as ill and unsuit-
ed. This is provoking a major shift in our culture, in how we relate to different people. Each one of us from this part of the world is facing this shift, not only vis-à-vis the new opportu-
nities that have opened to all our countries in view of joining the larger Europe, but also in revisiting our relations as a neighbourhood.

*What is the meaning of mental health for an individual and for a society?*

If you have good mental health it means that you have not been arrested in your psy-
chological development. Psychological development is about autonomy, about gain-
ing independence from your parents, from the authorities and from the limitations of your life while you are growing and developing. So, if we can put the countries of Europe on a scale of psychological development, we could say that the paternalistic approach of providing care for our chil-
dren in our part of the world has very much damaged our societies from the point of view of equipping these communities with enough adult, independent-thinking individu-
als. We are very easily over-
whelmed whenever we must give our opinion, our point of view, our standpoint on issues of any nature. We think that by fostering an attitude of toler-
ance to difference and by developing skills to get along with people who are different on a daily-basis, we are actu-
ally fostering the individual growth and development of everybody in the community. We believe that that is the agenda for our societies in south-eastern Europe. If we want to catch up with develop-
ment in western Europe, we must pay more attention and invest a great deal of good will and effort into developing more independence, more individuality and liberate our-
selves from imposed opinions and superstition.
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for south-eastern Europe

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<thead>
<tr>
<th>Country</th>
<th>Responsible Officer</th>
<th>Position/Positional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>World Health Organization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Dr Maria Haralanova</td>
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</tbody>
</table>