



Newsletter
Issue 4 - December 2014

**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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Regional cooperation in the area of mental health



Mr. Sredoje Nović, MA
Minister
Ministry of Civil Affairs of Bosnia and Herzegovina

Dear friends,

It is a great pleasure to address you on behalf of the Ministry of Civil Affairs of Bosnia and Herzegovina in the fourth 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 South-eastern Europe Health Network Member States and its partner countries and organizations.

In the past thirteen years, South-eastern Europe Health Network (SEEHN) has developed significant regional cooperation in the area of mental health and other areas of public health, which represents the major priority to support political cooperation and economic development in the region of South-eastern Europe, as well as processes of European and Euro-Atlantic integration. The Swiss Confederation and the World Health Organization Regional Office for Europe, as the main partners of the SEEHN, provided a great support to the RHDC on Mental Health since its establishment.

During 2014, the RHDC on Mental Health continued successful implementation of the Project "Strengthening the Capacity of Mental Health Professionals and Users' Associations", financially supported by the Swiss Confederation. In addition, the work of the RHDC on Mental Health was supported by the World Health Organization Regional Office for Europe through the development of its strategic document. All of these interventions in the work of the RHDC on Mental Health had an impact on strengthening established regional network in the area of mental health as well as creating better conditions for joint action in the region in order to respond to an increase in mental disorders as well as the need to avoid these problems.

Moreover, in order to respond to the challenge in the area of mental health in South-eastern Europe, and taking into account the specific needs of each country, *the Regional Programme 2014-2024*, as strategic document of the RHDC on Mental Health was developed as well as *the Project proposal* for future regional activities in the area of mental health. These documents are based on *the Mental Health Action Plan 2013-2020* and *the European Mental Health Action Plan* of the World Health Organization, and *SEE Strategy 2020*, developed under the auspices of the Regional Cooperation Council.

Mental disorders are rarely seen as a priority when it comes to health in fragile states. However, like many other non-communicable or chronic diseases, they combine high prevalence with low mortality and are characterized by a high degree of disability. Disability related to mental disorders has negative effects to productivity and financial consequences of the individual and their family. Mental health problems are not only important as determinants of health, but also barriers to rebuild both individual and family life, as well as rebuilding communities and society as a whole. In this light, mental health is characterized as one of the most significant public health challenges.

In the process of mental health reform in each of the Member States of the SEEHN, the RHDC on Mental Health, in accordance with its role responsibilities, will support this process with the aim of improving mental health and well-being of the population in this region.

SOUTH -EASTERN EUROPE HEALTH NETWORK

SEE MINISTERS OF HEALTH COMMITTED TO IMPLEMENTING THE SEE 2020 STRATEGY
 “JOBS AND PROSPERITY IN A EUROPEAN PERSPECTIVE”

LONG- AND MID-TERM REGIONAL HEALTH ACTIONS AGREED



On 18th November 2014, the SEE Health Network (SEEHN) Ministers of Health met in Skopje, Republic of Macedonia at the invitation of Mr. Nikola Todorov, Minister of Health and President of the SEEHN. The Extraordinary Meeting was attended also by Ms. Zsuzsanna Jakab, Regional Director, WHO Europe and the Deputy Secretary General of the Regional Cooperation Council for SEE.

The focus of the Extraordinary Ministerial Meeting was on the implementation of the European health policy framework “Health 2020” and the SEE 2020 Strategy “Jobs and prosperity in a European Perspective”. More specifically the Ministers discussed the health reforms and the Whole-of-Government approach to the implementation of the WHO European Policy Framework for health and wellbeing – Health 2020, as well as the human resources for health, their mobility and the educational programmes.

As a result, the Skopje Statement was approved.

THE SEE HEALTH NETWORK AND THE SEE 2020 STRATEGY

“We recognize that health, as an integral determinant of social cohesion and an investment and a mayor factor in development is essential to lasting peace, stability and economic progress.”

South – eastern Health Network Skopje Pledge, 2005

The South-eastern European Health Network (SEEHN) put the issue of health and economic development high

on its agenda in 2005, discussing it with the ministers of finance of its member states, at the Second Ministerial Forum in Skopje, The Former Yugoslav Republic of Macedonia. Ministers of Health have pledged to demonstrate the economic potential of health as a means to increase productivity and decrease public expenditure on illness, acknowledging that “a healthy population works better and produces more”.

The SEEHN has continued to contribute to the SEE and European policies in health and economic growth development and implementation. It supported development of the WHO strategy “Health 2020: a European policy framework supporting action across government and society for health and well-being”, as well as of the “European Action Plan for Strengthening Public Health Capacities and Services” and their adoption at the 62nd WHO Regional Committee (September, 2012). Both documents prove the case of health as an investment in growth. SEEHN works today on the SEEHN 2020 strategy to implement those documents. Important part of this strategy is the SEEHN contribution to the development and implementation of the SEE2020 regional growth strategy.

Most recently, senior government officials reached broad agreement on the policy responses needed to address the health impact of the economic crisis, during discussions at Oslo conference on health systems and the economic crisis, held on 17-18 April 2013 where the current President of the SEEHN, Dr. Andrei USATII Minister of Health of the Republic of Moldova, on behalf of the SEEHN Member States, stated: “There is a growing body of economic evidence of the cost-effectiveness of public health interventions to reduce the burden of non-communicable diseases. Investing in public health interventions will show a significant return in the future and bring far-reaching and life-changing results.”

The SEEHN continues to enhance sub-regional cooperation in health in the SEE through support of national public health investments in the areas where they can show an impact on overall health status and are associated with improved investment opportunities that contribute to growth.

WHY PUBLIC HEALTH

Health and well-being are human rights. Health is a public good that is a determinant and contributor to peace, economic development and growth. Health is one of the 2 pillars of human capital and as such a prerequisite to growth and development. Cross-country studies using worldwide samples show that a 1 year increase in life expectancy corresponds to 4% GDP growth. Evidence shows how in families and communities where levels of health are poor, labour market supply and productivity suffers and participation in education and in lifelong learning & active labour market programs is lower than average / suboptimal. Further good health has also been indicated to support inclusion in other areas of life such as civic activity, social economy and decision making processes. The strong association between average per

capita income and mortality levels is well recognized and evident in the European Region. For example mortality rates for diseases of the circulatory system exceed the European average in countries with per capita income levels below US\$ 20 000, , and these tend to increase rapidly with lower income.(source: European Health for All Database, online database, Copenhagen, WHO Regional Office for Europe, 2012).

The gain of the highest level of health and well-being is in the hands not only of the health sector per se. Health is dependent on multiple and complex determinants, both genetic, lifestyle, environmental, societal, economic and political. It, therefore, needs to be dealt with, the actions and the care of all sectors and stakeholders, and the whole of governments and societies, if better health gains are goals of each and every state and society. Health is a responsibility not only of the health sector but of the whole of society. For example, the *agricultural and food industries’* policies and actions will have to secure the production and trade of safe food products with high nutritional value, low salt content at prices that can be affordable for healthy nutrition and prevention of spread of food-borne infections diseases and of obesity, high blood pressure, diabetes and cardio-vascular diseases. *Trade*, particularly in view of the main goal of the SEE 2020 Strategy to create a Trade Free Area in the SEE region, will require creating of conditions for free movement of people and goods which is related to the full implementation of the WHO International Health Regulations, and harmonization of legislation, standards and practices if cross-border spread of diseases and major threats of biological, chemical, radiological and other nature are to be prevented. In both cases, huge part of this work is in the hands of several sectors, the health one being a major actor.

It is for the above reasons, that Health is an important dimension of SEE 2020 Inclusive Growth pillar. The SEE Health Network, one of the RCC Initiatives since 2001, with its clear legally binding documents, and institutions (SEE Health Network Secretariat inaugurated on 07 March 2013 in Skopje, 10 Regional Health Development Centers in each one of the 10 Member States, and a network of over 300 experts) is developing the Health chapter for the SEE 2020 Strategy. The Network is also developing its own SEEHN 2020 Strategy and Action Plan. In both documents, the links between health and all other sectorial policies, such as trade, economic growth, agriculture, food industries, labor, social policies, education, environment, urban and rural development, governance, anticorruption, etc. are direct. This calls for improved governance and implementation of the EU Health in All Policies approach developed further by WHO Regional Office for Europe’s Policy Health 2020.

Goran Čerkez, MD
Chair, SEE Health Network Executive Committee

Maria Ruseva, MD
Co-opted member, SEE Health Network Executive Committee

DEVELOPMENTS

WHO Regional Office for Europe



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

The meeting on the achievements of the Regional Health Development Centre on Mental Health in the South-Eastern Europe that took place in Sarajevo in December was a good opportunity to take stock of progress. During the last years, the Centre has brought together representatives from all the participating countries, and organized expert seminars on subjects that had been agreed as priorities: patient empowerment, evaluation and sharing of information. A project was also concluded, collecting service data from countries, and demonstrating the considerable progress that has been made. Importantly, there is consensus on priorities as proposed in the WHO European Mental Health Action Plan that has been endorsed by all the countries. Even more importantly, there has also been some implementation around the Region.

By now all countries have some community mental health centers. Everyone is aware of the importance to improve accessibility and quality of mental health services by increasing the role of primary care, and reducing the reliance on large mental hospitals. Many countries have also started mental health promotion activities to reduce stigma and discrimination, often in partnership with other sectors such as schools and employers. Mental health is on the agenda of governments.

Of course there is an awareness that much has yet to be done. One specific point is the lack of information. Although we do know across the Region some service data such as number of beds, number of psychiatrists and number of admissions and out-patient attendances, and these data were well presented in the report produced by the Regional center, we are quite poorly informed about what really matters: the quality of services and the experiences of service users. Are services safe and effective? Are patients treated and cared for respectfully?

When visiting countries around Europe, I always ask about the availability of care guidelines and quality management. Answers vary. Some countries have produced guidelines, mostly by psychiatric associations. Some have inspection regimes visiting services. What is striking, however, is how rare it is to hear that guidelines are expected to be adhered to, and that their use is monitored. Equally, inspections are mostly light touch. It is often scandals that raise the profile of mental health care and result in actions, not least because of media interest. Examples of monitoring of patient experiences probably exist somewhere, but I have not come across them so far.

The lack of quality management may be more an issue of absence of technical know-how rather than lack of commitment, since ministers of health have repeatedly expressed their concern about how little they know of what happens in mental hospitals. This is an area where collaboration can have an effect, since joint development will pool expertise and will also enable the sharing of challenges. It is an area WHO will also address, as expected by our Member States. We are aware services can only be improved if the spotlight is on them, and we know what is going on.

Regional activities of the South-eastern Europe Health Network in the area of mental health in 2014

Second Steering Committee Meeting of the Regional Mental Health Network Sarajevo, Bosnia and Herzegovina, 21st February 2014

The Second Steering Committee Meeting of the Regional Mental Health Network was held in Sarajevo on 21st February 2014. The meeting was organized by the Ministry of Civil Affairs of Bosnia and Herzegovina, Regional Health Development Center on Mental Health in South-eastern Europe.

This meeting brought together the Steering Committee (SC) Members from ten SEEHN Member States: the Republic of Albania, Bosnia and Herzegovina, the Republic of Bulgaria, the Republic of Croatia, the State of Israel, the Republic of Montenegro, the Republic of Macedonia, the Republic of Moldova, the Republic of Romania, and the Republic of Serbia, 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 B&H.

One of the focuses of the meeting was on reviewing the achievements of the Project “Strengthening the Capacities of Mental Health Professionals and Users’ Associations” (Project), financially supported by the Swiss Agency for Development and Cooperation as well as approval of the Six-month Intermediate Operational and Financial Report for the period July 2013-December 2013.

Moreover, the SC has discussed the future activities of the Regional Mental Health Network and the Action plan of the RHDC on Mental Health for 2014. In addition, the focus was on the Draft of the RHDC on Mental Health Regional Program 2014-2024. The WHO Regional Office for Europe provided technical support for developing this strategic document, which is in line with the WHO European Mental Health Action Plan.



Mental Health Situation Analysis in the South-eastern Europe Health Network Member States and Project Proposal

In the final phase of the project implementation “Strengthening the Capacities of Mental Health Professionals and Users’ Associations”, the RHDC on Mental Health conducted the “Mental Health Situation Analysis in the South-eastern Europe Health Network Member States”, with the aim to assess current state of mental health activities across SEE Network Member States in order to develop Project Proposal.

Based on the Situation Analysis, the Mental Health

Action Plan 2013-2020 and the European Mental Health Action Plan of the World Health Organization, as well as SEE Strategy 2020, developed under the auspices of the Regional Cooperation Council, was developed the Project proposal for future activities of the RHDC on Mental Health, which will respond to specific needs of the SEEHN Member States.

Both, above mentioned documents of the RHDC on Mental Health were approved by the Steering Committee Members of the Regional Mental Health Network.

Regional Program 2014-2024 of the RHDC on Mental Health

The Ministry of Civil Affairs of Bosnia and Herzegovina - the RHDC on Mental Health in SEE, in cooperation with the South-eastern Health Network, the Ministries of Health of the Republic of Albania, the Republic of Bulgaria, the Republic of Croatia, the State of Israel, the Republic of Macedonia, the Republic of Moldova, the Republic of Montenegro, the Republic of Romania, and

the Republic of Serbia and with technical assistance from WHO Regional Office for Europe, developed the strategic document called the Regional Program 2014-2024. This document was approved by the SEEHN during its 33rd Meeting, held on 10-11 July in Bucharest, the Republic of Romania.

Non-cost extension of the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations"

Proposal for a non-cost extension of the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations" for six months was approved by the Swiss Agency for Development and Cooperation. This extension of the Project provided opportunities to implement additional activities by the

RHDC on Mental Health, such as Study visit to the User Association "Fenix" from Tuzla and SEE Health Network Regional Meeting on the achievements of the regional collaboration on mental health and the RHDC on Mental Health.

Study visit to the User Association "Fenix" from Tuzla, Bosnia and Herzegovina, 18-19 September 2014

The Study visit to the User Association "Fenix" was held in Tuzla, Bosnia and Herzegovina on 18-19 September 2014. The visit was organized by the Ministry of Civil Affairs of Bosnia and Herzegovina, Regional Health Development Center on Mental Health in South-eastern Europe, while hosted by the User Association "Fenix" from Tuzla.

This event brought together the representatives of the User Association "Organization for promotion and protection of the rights of persons with psychosocial disabilities" from the Republic of Moldova, the User Association "Fenix" from Bosnia and Herzegovina, as well as the representatives of the Ministry of Health of the Republic of Moldova and the Ministry of Civil Affairs of Bosnia and Herzegovina.

The aim of the Study visit 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.

Bosnia and Herzegovina presents an example of good practice in the region regarding the User Associations, as



in the number of formally established User Associations, so in their activities. One of them is the User Association "Fenix" from Tuzla, which was established in 2000 and proves its value in presenting experiences to the different stakeholders in the area of mental health, in Bosnia and Herzegovina as well as in the neighboring countries. Taking into account that User Association "Organization for promotion and protection of the rights of persons with

psychosocial disabilities" is first formally established User Association in the Republic of Moldova, in January 2014, this Study visit was focus on learning from examples of good practice of the User Association "Fenix".

Moreover, this Study visit provided opportunity for strengthening cooperation among Users Associations in the South-eastern Europe.

SEE Health Network Regional Meeting on the achievements of the regional collaboration on mental health and the Regional Health Development Centre on Mental Health in the South-eastern Europe Sarajevo, Bosnia and Herzegovina, 15 December 2014

South-eastern Europe Health Network Regional Meeting on the achievements of the regional collaboration on mental health and the RHDC on Mental Health in the South-eastern Europe was held on 15 December 2014. The meeting was organized by the Ministry of Civil Affairs of Bosnia and Herzegovina, Regional Health Development Center on Mental Health in South-eastern Europe.

In addition to the representatives of health authorities in Bosnia and Herzegovina (Ministry of Civil Affairs, Ministry of Health of the Federation of B&H, Ministry of Health and Social Welfare of the Republic of Srpska, and the Department of Health and Other Service of Brčko District of B&H), and the other relevant institutions in Bosnia and Herzegovina, the meeting was attended by the representatives of the Embassy of the Swiss



Confederation in Bosnia and Herzegovina, the Embassy of the Republic of Turkey in Bosnia and Herzegovina, the Delegation of the European Union to Bosnia and Herzegovina, the members of Steering Committee of the Regional Mental Health Network, the National Mental Health Coordinators from the SEE countries, the representative of the user association „Fenix“ from Tuzla, and some non-governmental organizations.

Mr. Sredoje Nović. Minister of Civil Affairs of Bosnia and Herzegovina addressed the participants of the meeting and on this occasion emphasized that " The Regional Health Development Center on Mental Health in SEE successfully coordinated the implementation of the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations". The implementation of this project, supported by the Swiss



Government, was of great importance and benefit to the institutions and individuals who deal with mental health issues in the countries of our region, and represents a step forward in our joint action „Mental health for all“

In addition, Minister Nović stressed the importance of regional cooperation "Our work together, with the support of partners, will continue to be a driving force for better mental health and well-being for all in the region. Therefore, by strengthening the capacity of relevant institutions, we will work on improving the mental health policy and legal frameworks that support the reform of mental health services in the countries of South Eastern Europe."

The aim of this Meeting was to present the results achieved through the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations", as well as all achieved results of the Regional Mental Health Networks in the last four years, since the establishment of the Regional Health Development Center on Mental Health (hereinafter: RHDC on Mental Health). Additionally, the focus of this meeting is the presentation of future activities with special focus on the new project proposal, whose development was supported by the Swiss Confederation, and it is very important and necessary to continue work of the RHDC on Mental Health, and thus to maintain and strengthen the established cooperation in the area of mental health in the South-eastern Europe.

Moreover, the focus of this meeting was on the strategic document of the RHDC on Mental Health "Regional Program 2014-2024", which development was supported by the WHO Regional Office for Europe.

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

ALBANIA



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

Dear friends!

It's always a great pleasure to write few words in this period of the year, on main activities in the field of mental health in Albania.

Taking into account all the developments in recent years, regarding mental health legal framework, from the entry into force of the new law on mental health on June of 2012, and the approval of the Operational Plan for Mental Health Services Development in Albania, 2013-2022, at the beginning of the last year, the work for this year has been focused mainly on monitoring the implementation of the legal framework and the development of regional plans for the implementation of the above mentioned national action plan.

All this process has been coordinated by the National Committee for Mental Health, chaired by the Deputy Minister of Health, Dr. Klodian Rjepaj. This committee as an intersectorial consultative body to the Minister



of Health is implementing an ambition agenda, by organizing meetings in regions where the mental health services are located. The on-site meetings and visits are aiming to provide to the members of the committee with a concrete and direct perception of the mental health services, the background, the capacities and the eventual needs and gaps.

Actually, were organized four meetings in Tirana, Korça, Elbasan and Shkoder. The outcomes of this meetings has been very fruitful, by underlying the provision in the next year project-budget, the establishment of one supported home for 12 persons (6 women and 6 men) in the district of Korça.

Meanwhile the experts from Ministry of Health, Ministry of Social Welfare and Youth, Ministry of Justice, World Health Organization, Ombudsman, State Policy, and other relevant actors dealing with mental health, are evaluating the local/regional possibilities on human and infrastructure resources for establishment of elements of the integrated mental health services system (acute mental health inpatient services in regional hospitals, community mental health services, etc.), aiming the closure of the two psychiatric hospitals.



Meanwhile the last one meeting in Vlora, is planned to be held within February of next year, in which will be developed the regional plan, for the area Vlora, and specifically that of the transfer of mental health inpatient service in a new building with international standards, which is planned to start to function in June of 2015.

Aiming on finding more efficient pathways for the implantation of the legal and strategic framework in the field of mental health in the country, this based on the good will of the decision-making levels for advancing mental health reform; we express our optimism for the future.

BOSNIA AND HERZEGOVINA

Mental Health Center of Tuzla

Mental Health Center of Tuzla is working within Department for neuropsychiatric diseases of the Health Center "Dr. Mustafa Šehović" in Tuzla. Client (patient) is able to use multidisciplinary team of the Center for Mental Health, which consists of neuropsychologist (psychotherapist), psychologists, social workers, psychiatric nurses technicians who are trained in the field of mental health in the community. We have good cooperation with: the Department of Psychiatry, family medicine teams, ambulance, other specialist services, the Centre for Social Protection, governmental and nongovernmental organizations, consumer associations of citizens, educational institutions and the family of the client.

Continuous education of employees of Center for Mental Health is done in order to improve multidisciplinary teamwork and to improve communication skills. Also it is actively involved in educating other hospital staff from other departments of Health Center in Tuzla. Despite the very difficult socio-economic situation in Bosnia and Herzegovina, Centre for Mental Health have, in order to educate clients, their families and health workers, published 23 brochures about the most prevalent mental illnesses.

Twice a week for clients suffering from chronic mental illness is carried out group of sociotherapeutic and psychotherapeutic treatment, psychoeducation for client and family on the progress of disease and therapy procedures, as well as individual psychotherapy treatment. Thanks to the support of the Mental Health Project in Bosnia and Herzegovina, Center expands its activities in the community through active monitoring in home visits of 700 registered clients suffering from chronic mental illness. Once a year, we organize visits to our protegers at the shelter "Duje".

High quality services, even though we were in difficult working conditions, we reduced or minimize the number of clients referred for hospital treatment (deinstitutionalization), reduced the number of relapses of chronic mental illness of clients, citizens are increasingly coming without prejudice, by their own will asking for help and advice/consultation.

Among the clients are often young people, health professionals and healthy people. In accordance with the principles of modern psychiatry in the community services of the Center for Mental Health of Tuzla, there more facilitated/more accessible examination without a referral, consultation over the phone, the client and his family are more active participants in the treatment. The results encourage us to do our work even better. The work of the Centre is carried out by the European accreditation standards of the end of 2013.

Written by
Dr. Senada Balić, neuropsychologist
Head of the Mental Health Center of Tuzla



Center for mental health in Banja Luka

Center for mental health is the part of the Community-health center Banjaluka. Main feature of our work is "psychiatry oriented to the community" and multidisciplinary treatment for our users.

Multidisciplinary teams involve 26 mental health professionals: neuropsychiatrist, psychiatrist, social worker, psychologist, speech therapist, defectologist-somatoped as well as occupational therapist and medical technicians. We are focused on promotion and prevention of mental health, treading the way to the deinstitutionalization of mental health.

Center is organized in two levels:

1. Mental health protection for adults, six teams (psychiatrist, psychologist, social worker, and medical technician/s)
2. Mental health protection for children and youth, one team (specialists in child psychiatry, psychologist, defectologist, speech therapist, social worker, and medical technician/s)



Our professionals are continuously present in media, electronic and written press. We maintain contact with healthy population through lectures that are organized in local communities. We also communicate with children and youth, their teachers through spoken word. We introduce them with importance of mental health in the community. This way we are constantly opened to all users of the Community-health center Banjaluka without the difference if they have mental disorder or belong to the healthy population.

Therapeutic part is done by professionals in our facilities but also in home conditions. In center facilities we provide individual treatment through pharmacotherapy and psychotherapy. Group treatment is provided for groups which are formed by valid psychiatric criteria. Those are occupational therapy, social therapy and psychological treatment. We have a few groups formed in center, and those are our users with chronically disorders (sch), but also a group with anxious-depressive interference in younger age. Home treatment is indicated for our users, it is mainly extension of hospital and integral part of our

ambulance treatment.

All professionals have passed through training of coordinated care, "case management". For the past year and a half we apply principles of case management for our users, after diagnostic examination and decision of a professional person.

For the past six months our children team is complemented and improved by equipped sensor room for the children (age 2-7) with developing disorders. Our sensor room is equipped to stimulate the sense of sight, touch, movement, attention focusing or to encourage better development of sensor-motor integration. The work with children is also individual. The goal is to create the best improvement in health condition of this group our little users.

Well and continuous praxis of our Center is acknowledged by ASKVE agency for certification, accreditation and improvement of health care quality and we gained unconditional accreditation in November 2013. Center is going to continue providing its services, to improve its work and tend to expend activities.

Written by
Dr. Tamara Balaban
Neuropsychiatrist
Head of center for mental health

CROATIA



*Dr. Renata Sabljarić - Dračevac
Director of the Daily hospital*

Daily hospital

Mental health care in the Republic of Croatia is divided in two parts. Croatian Public Health Institute included also the mental health care in its programme (clinic for addiction treatment). All preventive programs are under its auspices. Polyclinical-consultative health care is carried out through the institutions. The Republic of Croatia is systematically directing increasing number of patients to Daily hospitals and outpatient treatment.

Daily hospital of Psychiatric hospital Ugljan was established at the beginning of May 2003. 15 chairs/seats were contracted with Croatian National Institute for Health Insurance (CNIHI). The work with the patients was intensive; they spent 6 hours in the different activities during the working

week from Monday to Friday. We worked in the pavilion-type of building in the Psychiatric hospital Ugljan on the island of Ugljan. We were not within reach for our patients because of location (they had to travel by ferry and bus).

Need for this kind of treatment increased so much that we had to reduce the program from initial 6 weeks to 4 weeks per group. All patients started with therapy immediately. At the end of 2005 Daily hospital was relocated in Zadar, 10 minutes walk from the Old town area named Poluotok-Peninsula. "Visit to psychiatrist" has always been stigmatized, even nowadays, so the patients often say that they are very satisfied with this dislocated accommodation.

Daily hospital started its activity with these employees on full time: Head of Daily hospital -psychiatrist, graduate nurse (highly educated) and medical nurse. There were also other employees who took part in the work of Daily hospital: another psychiatrist, general practitioner, psychologist, occupational therapist, social worker and art therapist. At present, there are these employees on full time: psychiatrist, general practitioner, psychologist, graduate nurse, medical nurse, work therapist. Once a week, social worker, art therapist and psychologist help in the treatment process. Number of contracted chairs/seats is 25.

In 2013 we celebrated 10th anniversary. The celebration meeting was the occasion to set the new aims. Today we work in two shifts. During the morning we carry out "Short program" of Daily hospital and it lasts 4 weeks. It is intensive and the patients come 5 days during working week.

We noticed the necessity for Long term in 2005 when one part of the patients needed the continuation of treatment, after intensive treatment. Long treatment is adapted to the needs of the employed patients. It takes place once a week and the focus is on analytic group. Group model is "ajar door", free-flowing. The number of the patients in the Short treatment is 12-15, while in Long term is 10-12 patients.

We start therapy day with classic-usual visit, and after that we continue with the different settings: socio-group, educative group, problem solving, occupational working therapy, art therapy, relaxation and imagination techniques, group analysis, individual psychotherapy. We have different educational orientations: group analysis, gestalt, cognitive-behavioural therapy. We try to offer every patient what is best for him/her with the combination of the different techniques.

The needs are considerable, but we are limited by space and staff. During last year (2014) we treated 183 patients in Short term program, and in Long term program, limited in three months period, 130 patients were treated. Waiting list for Short term program is up to 1 month. For Long term program the patients have to participate in one Short program treatment at least and based on the defined indications and fulfilled criteria they can enter in Long term treatment program.

Regarding the diagnostic criteria the anxious disorders prevail, followed by depressions. Mentioned disorders are often in the comorbidity with personality disorders. On Monday afternoon we deal with psychosis and bipolar disorders with common group techniques.

I am looking forward for better accommodation/space solution and better staff availability in the future period.



ISRAEL

The national program for suicide prevention In Israel

Razek Khawaled, LLb RN, MA. Forensic Psychiatric Division, Mental Health Services, Ministry of Health, Israel

Tal Bergman - Levy, MD, Director of Mental Health Services Ministry of Health, Israel

Following the Inter-ministerial Committee, which examine the issue, conducted research and a pilot in cooperation with the Ministry of Health and JDC Israel in three communities. Results and conclusions of the pilot in addition to the results of recent studies from Israel and abroad, led to the formulation of a multi-year and multi-systemic national plan for dealing with the problem of suicide. In December 2013 a decision was made by Government which stated:

- Suicide prevention was declared national interest to be addressed by a joint of Government ministries and authorities, led by the Ministry of health;
- It was decided to run a national program for suicide prevention in order to reduce cases of suicide and suicide attempts, and to provide assistance to families whose loved ones committed suicide.

Ministry of Health recently established suicide prevention unit that responsibility for implementation of the national program for suicide prevention.

Sample data from Israel:

- Each year, more than 500 people commit suicide in Israel.
- More than 6,000 people a year commit suicide attempt.

- There is a sub-report of approximately 23% in numbers mentioned.
- In specific populations suicide rates are in high percentage: youth, seniors, immigrants.

Offices and program partners

The program is led by the Ministry of Health. Partners are: the Ministry of Education, the Ministry of Social Affairs, the Ministry of Immigrant, and many other organizations: the federation of local authorities, the police, the army, academics, NGOs, research and more.

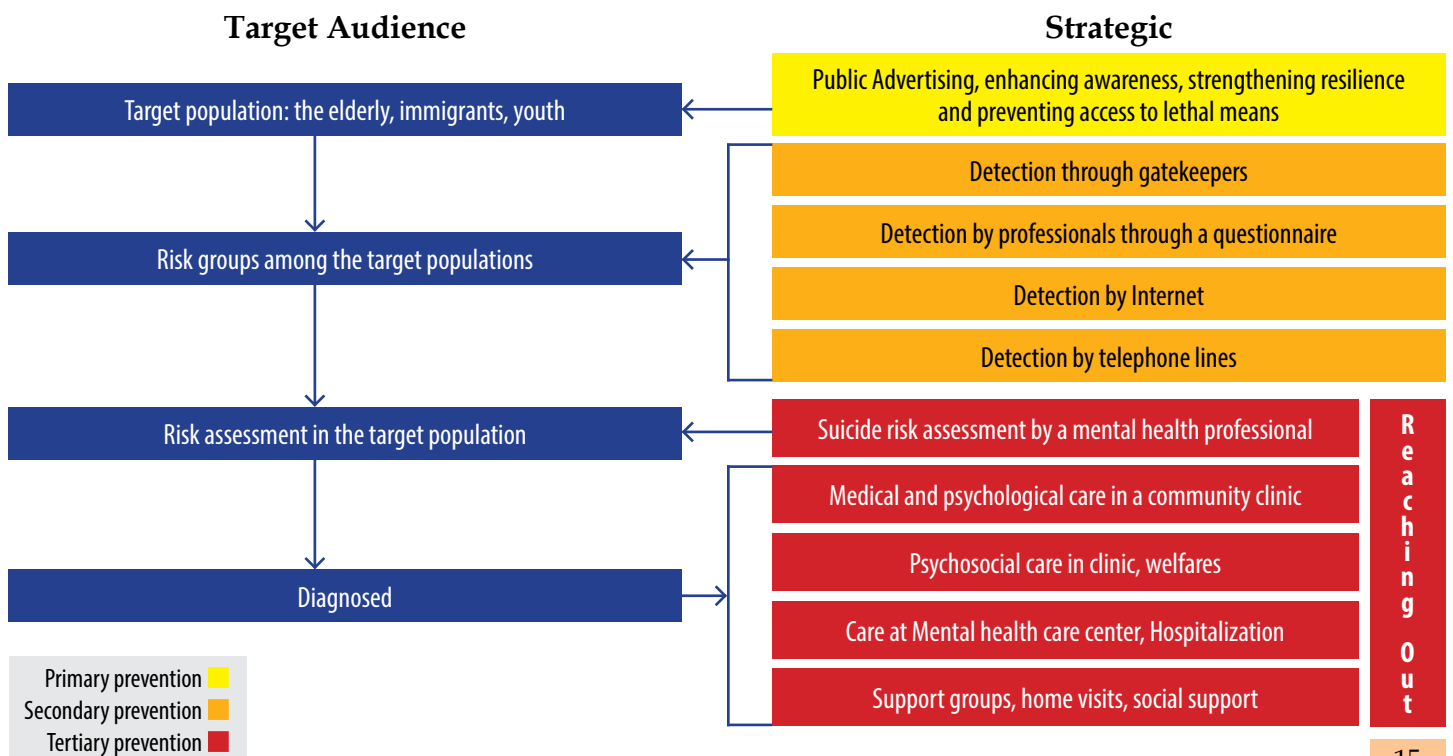
The organizational structure

1. The Ministers Committee is chaired by the Minister of Health. **Purpose:** approval policy, plan, and control processes.
2. The Steering Inter-ministerial Committee is chaired by Deputy director-general of health ministry. **Goal:** formulating plans and establishing work procedures of government ministries and authorities.
3. Suicide prevention unit in Ministry of health. **Goal:** run, lead, development and implementation of the program. Include the work in front of government offices and all officials involved in the program.
4. National Council for suicide prevention chaired by a director of a psychiatric hospital. Psychiatry specialist in child and adolescent (consists of program partners, professionals, research and academia). **Purpose:** a professional body advises the program.

Stages of implementation of the national program

The national program will be implemented throughout Israel gradually over several years. The first communities, which entered the program during 2014: 9 communities

Strategic of national plan to prevent suicide



REPUBLIC OF MACEDONIA

Education of the primary health care professionals



*Dr. Stojan Bajraktarov
National Mental Health
Coordinator*

It is widely recognized fact that the knowledge, attitudes and practices of the mental health workforce have improved considerably in the last decade, especially with the initiation of community based approach. The importance of continuous professional development is also confirmed as high priority in the national documents, and a number of mental health professionals have attended regular training with regards to evidence-based care. Having in mind the long term commitment for development of community mental health approach in Republic of Macedonia, the main goal in the recent period establishment of the regular educational activities aimed for health professionals, especially in the primary health care sector. The involvement of Primary Health Care is envisaged as a very important precondition for successful reforms. As stressed, the noticeable efforts via different educational activities were undertaken, which resulted with respectable outcomes in the priority areas. At national level, regular education for all general practitioners was implemented by the MNH professionals. The main topics are community mental health system, and basic information in regards of the main mental health disorders.

As GP's involved pointed out, the conclusion is that mental health workforce had the decisive role in the last period, making these processes successful. Devotion and commitment to the processes of improvement of the situation in this area are obvious at all levels, thus placing mental health high on the agenda of the highly demanding national health priorities. Indirectly, these processes are confirmed via good outcomes of the primary health sector as presented by Ministry of health and Fund of Health Insurance. One of the important indicators is the promotion of the multi-professional approaches, the improved collaboration of GP's with mental health professionals, and involvement of different professional professionals such as psychiatrists, psychologists and social workers. However, it is confirmed by all parties that there is interest for further strengthening of mutual work in this filed. It is agreed that the focus of training and development must be on changing the attitudes, orientation, skills and historical practices of the overall health workforce to ensure that it no longer perpetuates

stigma, but rather works in partnership with consumers and caretakers to promote recovery and social and emotional wellbeing. A commonly expressed view is that the mental health workforce should further advocate the fight against stigma of mental illness. Promotion and prevention activities should be further promoted as a manner of work in the primary health care, in collaboration with the mental health professionals.

Access to mental health care has been improved partly through the growing involvement of the primary health sector, and general practitioners are increasingly including mental health issues in their field of interest. Inter-sectoral collaboration should be further developed in a systematic or coordinated way, and the positive experiences and practices from these educational activities, should be acknowledged and confirmed as model for future structuring and functioning health system for improvement of treatment of people with mental illnesses.

REPUBLIC OF MOLDOVA



*Dr. Vadim Aftene
National Mental Health Coordinator*

The mental health reform in the Republic of Moldova is continued by signing the Memorandum of Understanding between the Ministry of Health and the Swiss Development Centre. According to the Memorandum, Swiss Confederation will provide financial support in developing the community mental health centers net by establishing four mental health centers in the republic districts, for training of the mental health professionals in providing community mental health services, technical support in developing the legal framework in accordance to the international standards and elaboration of the financial mechanism of the mental health services.

The project "Reform of the Mental Health in the Republic of Moldova" (Project) will be implemented by the Consortium, which is comprised of the Trimbos Institute of Mental Health (Holland), the Institute Nivel (Holland), Luzerner Psychiatry (Switzerland), and the Mental Health League from the Republic of Romania.



In order to achieve the objective of the Project was organized the Study visit for local group of specialist to Holland. The participants of the first Study visit were the main specialist in the field of mental health services, primary health services, managers of the future mental health centers, and the representatives from the Ministry of Health.

The aim of the visit was to learn about the Dutch Mental Health System and to meet Dutch specialist, as well as to establish a good collaboration for future work.

At the same time, this year in the Republic of Moldova were instituted 20 mental health centers in the republic district at their elementary form, including psychiatrists, nurses, psychologists and social assistants. It is the first step in their functioning being contracted and funding by the National Medical Assurance Company.

In order to continue the process of deinstitutionalization were opened 165 psychiatric beds in the general hospitals reducing the number of beds in psychiatric hospitals. That will contribute to bring services closer to the residence of beneficiaries and reduce the stigma of people with mental health disorders.

MONTENEGRO



*Dr. Zorica Barac - Otašević
National Mental Health Coordinator*

Mental health in Montenegro, The current situation and future challenges

Documents we adopted: National Strategy for Promotion Mental Health in Montenegro – adopted 2004 and Action Plan to improve mental health in Montenegro 2011-2014

We had a lot job in these areas:

- Changed the existing Law on the Protection of the Rights of Mentally ill Persons in compliance with European regulations
- Made a proposal package of services in the field of mental health for primary and secondary health care level
- Made the first national clinical guidelines for schizophrenia
- Made action plans to combat drug abuse and alcoholism
- Open methadone substitution treatment centers for drug addicts
- Join buprenorphine as the second substitution treatment option
- Intensified public campaign by professionals in the field of mental health to the process of de-stigmatization of people with mental illness
- Started specialization in the field of child psychiatry
- The availability of a depot Risperidone Consta- for all patients who are located in the indication field of its application
- Improved living conditions and treatment of patients in the Special Psychiatric Hospital in Kotor



Activities:

- To improve the level of knowledge of staff working in mental health services, with special emphasis on nursing staff
- The development of new services within existing services

TWINNING LIGHT PROJECT

EU Delegation to Montenegro started negotiations and international calls for the Twinning light project for 6 months, "Strengthening the capacity of existing mental health services in Montenegro". Seven countries expressed interest (Finland, United Kingdom, Spain, France, Italy, Germany, the Netherlands).



The aim of project was:

- Education on psychotherapeutic techniques with emphasis on CBT and family therapy
- Development of guidelines for good clinical practice for certain psychiatric entities
- Making proposals to change the existing curricula in the subject psychiatry in middle and high schools of medicine
- Staff education on the prevention of "burn-out," syndrome
- Raising the level of knowledge of existing nursing staff in mental health services in Montenegro through training 18 nurses for trainers who will educate the rest of the staff (110 nurses)
- Establishment of the National Centre for Promotion of Mental Health and International Cooperation in

Kotor. Long-term role of the Centre is to strengthen mental health services in Montenegro and raising the level of general social awareness of the importance of mental health.

- Active involvement of users and their families in the work of mental health services, and general improvement of practice in this field through various forms of promotion prevention, advocacy, publications, research and implementation of common networking with relevant institutions in the region and Europe.
- Education of medical staff in Twinning Light Project was in two phases:
 - Training eighteen nurses and for coaches
 - Study visit to the Netherlands
 - Education other staff by coach through seven two-day workshop in the period December 2013 - March 2014.



In September 2014, in Special psychiatric hospital in Dobrota Kotor was formed the first ACT team- Assertive Community Team, and it is the first step of the collaboration between Hospital and Mental Health Care (MHC) in Kotor. The team is formed in the cooperation with Caritas who donated a car to the team. Members of the team are: psychiatrist medical nurse, social worker and psychologist from MHC in Kotor, and they are in the close connection with hospital in Dobrota. One of the tasks of team will be monitoring the patient after hospital treatment, monitoring the living conditions, regularity of medication and psychiatry control. At the same time the task will be to reduce the number of hospitalization and establishment of the close connection with the patient family. The team has a meeting every day, and three days in week they are going to visit patients in their homes. The first evaluation of the ACT team will be in March 2015.

ROMANIA



MINISTERUL SĂNĂTĂȚII
CENTRUL NAȚIONAL DE SĂNĂTATE
MINTALĂ ȘI LUPTĂ ANTIDROG
Str. Pitar Moș Nr. 7-15, Sector 1, București
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*Raluca Nica, MSc
National Mental Health
Coordinator*

The Achievements in the area of mental health in 2014 in Romania

The National Mental Health Program coordinated by the National Mental Health and Antidrug Centre had in 2014 the following objectives: depression and suicide prevention, promotion of the mental health at workplace and improving the access to specific mental health programs for children and adolescents. To achieve these objectives, we implemented a training program for the nurses working in the psychiatric hospitals (500 nurses were trained); we continued the program of training in parenting skills that started last year and had a really great success. As a result, we trained 2000 parents in order to facilitate the emotional and social development of their children. Also, within the National Mental Health Program we promoted and financed occupational therapy for patients in psychiatric hospitals in order to facilitate their integration in the society and on the labor market; and we had a pilot program for depression screening in the primary care. The pilot program for depression screening was realized in 2013 and 2014 in 6 counties in Romania and starting with 2015, depression screening will be enlarged at the national level being included in the activity of family doctors and being reimbursed by the National Insurance House.

National Mental Health and Antidrug Centre has prepared and proposed a revised document focusing on human rights regarding the implementation Rules of Mental Health Law. Also, a National Mental Health Strategy for Children and Adolescents was proposed to the Ministry of Health in order to be adopted. The Government adopted the National Health Strategy and mental health is one of its priorities.

National Mental Health and Antidrug Centre started the needed procedures for developing and implementing a National Register of Psychiatry in order to gather relevant data at the national level.

Romania is a collaborative partner in the European Commission's Work Package no. 8 "Mental Health in All Policies" and it will be a pilot country for this project in 2015. The main aims of this project are: to raise awareness of mental health and wellbeing and the prevention of

common mental health disorders; to understand how policy decisions and their implementation in other sectors than mental health have an impact on people's mental health and wellbeing; and to develop an individual plan for further intervention and implementation of a policy project that will strengthen cross-sectorial consideration of mental health impact in policy making.

SERBIA

Activities in Mental Health area for 2014 in the Republic of Serbia



*Prepared by Dr Oliver Vidojević,
National Mental Health Coordinator for Serbia in SEEHN
Institute of Mental Health, Belgrade, Serbia*

Two very important laws are implemented: the Law for Protection of Persons with Difficulties of Mental Health and the Law for Protection and Improvements of Patients Rights, and new Law of Medical Registrations and Evidence is accepted. That will help a lot to keep high standards for achieving rights for patients and level of medical care, concerning protection of privacy and personal data. New guidelines was issued and promoted: Guidelines for responsible alcohol consumption.



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

Serbian Association of psychiatrist held an assembly and new president of association is elected Prof. Dr. Dušica Lečić Toševski, member of Serbian Academy for Science and Arts.

Collaborating Center WHO for education and strengthening for professionals in mental health care since 2009 in Institute of Mental Health in Belgrade has developed wide activities of education of mental healthcare professionals, primary health care practitioners, as well as for family members, with a special emphasis on development of mental health for children and adolescents. The main projects are in

training professionals continue further on: 1. Training of multidisciplinary teams within community mental health services, as well as evaluation of these services. Continuing education for primary health care employees on mental health problems (general practitioners, nurses, pediatricians) aimed to create competent health care professionals for early recognition and treatment of mental health problems, prevention of mental disorders, and promotion of mental health; 2. Training for family members of persons with mental disorders; 3. Support to professional development of employees of social care institutions.

PARTNERS/NEWS

International Organization for Migration in Bosnia and Herzegovina

Introduction

Migration and displacement due to conflict or natural disasters require major adaptations as people cross interpersonal, cultural, socio-economic and geographic boundaries. This movement, whether planned or not, requires the individual to redefine role and values within themselves, their family and within their community and society. This can be a major upheaval and a source of stress for the individual, family and communities involved. Providing psychosocial assistance and mental health care to migrants and displaced persons may reduce psychosocial vulnerabilities and enhance coping abilities.

IOM's Mental Health and Psychosocial Approach

While specific psychosocial and mental health programmes may be required, general humanitarian assistance is also provided in a psychosocially conscious manner throughout every step of the migration process. Activities are designed to promote psychosocial wellbeing, support the smooth redefinition of social, professional, family and interpersonal roles and prevent long term individual mental health issues and social unrest. To achieve this, IOM uses the following guiding principles in its approach to psychosocial support and mental health care:

Flexibility - Projects and programmes are adapted to specific target populations, cultures and situations.

Assessment - Needs assessments are carried out, where possible, before designing support programmes.

Community based - Programmes are always community based when possible. This means programmes work with and through the community and are designed to strengthen existing networks and empower the community ensuring sustainability.

Projects in Bosnia and Herzegovina

The high number of beneficiaries which received psychosocial assistance was assisted within the NATO-PERSPEKTIVA Programme - NPP (NATO Trust Fund for the Resettlement of Discharged Ministry of Defence Personnel in Bosnia and Herzegovina over the years 2010-2013). During the Programme implementation, over 1,500 discharged personnel was individually counselled while



232 follow up visits were organised in order to provide proper assistance to those in need. The counselling was based on the methodology designed for this Programme by experts from King's College London, which did not constitute only guidelines on individual counselling but also on referral mechanism to the professional institutions. Within this Programme, cooperation with Mental Health Centres (MHCs) were established as well as with the Federal Ministry of Health and the Ministry of Health and Social Welfare of RS (MoHs).

Cooperation and coordination of activities in the field of mental health between IOM and MoHs, was continued during 2013 and 2014 within the implementation of the Project PREVENTIVA related to the building the capacities of BiH Institution to address and respond to mental health issues amongst defence personnel in BiH. The overall objective of this project is to enhance the capacities of the Ministry of Defence (MoD) as well as MoHs in providing a systematic response to mental health issues of current and discharged personnel of the Armed Forces of BiH, as well as in the context of participation in peacekeeping missions. This action has been initiated by relevant BiH authorities, facilitated by IOM and supported by the Nordic Baltic Initiative (NBI). This Project should be finalised by the end of October 2015.



Continuous and heavy rainfall starting on 13 May 2014 in BiH has caused massive flooding in northern, eastern and central parts of BiH. Thousands of persons were displaced as a result of the floods and landslides, with the majority (over 90%) making temporary living arrangements with family and/or friends. This condition makes them a particularly vulnerable group, along with other floods-affected categories that are traditionally considered as vulnerable and in need of consistent and effective assistance and support.

Building on the provision of psychosocial support within the NPP, IOM engaged four teams of two psychologists covering all affected areas, in order to reduce psychosocial vulnerabilities and longer-term social pathologies, and ensure contact and engagement, safety and comfort, stabilization, adequate information gathering and practical assistance in addressing immediate needs and concerns. As of 01 June 2014, IOM psychologists conduct field activities, working in close cooperation and complementary to the professionals from the MHCs, as agreed and approved by the MoHs, in order to provide

psychological support and undertake assessments of the needs of flood-affected populations. By the end of December 2014, 1,691 person was individually assisted within the provision of psychosocial assistance, and 875 follow up visits were organised.

Based on good practice and gained experience, IOM will aim in further engagement to be involved in the implementation of projects that will aim to prevent problems and protect mental health of IOM beneficiaries.



USERS/NEWS

ALBANIA

MEDPAK

MEDPAK organization focus is defending the rights of people with disability, especially mental disability. As a parents and professionals communion, this organization strongly has been supporting every improvement being made toward the rights of children and people with disabilities.

This important support is a precondition for obtaining a solid soil for the family environment in enhancing children with disabilities potential.

From the various conversations and meetings with parents, the organization's staffs see an emergent need for the intervention in the family environment, through encouraging activities for parents, in order to prevent and reduce anxiety, stress symptoms or other emotional forms.



In this setting mental health professionals trained by MEDPAK, in collaboration with the organization's staff, have conducted trainings with parents (mother and fathers) of children with disabilities. During the months of May and June 2014, four training sessions on parenthood have been conducted in Librazhd (district), Elbasan, Korca and Vlora (regions).

There has been an increase in interest through increased participation of mothers of children with disabilities. It is also important to mention fathers' interest by participating in these trainings showing interest in getting information and knowledge in regard.

Anxiety, stress and parents' depression are considered as contributing factors to problems families of children with disabilities face. That is why prevention and treatment is seen as a key priority for creating a healthy and caring family environment for children with disabilities.

Through illustrative and informative materials shared parents had the possibility to understand the application of positive strategies that contribute in stronger cohesion within family and adequate inclusion of children with mental disabilities.



The approach of having different perspectives in the lives of parents raising children with disabilities has been a motto in itself: "Consider children with disabilities a very resilient resource, evidencing strengths, establishing new sustainable friendship relations and including community in how to be resilient in various situations of their lives".

Another important aspect of these sessions was exploring different opportunities based on existing possibilities these families have for conducting their role effectively as parents, in fulfilling the needs their children with disabilities have.

BOSNIA AND HERZEGOVINA

Users Association „Apel“



The Users Association „Apel“ of Sanski Most was established in 2003 on the initiative of the Alliance for Mutual Assistance in Mental Distress of Bosnia and Herzegovina, which was based in Mostar at the time. Since then it operates in the area of Sanski Most with more or less success.

The mission of Apel is to improve the quality of life of people with psychiatric experience and members of their families through activities of the association provided for in the Statute of the association.

The vision of Apel is equal inclusion of all our members in all areas of social activities, in accordance with individual capacities of the association members.

The average membership of the association ranges between 20 and 25. Currently, we have five active volunteers.

Apel receives a large support from the Users Association „Tunel“, located in the neighboring municipality of Ključ. We now have partners with whom we can fight with a lot more power to achieve our goals. The Mental Health Project in Bosnia and Herzegovina also supported us. In spite of the difficult working conditions the association has managed to implement a number of projects, and one of the most important is the Provision of Free Legal Assistance to our members by local lawyers, which has begun in 2007.

Written by
Emina Horozović
Association President
Users Association „Apel“
Muhići 37a
Sanski Most
Bosnia and Herzegovina

Association for helping mentally disabled people Banja Luka



Association was founded in 1967 on the initiative of parents of children with mental disabilities and experts with a goal to ensure that they live their life with dignity. Association's mission is to act on all levels of government in Republic of Srpska and Bosnia and Herzegovina to improve legislations as well as promoting the social model of care for children and persons with mental disabilities. Our vision is a society in which conditions are created for a better quality of life and integration of this population.



Association as civil society organization operates and supports the social model of inclusion of these people in the society through the development of mixed service provider located in the local community. Our work is based on the action towards the government for provision of positive legislation in line with the UN Convention on the Rights of Persons with Disabilities. Through our work we won numerous awards for our achievement from domestic and foreign organizations and city of Banja Luka gave as status of organization of public interest.

As a pioneer in local community in 2004 we launched a day care of adults with mental disabilities called "ONIX" and experimental sheltered workshop for the development of ecological learning material. Within day care we provide occupational activities for adults in order to meet their needs, and program and content itself are in line with the specific abilities of each user. Occupational activities are

there to maintain and enhance the development of motor skills, develop independence, self-confidence and social skills.



Experimental sheltered workshop operates within the project and its used to produce wooden components for ecological learning materials.

*Written by
Mrs. Gordana Ilic
Coordinator of day care for adults with mental disability
"ONIX"*

BULGARIA

Complex for Mental Health Services in the Community "Slatina" Sofia, Bulgaria



*Dr. Hristo Hinkov, PhD
National Mental Health
Coordinator*

A brief description

The Complex for mental health services "Slatina" provides various social services for people suffering from a serious mental disorder, which led to a decline in social

functioning. The Mission of the Complex is connected with the provision of social support in the community in a way, reducing risks of rejection, isolation, dependence, abuse invalidity and premature death related to psychiatric disease.

All the services provided by the Complex are based on the understanding that recovery from a mental disorder is possible only if people affected by it, receive continuous care, based on their needs and capacity and an individual support to make changes that would increase the quality of their life.

Having in mind that social services should provide support toward overall integration of the people with mental disabilities and should contribute to a higher quality of life, we have organised our work program based on that principle in several key areas of life.

The Complex for mental health services in the Community consists of three functional units - Day center for adults with mental disabilities, a protected home for adults with mental disabilities and Information Center for mental health. Being delegated- by- the- state activities the first two services receive budget funds, but some of the additional programs have another source of funding. Up to November, 2014 the number of clients is as follows: Day center 44 clients (capacity 25), Protected residence - 8 cclients, program "Active care in the Community for people with severe mental illness" - 25 clients.

The team

The team of the Complex is built by professionals in the field of mental health, with specialization in Psychology and social work, which represent the clinical part of the team and work directly with clients. Total number of the clinical team is 17 people, five of them are in the department "social inclusion", and the rest are as follows: 3 psychologists and 8 social workers and 1 occupational therapist. The rest of the staff has administrative and auxiliary functions - manager, administrator, receptionist, driver, and sanitary officer. Beside the everyday job, the team of the Complex maintains its professional competence and skills through clinical meetings and conferences with other health services, reading seminars and external training.



Entering the social services

Knowing that the restoration from a mental disorder is possible, if complex of conditions is available, we have defined several criteria to profile the clients who would have the most benefit from our services. Criteria for entrance in the Complex are closely linked with the procedure for the assessment of candidate-customer, as part of the criteria are binding and are recommended. This allows the flexibility to adopt and ensure individual respect to every client who sought help from us.



To become a client of the Complex the applicant should submit a request to team describing his\her need of assistance. In a series of individual sessions the candidate has been assessed by a professional, according to his needs, his social functioning, and how the Complex can help. After the completion of the assessment, the case is described in a detailed report which is presented to the team in a clinical team meeting. Based on the information about the case the team starts a discussion about the the application of the client and possible resources for support. If the decision for reception of the client is positive, a key professional is appointed, who will accompany the client throughout the whole duration of the rehabilitation process. That is in parallel with submission of a needed set of documents to the local Directorate for social support. To ensure the quality of services offered, the staff of the Complex has developed series of procedures of administrative and clinical nature, to ensure the basic principles of the daily work: dialog, cooperation, respect, participation, transparency.

Procedures

Administrative and clinical procedures are as follows:

1. Internal Rules for Procedures
2. Rules of organization and structure of the services
Day center and Protected home
3. An Internal procedure for applying and admission in services
4. Rules of good practice for the conclusion of the contract for the social service
5. Procedure for submission of complaints
6. Procedure for submission of views and proposals of the customers to the Complex
7. Procedure for the formation of user charges

8. Procedure for the protection of personal data
9. Guidance for the preparation of an individual plan of care
10. Plan of action in crisis situations

Description of the psycho-rehabilitation programs

After the signing of the contract for the provision of social services, each client is attached to a key professional, who jointly with the client explore his needs and prepare a recovery plan (an individual plan of care). In the framework of the plan must be a state of the objectives, direction and duration of joint work and the support, which will be provided. Those of the programs of the Complex, which are much suitable for the client, are also described. The plan for rehabilitation is discussed in the multidisciplinary meeting, in the presence of the individual psychiatrist of the client (when available). Programs provided by the Complex are as follows:

Individual programs

Case management

This Program is a structured support to clients, based on the principles of human relations. The aim is to provide a long-term support and assistance in solving the daily tasks in the life of the client by creating supportive environment, integrated efforts of various professionals around him. The program is aimed at people who show low level of social skills and functioning. The program is applied step by step and includes strategy of motivation for the change, assistance with access to different resources, assistance with expansion of the supporting network, assistance in working with institutions, support in making decisions, etc.

Supported employment

The purpose of the program is accommodation on a competitive work place, and receiving the corresponding to client's needs active support in order to be able to hold on the work. The main task in this program is to facilitate relations between the customer and his employer or the other staff. In the last year, the program is financed by additional project, piloting a model of supported employment in the Bulgarian context by engagement of occupational expert as a mediator between the employee and the employer.

Active care in the Community (Assertive outreach)

Program is aimed at people who are not clients of Day center and who due to various life, social or health circumstances have become out of the scope of the social and health services. These are people with mental illness, whose psychosocial functioning shows a decline up to the point they cannot themselves come to the Complex. The program offers administrative and clinical support on the spot, where the person lives. In the program work additional 5 experts in social inclusion.

Group structured programs

Introduction: structured programs for group rehabilitation have been developed in the California University in Los Angeles team under the leadership

of Dr. Robert Lieberman, and a team of professionals in the pharmaceutical company co-organized by Lilly. In general they are training (learning) in social skills or structured application of the principles of behavioral psychology of lifelong learning. The aim is to help users to understand repertoire of skills, to enhance their ability to function adequately in the Community, as well as to care for themselves and their health. The courses are applied using seven basic training behavioral techniques: an introduction to a skill; the use of video to demonstrate proper implementation of skill; role simulations aimed at skill; the use of available resources; resolve possible problems; exercises to live; tasks for home use. Each of the modules contain textbook of the leading and working workbook for the user.

Active participation in the medication therapy

The Module objectives provide information on antipsychotic medicines, promoting the self-responsible and acceptance of the prescribed treatment, detection of the side effects of medicines and their distinction of predictors of deterioration, as well as empowerment of consumers to negotiate and renegotiated in an adequate and informed manner the topic about their treatment. The module is implemented by two professionals.

Self-management of symptoms

The Module aims to train users in recognition of the warning signals of deterioration in the mental status, in order to control the warning signals and the timely measures, as well as to train them to deal with chronic symptoms of the disease. The module is implemented by two professionals.

A healthy way of life

The Module aims to train clients in a healthy way of life, as the basic themes are diet and the choice of food, the increase in motor activity. The module is held once a week, and is carried out by two professionals.

Looking for a job

The Module aims to train customers to search, find and hold the place of work. The program is organized as a sequence of steps: does the customer have a clear idea what kind of job he is going to look for; Is the required job is realistic enough to be taken; does he/she have the labor profile, suitable to the desired position, which to submit to the employers; is there a plan to achieve the desired position; could he/she describe the steps how it would be done; does he/she have the necessary documents for application (CV and cover letter); what is the professional history of the client; can he/she find free work space in the Complex; is he/she able to pass the job interview; Can he/she keep the job alone or with a diminishing support from the labor instructor. This training program is bound with the program of Supported employment.

Basic communication skills

The Module aims to train clients to initiate, maintain and end a conversation, to avoid conflicts, to choose appropriate topics for conversation in different social situations - skills, which are often lost as a result of the

negative symptoms of the disease. The module is held four times a month and is carried out by two professionals - leading and co-leading.

Therapeutic community

In this program each morning and night a person from the staff coordinate group meetings (with an average duration 35-40 minutes) for the planning and allocation of tasks for the day. At the time of general meetings of the therapeutic community, all residents in the Protected home must present, and the way of participation has been chosen by them. The program is a scale model of the society. Therapeutic community provides safe space of the clients of the protected home, in which they can share:

- what is for them to use this service
- what it is to live independently
- what is to comply with rules
- what is to be responsible for their own life
- what is to meet these challenges and happiness together with other people.

The objectives of the program are to assist in the process of empowerment of the clients in the protected home, and also to support them to recoup and develop their skills for social connection and entry into social roles. Improving the quality of the services and the management of the "Protected home", to meet a large extent of the needs of the customers is one of the main priorities of the program.

Training and practicing everyday skills

This program is aimed at developing and maintaining skills related to the care of themselves and keeping the individual environment, shopping, food preparation, cost planning, etc. The aim is to help clients in the reconstruction/development and coaching of the basic skills necessary for self-dealing with the requirements of everyday life. The program activities include:

- training for care of personal hygiene/care for the look
- training for care of hygiene of the personal space
- training for care of hygiene of the common spaces
- training for prudent management of funds
- training in shopping
- training in preparation of food
- training for maintaining of the garment
- training in a reception of medicines

Training in social activity

The focus of the program is mostly on clients from the Protected home, who have the most acute deficit of the above skills and less on those who have acquired them at a higher level. This program involves a particular professional from the team, who devotes all his time between one and two times a week. In general, the program is set to happen in group format, when clients are in the process of adaptation to the conditions and rules how to use the social service and/or when they have a serious deficit of skills in this area. Otherwise, the program activities are carried out individually by residents, in the form of schedule of weekly duties. These duties include: cleaning their own room, cleaning of the common spaces, cooking, shopping, keeping of personal hygiene, bathing, shaving for men, and laundry.



After the review of the week schedule for the allocation and stand-by duty between residents, the staff assists in the implementation of some of the activities and monitors their performance and successful implementation.

Supported socialization

The purpose of the activity is to help clients to recoup and develop their skills to:

- create and maintain formal and informal social contacts
- mobilization and involvement of the existing social network for providing the necessary support (relatives, friends, relatives, friends)
- interaction with social, health and municipal institutions, employers

Part of the training is conducted in a group, recovered and visit different cultural events or be held informal gatherings outside the territory of the protected residence (exit the facility, walking to the theater).

Group non-structured programs

Unstructured programs provide space and resources to the clients for sensible leisure time, as well as for the realization of interests in different spheres. Usually clients express their willingness to participate according to their interests and preferences: *Social club, Art-club, Literature club, Computer club, Club job search, Club I want to know, Club my rights, Course in English language, Course in Italian language, Club dances, Photography club, Club "delicacies in pans", Club music, and Club of special skills.*

Programs directed to the community

Introduction: Information center is an integral part of the overall structure of the Complex, as the purpose is systematic and hard work to increase the knowledge and sensitivity to the general public to topics concerning mental health and the consequences of it. The information center is responsible for recruitment of volunteers and directing them to the different activities in Complex, according to their interests and preferences: Day of open doors, Public events, Phone line for mental health, and Consultation to external persons.

Basic principles for the Social services

These services are characterized by exceptional flexibility, in order to be used effectively and individually, according to wishes, needs and preferences of the client. Each of the programs offered has a clear and specific protocol of all its interventions, procedures, and steps for each stage of use of the service, to ensure good practice.

Additional information

The Complex for mental health services actively supports the development of a public laundry "green", which in the years of its existence (since 2010), succeed to become stable acting social enterprise, which to moment gives employment to more than 20 people with mental health problems. There is another initiative related with one more social enterprise - art - studio "Tvorilnitsa" (creative workshop), which produces fabric products for home and children's use. "Tvorilnitsa" participated with its products in the Third international exhibition of the enterprises of the social economy in the city of Plovdiv, on March 2014. Also it made a presentation in the German Christmas bazaar in 2013. There is a constant effort to ensure a sustainability of through external funding.

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ISRAEL

Family Mental Health Counseling Centers in Israel



Family Center of "Kfar Shaul" Mental Health Center

Razek Khawaled, LLb RN, MA. Forensic Psychiatric Division, Mental Health Services, Ministry of Health, Israel

Dina Barak, social worker, MA, national families center supervisor, Mental health Services, Ministry of Health, Israel.

Family members of patients (parents, siblings, spouses, children) coping with mental illness experience a sense of ongoing stress that affects their quality of life.

The ongoing stress situation created by the mental illness of a family member is distinguished by the objective burden and the subjective burden. The objective burden contains the need to cope with the symptomatic behavior of a family member such as crisis intervention, suicide risk, violent behavior and stigma and financial issues. The subjective burden includes a variety of strong emotions including anger, fear, depression, confusion, anxiety, rejection and guilt (Lazarus, 1966; Lefley, 1987; 1992 March).

The implication of the objective and subjective burden on quality of life in various areas such as career development, studies, relationships, social life and the state of physical and mental health are well established. Partnership or cohabitation with a person with mental illness was found as associated with physical health disorders of the relative caregiver thus leading to reduced daily function, high risk of hospitalization and increased utilization of physical and mental health services such as days of hospitalization (Gallagher & Mechanick, 1991, Perlick, Hohenstain & Kaczynski, 2005).

The literature and clinical experience indicate the need to build meaningful interventions that reduce the sense of burden and stress of families in order to reduce depressive symptoms among family members, feelings of anxiety, and the sense of stigma and improve health status.

Considering the importance of assistance to families, family assistance was concluded under the Law of rehabilitation for persons with mental disabilities (2000). The law entitles persons who cope with mental illness a variety of rehabilitation services that include housing, employment services, supplementary education, social activities and dental care. In addition, the law entitles the family (parents, siblings, spouses, and children) to services which provide advice, guidance and support.

According to the law a person's entry process MHS rehabilitation is done by filing his candidacy for the Rehabilitation Committee. The rehabilitation program is determined by the committee, which can also offer the possibility to integrate the family counseling center to receive support, information and advice, which in turn can reduce the sense of burden and help the family to correct their perceptions about the rehabilitation process of their family member.

Today there are 14 family counseling centers that provide service to approx.- 5000 families, and we hope to increase the accessibility of centers for families all over the country including different cultural sectors (such as arab culture, orthodox Jews, Amharic immigration etc.).

These family centers provides a range of services such as information on mental health illness characteristics, support systems, coping skills, conflict resolution, coping with stress, interpersonal communication, processing loss and social support. All this takes place by individual counseling, group counseling, workshops, lectures, seminars and self-help groups.

These centers also provide an extensive range of interventions including psycho-educational groups for parents, elderly parents specific groups, specific groups for parents coping with first psychotic crisis, culturally tailored assistance to family members in the various sectors, support groups for siblings, spouses etc.

Additionally, family workshops on different topics take place including dealing with personality disorders, coping with stigma, rehabilitation and recovery and joint Seminars for families and consumers.

We also see great importance in the promotion of knowledge and attitudes of professional rehabilitation staff about the importance of intervention with families. This takes place by staff training, seminars and discussions in mental health community forums.

We attach great importance to the partnership of family members in policy making and development processes to promote solutions to the consumers and their families. Therefore we institutionalized a national committee on the status of mental health family. The members of the committee (families and professionals) wrote a treaty of rights for family members dealing with mental illness. Principles of the treaty include:

- Family members are eligible for recognition, information and assistance
- Family members are entitled for involvement, partnership and cooperation
- Family has the right to give information that can help their relative treatment and rehabilitation process
- Family members are entitled to be part of the information regarding the candidate's medical condition (given the patients consent)
- Family members are eligible to participate in policy making promotion services and battle against the stigma

Representatives of the families have taken responsibility for the implementation of the treaty in the treatment and rehabilitation teams and advance required legal aspects.

REPUBLIC OF MOLDOVA

The Organization for Promotion and Protection of the Rights of Persons with Psycho-Social Disabilities



Between 17 and 20 September 2014, 7 members of public association "The Organization for Promotion and Protection of the Rights of Persons with Psycho-Social Disabilities" participated with the support of the project for developing the regional network on mental health in South-East Europe (RHDC on Mental Health) to a study visit to the psychiatry users organization "Fenix" in Tuzla city, Bosnia and Herzegovina. This visit was possible due to the common effort of coordinators from each country with the financial support of Swiss government. The aim of the visit was the exchange of experience and empowerment of the first organization of users of mental health services from the Republic of Moldova, which was registered at the Ministry of Justice on January 2014. This visit was organized in the context of Moldova's Ministry of Health efforts on reforming mental health services with development of community and complex services as required by recent international standards, in particular the UN Convention on the Rights of Persons with Disabilities.

During the study visit, organization members visited the capital city Sarajevo and Tuzla city, and met with members of the association of users, government, parliament and local public authorities. Although within a very short time, the fruitful visit agenda allowed extensive exchange of experience. Moldovans obtained knowledge and skills useful in promoting and advocacy of their rights in front of state officials and service providers. Fenix's experience of more than 10 years can serve as an example of good practice and constructive advocacy at a regional level for younger users' organizations that promote and protect their rights.



In particular discussions were constructed around communication strategies, advocacy and awareness rising of authorities and society at large on the real problems of people with psycho-social disabilities from the users' perspective. The Moldovan delegation was impressed at interpersonal level by partners from "Fenix", which through their abilities have been successful in service creation and social inclusion of their members (employment, work together to build the organization's Community Center, etc.).

After two days of fruitful exchange, the delegation came back with a warm feeling of friendship and with firm plans to continue collaboration in the promotion of the rights of persons with psycho-social disabilities. They also felt trust and hope for replication and build on the success of colleagues from Bosnia and Herzegovina. Also, they found very relevant the activities to start with and focus on at early stages, like those chosen by "Fenix" - setting a clear goal and avoid actions with minimal impact arising from prejudice.

At the same time members of Moldovan organization were pleasantly surprised by the professionalism, openness and kindness of the colleagues from the Ministry of Civil Affairs of Bosnia, of their excellent organization of the visit and the warm welcome - especially Mirha Ošijan, Aleksandra Sorajić (Bosnia and Herzegovina) and Mr. Vadim Aftene from Moldova's government side (national coordinator from Moldova).

Virginia Iapără
 Head of the Organization for Promotion and Protection of the Rights of Persons with Psycho-Social Disabilities

MONTENEGRO

News from Montenegro

On 21st November 2014 Mrs. Amy Daniels, Assistant Director for Public Research organization "Autism Speaks" New York, visited Montenegro, and was informed about organization of services, which works with autistic persons.



Autism Speaks is the world's leading autism science and advocacy organization. It is dedicated to funding research into the causes, prevention, treatment and care for autism, increasing awareness of autism spectrum disorder and advocating for the needs of individuals with autism and their families.

Autism Speak was founded in February 2005 by Suzanne and Bob Wright, the grandparents of a child with autism. Mr. Wright is the Vice Chairman of General Electric and Chief Executive Officer of NBC and NBC universal. Since

its inception, Autism Speaks has committed more than \$ 500 million to its mission, the majority in science and medical research. Each year "Walk now" for Autism Speaks events are held in more than 100 cities across North America. On the global front, Autism Speaks has established partnerships in more than 60 countries in five continents to foster international research, services and awareness.



She was in Podgorica, and had two meetings.

- Meeting with parents from the Association of parents, who have children with autism. On the meeting was the President of the National Commission for mental health. They spoke about their everyday struggle for better life of whole family
 - The second meeting was with Director of school for children with special needs "Resursni centar"
 - The school is a primary school; secondary school; vocational program; and national training center, all in one
 - There are 30 children in the residential center, most of whom are either from outside of Podgorica or do not have immediate family to care for them
 - There are 120 children in entire school
 - The director has seen a lot more children with autism in the last 4-5 years
 - As a result, they now have a kindergarten just for children with autism
 - Children from other schools also receive services at the Center
 - There are presently an estimated 30 children with autism; 15 in school; and 15 who receive individual services
 - There are 5 special educators; lack of trained staff is their biggest problem
 - They have some programs for kids with ASD; but lack of learning of new methodologies
 - The Ministry of Education finances all services; there are also projects (job training) supported by the Ministry of Labor
 - The Center serves a national resource center for teachers in special education; teaching teachers how to work with kids in inclusive education settings
 - They also focus on working with parents as co-therapists; and developing their skills
- In the future, we hope that we will have a good cooperation with Autism Speaks.

ROMANIA

Romanian League for Mental Health coordinates in Romania the project Peer2Peer, funded by the European Commission through Leonardo DaVinci Programme. The project has emerged because of the innovative and collaborative approach being taken by eight organizations from across Europe who are working together to make Peer2Peer a reality being coordinated at the European level by INTRAS Foundation from Spain.

Peer2Peer is a vocational training course for people who have experienced mental health problems. It enables them to become personal assistants to those who are currently living with similar difficulties.

Peer2Peer approaches support and training for people with mental health problems with a focus on their recovery. Peer2Peer is a unique project which affords us all an opportunity to influence, on a social, political and policy-making level, how we approach recovery for people with mental health issues and provides the following services:

Training

- Provides high quality peer support training and experience for people with mental illness.
- Empowers people with mental illness with the skills and confidence to gain access to employment.

Support

- Encourages people with mental illness to support one another and view their experiences as a resource for recovery.
- Facilitates a structured support system for people with mental illness.

Recovery

- Supports individuals as they progress further along their path to recovery.
- Encourages recognition and awareness of the importance of peer support in the recovery process.

Innovation

- Transfers and share skills amongst partner organizations to create an innovative approach to mental health policy and recovery.
- Produces training materials that facilitate the implementation of the peer support model across Europe.

SERBIA



World Mental Health Day was celebrated in many cities with a huge contribution of user associations. Manifestations in Belgrade were: film projection "State of the Soul" and round tables. Central theme was "Living with schizophrenia". NGO Caritas have supported different activities. The users association "Videa" has organized an exhibition of pictures and paintings made by users, and the users association "Duša" have organized forum theatre "Tales from the Soul". Moreover, "Herc", Caritas, "Naša kuća", "Videa" and "Duša" have distributed booklets and flyers on 10 October.



UPSTREAM 2 is a project of collaboration between organizations from Bosnia and Herzegovina and Serbia. The manifestation organized through this project, with very reach program to present achieved activities, was held in the park of Psychiatric hospital of Valjevo. It is very important

that this manifestation was covered by local and national media.

There are about 7 user associations in Serbia.

"Humanitarian centar Duga - "RAINBOW" from Zrenjanin; ULOP - association of patients treated for psychosis from Novi Sad; "Valenca", civil association from Niš; "Videa" civil association from Belgrade; "Zvono" - The Bell, association of family members and friends of mentalytreated patients; "Duša" - The SOUL, association of users psychiatric services and tetheir family members from Belgrade; "Herc" - associations for supporting neurotic patients from Belgrade.

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For more information please visit:
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www.mcp.gov.ba
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http://www.mcp.gov.ba/org_jedinice/sektor_zdravstvo/regionalni_centar/Default.aspx?langTag=en-US
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