



**MENTAL HEALTH  
SERVICE PROVISION  
STATUS MAPPING IN  
BOSNIA AND HERZEGOVINA**

*Sarajevo, April 2014*

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# MAPPING CONDITIONS IN PROVIDING MENTAL HEALTH SERVICES IN BOSNIA AND HERZEGOVINA

The specific objectives of this Mapping were: to create a broader image of civilian structures and networks for mental health care, as well as the manner of their development; to create a broader image of the existing military structures for mental health care and services available in private and non-governmental sectors; to assess the networking and coordination levels between the mental health care organizations; to map the existing expert knowledge per topics, geographic area and types of activities (PTSD, raising awareness, specific groups of beneficiaries, therapies); to point out to the gaps between civilian and military mental health care structures, including both, public and private and non-governmental sector; and to recognize challenges that organizations and networks that are currently operational are facing with.

By focusing on the specific objectives, this Report, in the forthcoming text, presents the data on the work of civilian mental health care structures through a detailed presentation of Mental Health Centres and the associations working in the area of mental health in Bosnia and Herzegovina (BiH).

As a result of the 1996 Mental Health Care Reform in Bosnia and Herzegovina, the manner of work of mental health services in BiH differs significantly from the traditional approach,

which is prevailing, to date, in the South-East European countries, but also in a broader area as well. Unlike that method, primarily based on hospitalization of persons with mental disorders, in Bosnia and Herzegovina the emphasis is on rehabilitation in community and family and the focus is on individual in need of support.

As a result of such approach, the psychiatric services ceased to be the only provider of care for the persons with mental disorders and the psychiatric bed occupancy was limited. The opening of the network of centres enhanced the accessibility of services and quality of treatment and it reduced the frequency and duration of hospitalization.

The work of Mental Health Centres has contributed to the establishment of better interpersonal cooperation. This cooperation shall be subject of continuous effort.

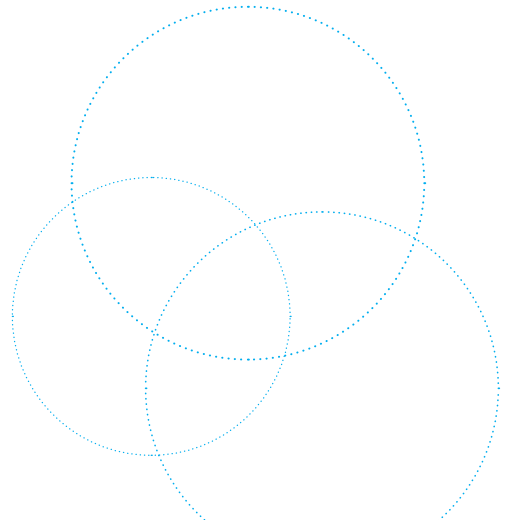
Regarding secondary and tertiary health protection in the area of mental health, the services are provided at the University Hospitals in Sarajevo, Tuzla and Mostar, and psychiatric wards of general hospitals in major cities of the Federation of BiH.

According to the Special Report of the Human Rights Ombudsman Institution in BiH as of 2009, some psychiatric patients were placed in the social welfare institutions, together with

the persons with special needs (over 1000 beneficiaries) at the following locations Fojnica, Pazaric and Doboje-East.

In the Republic of Srpska, the services have been provided at the Psychiatric Clinic of the Banja Luka Clinical Centre, Sokolac Psychiatric Clinic, Chronic Mental Patient Treatment, Rehabilitation and Social Protection Institute Jakes, and psychiatric wards of the General Hospitals in Prijedor, Doboje, Trebinje and Gradiska. In addition to the aforementioned, in the Republic of Srpska operate two protective homes (safe houses ), approx. 30 associations of the beneficiaries and 4 Alcoholics Anonymous Clubs, 17 day-care centres, and crisis intervention mobile teams, all of which round up the system of service providers.

The overall goal of the Research on the “Mental Health Service Providing Status Mapping in Bosnia and Herzegovina” has been the assessment and to review of the status of mental health and comparison of the results with previous analyses. This has been the reason behind use of the methodology based on three earlier researches, conducted in 2000, 2002 and 2008, in development of this Report. The General Questionnaires for Mental Health Centres, as well as for the associations, and non-governmental organisations have been used for purpose of quantitative data collection. The professionals from the Mental Health Centre, jointly with the members of associations and the beneficiaries of their services, represented the research sample.



According to the data on number of Mental Health Centres in Bosnia and Herzegovina, provided by the Ministry for Health of FBH, Ministry for Health and Social Welfare of RS and Health Department of Brcko District, there are 69 Centres operating throughout the territory of Bosnia and Herzegovina. 39 of those Centres are in the Federation of BiH, 29 Centres are in the RS and one Centre operates in Brcko District.

One or multiple multi-disciplinary teams operate in the Mental Health Centres, depending of geographical coverage, i.e. population covered. The teams consist of the following: neuropsychiatrists, psychiatrists, psychologists, social workers, medical technicians, and, a fewer number of educational specialists, speech therapists and occupational therapists. More specifically, the majority of the teams are incomplete, thus the team structures vary significantly. However, regardless of the team size, the analyses show there is a need to hire additional team members (particularly occupational therapists, educational specialists...), in order to respond adequately to the needs of the of the beneficiaries. The role of a nurse is particularly emphasized. It is important to stress that all Centres treat the beneficiaries equally, in professional manner, regardless of the age or the occupation.

Regarding the existing military structures and care for mental health of the military personnel, according to the data obtained from the Ministry of Defence of BiH and the BiH Armed Forces (MoD and AF BiH), there is no uniform, systematic solution in the area of preservation and care for mental health. The existing posts of psychologists – expert advisors, allocated to two units of AF BiH, do not meet the requirements of systematic solving of the

issues of preservation and treatment of the mental health in professional military. Thus, non-existent structure within the AF BiH does not provide for a good quality of recruitment of the military personnel as well as provision of adequate assistance, including the assessment of psychological military readiness, psychological prevention and support and psychological selection and classification. These requirements are not evident in the area of regular military service alone, but also in the area of transition, and, particularly, in the area of adequate preparation of the servicemen/servicewomen for participation in Peacekeeping Missions and upon their return from those missions as well. Although there are no obstacles to treatment of the Ministry of Defence and the Armed Forces of BiH members in the Mental Health Centres throughout the Bosnia and Herzegovina territory, the lack of the system within the Armed Forces makes the issue of mental health preservation in professional military questionable, particularly in relation to their profession.

The associations operating in the area of mental health in BiH have started operating in the country as of 1998 and their numbers have been growing ever since. The most of the associations have been registered in 2011, 2012 and 2013, which requires additional education that is to strengthen their capacities and enable better quality of work with the beneficiaries. There are 64 active associations throughout Bosnia and Herzegovina. Out of those, 44 are in the Federation of BiH and 20 operate in the Republic of Srpska entity. The activities, the associations are engaged in, include both, individual and group work and engagement of the beneficiaries' family in the most of the cases. Further, they are engaged in the area of provision of group support, recreational activities, occupational activities,

public representation activities, promotional-preventive activities, and educational activities for the association members, social support and other.

The analysis of the cooperation between the associations engaged in the area of the mental health care, shows that up to 70% of surveyed associations have established cooperation with the Mental Health Centres, approx. 50% cooperates with psychiatric clinics and all associations have established cooperation with schools, Social Work Centres (Social Welfare Centres) and other non-governmental organizations in their communities, which represents an impressive level of cooperation, established between the existing institutions and associations. Thus, the associations have met the most of conditions, enabling provision of adequate referral of beneficiaries to the relevant services with the purpose to provide the treatment of the highest quality.

By observing the activities the Mental Health Centres and the Associations are engaged in throughout Bosnia and Herzegovina, 73% of the Mental Health Centres treat mental disorders and alcohol induced behavioural disorders and 63% of the Centres treat mental disorders related to abuse of other psycho-active substances. More complex disorders, such as schizophrenia, are treated in 76% of the Mental Health Centres, while 61% of the Centres, have possibility of PTSD treatment. In addition to those 61% of the Centres, 6 of the surveyed Associations, which are active mainly throughout the Federation of BiH, provide PTSD treatment.

The majority of the Mental Health Centres work with both, demobilized soldiers and their families. The assistance of the Mental Health Centres provided to this population reflects in psychotherapy provided to both, the soldiers

and their families, as well as in other types of assistance.

Although the employees of the Mental Health Centres have expressed the need for specific education of the staff in the area of crisis interventions or war trauma treatment, the analysis indicates that more than 90% of the surveyed Centres have experience in working with war trauma, and that they have worked directly with veteran population. Further, the significant number of the Mental Health Centres has worked with the veterans', while approx. 80% of the Centres conducted testing of the veterans and, significantly smaller number, had testing conducted with their family members. Considering ethics and patient data protection, it was not possible to obtain the information on treatment of specific category of the beneficiaries, such as former or current members of the Armed Forces of Bosnia and Herzegovina; however, it is believed that they were treated in the cases when there was a need for treatment, because there were no obstacles to provide adequate assistance to this category of the beneficiaries, regardless of the fact that they come from the military system. However, due to the specifics of the profession and experiences that the military staff may experience, it is required to establish the coordination of referral of the professional military staff towards the Mental Health Centres, which is to enable proper treatment and provision of adequate service. Further, there are no systematically defined referral procedures towards the existing associations, which can be an obstacle to the persons in need. Although all of the associations are of open type, adequate referral would enable provision of higher quality treatment.



## NETWORK OF MENTAL HEALTH CENTRES IN BIH

Although the Research showed that the work of the Mental Health Centres and the activities they perform have been at advanced level related to providing services to beneficiaries and accounting for the fact that the capacities of the Centres do not meet fully the needs of the beneficiaries, the recommendations of the staff emphasized that there is a need to enhance and upgrade the existing capacities. The main recommendations have been related to the improvements of the administrative and legislative framework that is to ensure efficient operation and processes in the area of mental health protection in Bosnia and Herzegovina. The recommendation has been, in fact, pertaining to overcoming of the differences between the legislation and practice. The activities foreseen in the mental health policy should be implemented more intensively in practice and the policy shall be developed in accordance with the reports of the Centers, in order to allow the employees of the Centres to feel as being a part of the overall mental health policy and to meet the real needs in the field. Further, it is necessary to enable continuous education for the employees of the Mental Health Centres, in order to enable them completely to provide high-quality services. Continuous education programme should be developed in accordance with the job descriptions developed for each of

the team members, given that the continuous education programme cannot be developed unless specified what practical skills and competencies are required for the professionals. It has been emphasized that the programme of professional burnout prevention should be developed and that special attention should be provided to the education of nurses related to the work in mental health in the community.

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**ACCORDING TO THE DATA ON NUMBER OF MENTAL HEALTH CENTRES (MHC) IN BOSNIA AND HERZEGOVINA, PROVIDED BY THE MINISTRY OF HEALTH OF THE FEDERATION OF BIH, MINISTRY OF HEALTH AND SOCIAL WELFARE OF THE REPUBLIC OF SRPSKA AND HEALTH DEPARTMENT OF BRCKO DISTRICT, THERE ARE 69 CENTRES OPERATING THROUGHOUT BIH. OUT OF THIS, 39 CENTRES ARE LOCATED IN THE FEDERATION OF BIH, 29 IN THE RS AND ONE IN BRCKO DISTRICT.**

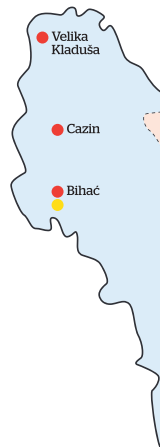
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When pertaining to the system of work and organization of services, the recommendations refer to improvement of coordination and consistency of health and social services in accordance with the needs of the beneficiaries and strengthening inter-sectorial cooperation.

In addition to direct strengthening of the Mental Health Centres capacities, the need has been emphasized of continuous education of the population through the MHC work in fight against the stigma and discrimination of people with mental conditions.

The strengthening of capacities of the Associations has been equally important and it includes the following: improvements in networking of the institutions and Mental Health Centres in the health protection system; increasing the frequency of occupational therapy with educated occupational therapists; increasing the number of mobile teams for work with the beneficiaries; working

on education of the population through health institutions and associations in preventing stigmatization, ignorance and prejudice; and strengthening social inclusion of the beneficiaries of associations. All of the aforementioned would help in development of existing capacities and strengthening the structure, as well as expanding the network that shall be able to respond to the challenges and needs in the area of mental health care for the service beneficiaries, particularly when considering that in the previous year alone, throughout Bosnia and Herzegovina, approx. 20,000 persons requested the services of the mental health centres for the first time.







# OVERVIEW OF MENTAL HEALTH CENTRES IN BOSNIA AND HERZEGOVINA



## OVERVIEW OF CAPACITIES OF SOME OF THE MENTAL HEALTH CENTRES (MHC) IN BOSNIA AND HERZEGOVINA

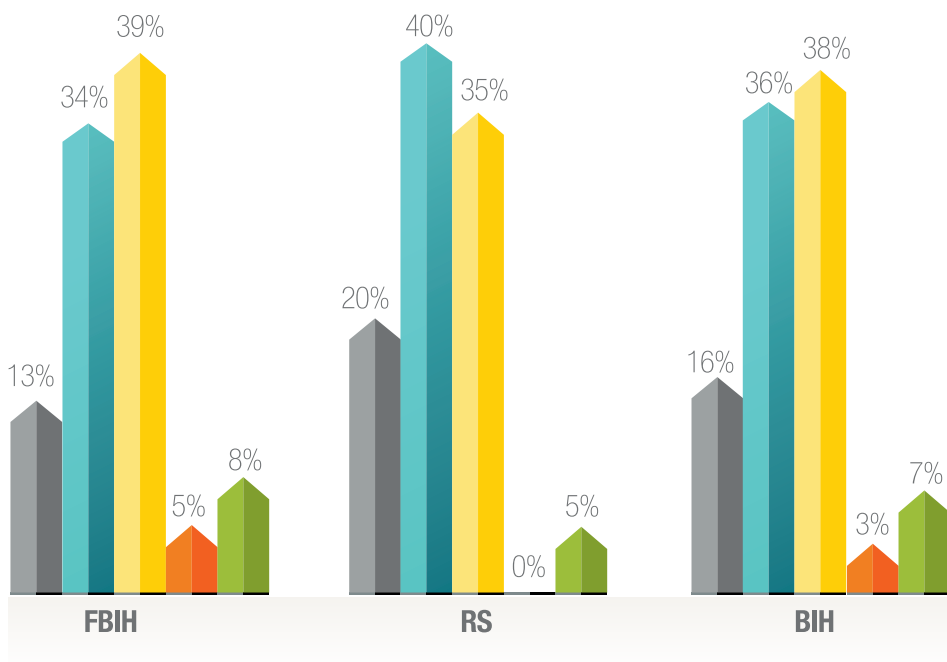
MHC	Population	Year of Establishment	Working Hours		No. of Teams	No. of team members	No. of psychiatrists
Goražde	25 000	1998	08:00	16:00	1	1	1
Stolac	21 000	2013	07:30	15:30	1	7	1
Travnik	290 000	1996	07:00	14:30	1	8	1
Sanski Most	47 000	1998	07:00	15:00	1	6	1
Gradačac	41 000	1997	07:00	15:00	1	5	1
Mostar (zapad)	83 807	2005	07:00	13:00	1	9	1
Bihac	61 186	1998	07:00	15:00	1	7	1
Kakanj	40 000	2002	07:00	15:00	1	3	1
Sarajevo, Centar	70 000	1999	07:30	15:00	1	7	1
Sarajevo, Vogošća	30 000	1999	07:30	14:00	1	5	1
Velika Kladuša	70 000	1997	07:00	15:00	1	6	1
Sarajevo, N. Sarajevo	68 800	2001	07:30	14:00	1	8	1
Zenica	200 000	1998	07:00	19:30	2	14	3
Cazin	70 000	2001	07:00	15:00	1	9	1
Živinice	70 000	2013	07:00	15:00	1	4	1
Bugojno	46 889	1998	07:00	15:00	1	6	1
Livno	40 000	2011	07:00	15:00	1	5	0
Tomislavgrad	30 000	1996	07:00	15:00	1	4	1
Zavidovići	40 000	1998	07:00	15:00	1	3	1
Ljubuški	80 000	1997	07:00	15:00	1	8	2
Visoko	40 000	2011	07:00	15:00	1	4	1
Konjic	43 878	1996	07:30	15:00	1	5	1
Gračanica	60 000	2007	07:00	15:00	1	5	1
Jajce	35 000	2011	07:00	15:00	1	5	1
Kiseljak	30 000	1999	07:00	15:00	1	7	1
Sarajevo, Ilidža	75 000	1999	07:30	14:00	1	7	1
Olovo	10 000	1998	07:00	15:00	1	4	1
Ključ	19 399	2004	07:00	15:00	1	5	1
Tuzla	140 000	1997	07:00	15:00	4	17	4
Doboj	95 000	1999	07:00	15:00	3	19	2
Ugljevik	25 526	2010	07:00	15:00	1	6	1
Banja Luka	200 000	1999	07:00	20:00	7	25	1
Čelinac	32 715	2013	07:00	15:00	1	6	1
Foča	25 000	2012	07:00	15:00	1	5	1
Gradiška	51 692	2003	07:00	14:30	1	8	1
Istočno Sarajevo	34 000	2013	07:00	19:00	1	6	1
Kozarska Dubica	36 000	2002	07:00	15:00	1	5	2
Novi Grad	31 244	2011	07:00	15:00	1	4	1
Pale	25 000	2012	07:00	14:00	1	5	1
Prijedor	80 785	2006	07:00	15:00	1	5	1
Derventa	50 000	2001	07:00	15:00	1	5	1
Laktaši	39 000	2013	07:00	15:00	1	4	1
Milići	10 000	2006			1	4	1
Šamac	22 750	2001	07:00	15:00	1	5	1
Teslić	55 000	2004	07:00	15:00	1	5	2
Gacko	9 177	2010			1	4	1
Modriča	40 000	2008	07:00	15:00	1	5	1
Mrkonjić Grad	40 000	2011	07:00	15:00	1	5	1
Trebinje	60 000	2000	07:00	15:00	1	8	2
Brčko	95 000	2000	07:30	16:00	3	16	3
Tešanj	45 000	1998	07:00	15:00	1	6	1
Sarajevo, N. Grad	140 000	2001	07:30	20:00	2	15	2
Sarajevo, S. Grad	53 000	1998	07:30	20:00	2	9	2
Srebrenik	45 000	2013	07:00	15:00	1	5	1
Mostar (istok)	59 000	1997	07:30	13:30	1	6	1
Vitez	168 748	1996	07:00	15:00	2	8	2



No. of nurses	No. of senior nurses	No. of Psychologists	N. of Social Workers	No. of Occupational Therapists	Number of Other Professionals
3	0	1	1	0	0
2	1	1	1	1	0
5	0	1	1	0	1
3	1	1	0	0	0
1	1	1	1	0	0
3	1	3	1	0	0
1	2	1	1	0	1
1	0	1	0	0	
2	1	2	1	0	0
2	0	1	1	0	0
2	0	1	1	1	0
1	1	3	1	1	0
5	1	2	1	0	1
2	0	3	1	0	1
2	0	0	1	0	0
1	1	1	1	0	1
0	1	2	1	0	1
2	0	1	0	0	0
0	1	1	0	0	0
1		1	1	1	2
1	1	1	0	0	0
3	0	1	0	0	0
2	0	1	1	0	0
2	1	1		0	0
4	0	1	1	0	0
3	0	2	1	0	0
1	1	1		0	0
2	0	1	1	0	0
8	1	2	2	0	0
7	1	3	1	0	5
2	1	1		1	1
1	1	1	1	0	1
2	0	1	1	0	1
2	0	1	0	0	1
3	0	2	1	1	0
2	0	1	1	0	1
1	1	1	0	0	0
1	1	1	0	0	0
1	2	0	0	0	1
2	1	1	0	0	0
3	0	1	0	0	1
1	0	1	0	0	1
2	0	1	0	0	0
2	0	1	1	0	0
2	0	1	0	0	0
3	0	1	0	0	0
3	0	1	0	0	
1	1	1	1	0	0
3	0	1	0	1	1
5	1	2	1	1	3
2	1	1	1		
5	1	4	3	0	0
3	1	2	1	0	0
2	1	1	0	0	0
2	0	1	1	0	1
2	0	1	1	0	2

# POPULATION COVERED BY THE MENTAL HEALTH CENTRE

(for all Municipalities)



*"Excess number of beneficiaries, related to the number of team members, represents an issue in the work of the Centre. The individual services, provided by the team, could be implemented without any particular difficulties; however, considering a significant number of programmes developed in the Mental Health Centres and implemented in the community, the number of staff is low, in the case when the goal is to achieve high quality. There has been a continuous increase in the number of beneficiaries from other Municipalities to whom we also provide services of the Mental Health Centre (according to the beneficiaries, there are no Mental Health Centres in their Municipalities and their doctors, most frequently paediatricians and family doctors, refer them to our Mental Health Centre)."*

**Comment of the Mental Health Centre Vitez**

- do 25.000
- 25.001 - 50.000
- 50.001 - 100.000
- 100.001 - 150.000
- 150.001 i više

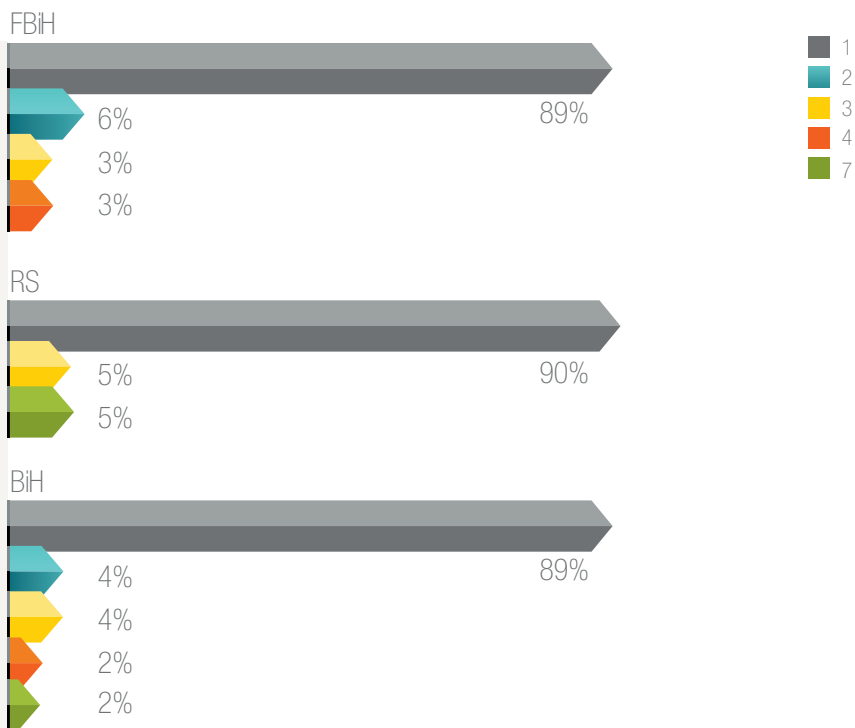
**THE AREAS COVERED BY THE MENTAL HEALTH CENTRES ACCOUNT FOR POPULATION OF APPROX. 66,000. HOWEVER, IN THE AREAS WHERE MENTAL HEALTH CENTRES OPERATE, THERE IS INADEQUATE PRESENCE OF OTHER SUPPORT SERVICES, SUCH AS DAY-CARE CENTRES, SOS TELEPHONES ETC. THUS, THE WORK OF THE CENTRES IS SIGNIFICANTLY BURDENED. IN ADDITION TO THE ABOVE, OTHER INSURED PERSONS, BESIDES THE BENEFICIARIES, ARE BEING REFERRED TO THE MHC, ALTHOUGH THE NATURE OF THEIR CONDITIONS ARE NOT WITHIN THE COMPETENCY OF THE CENTRES. THIS REPRESENTS AN ADDITIONAL BURDEN FOR THE WORK OF THE CENTRES.**

## **MENTAL HEALTH CENTRES WORK AND THEIR COOPERATION WITH OTHER HEALTH SERVICES**

Current capacities of the Mental Health Centres enable limited but adequate work with the population requiring the Mental Health Centres services. There are 425 mental health professionals engaged in 69 Mental Health Centres in Bosnia and Herzegovina (increase by 121 compared to 2009). The teams consist of neuropsychiatrists, psychiatrists, psychologists, social workers, medical technicians; and, to a smaller number, special education professionals, speech therapists and occupational therapists. Staff members of the

Centres point out that current human resources of the Mental Health Centres are insufficient, that there is a need for professionals of various professions (primarily occupational therapists or entire teams), to ensure that the work of the Centres can be conducted in two shifts, to enhance services, conduct home visits, and work with specific groups (children, addicts). In this manner, the Centres would provide adequate response to the beneficiaries' needs. The role of the nurses has been particularly emphasised.

## Number of Teams in the Mental Health Centres

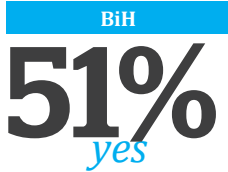
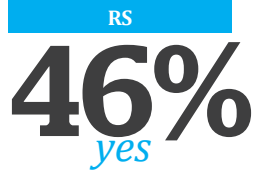
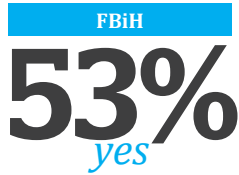


It is evident that the educated psychotherapists exist, which meets pre-requirements for a high-quality work with the discharged veterans and their families.

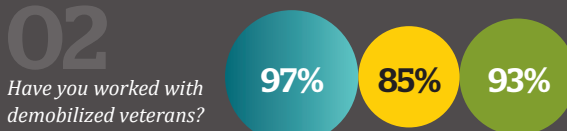
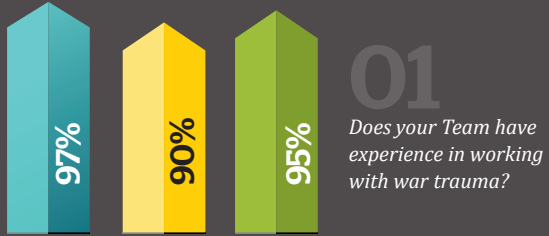
The most of the Centres work with both - the discharged veterans and their families. The assistance of Mental Health Centres to this population is reflected in psychotherapy, both for the soldiers and their families, and in other types of support, such as legal aid, in most cases. There are almost no Centres cooperating with the active

armed forces or the Police, working on a programme of some type. The exception is the Brcko District where the Mental Health Centre works jointly with the Police on fighting the domestic violence. Although, the staff of the Mental Health Centres have met both, discharged veterans and their family members, in their work, it is believed that there is a need to strengthen the capacities of the Centres by employing experts and providing specialist education, which would ensure better quality of treatment of the veteran population.

*Do you have educated psychotherapists in your Teams?*

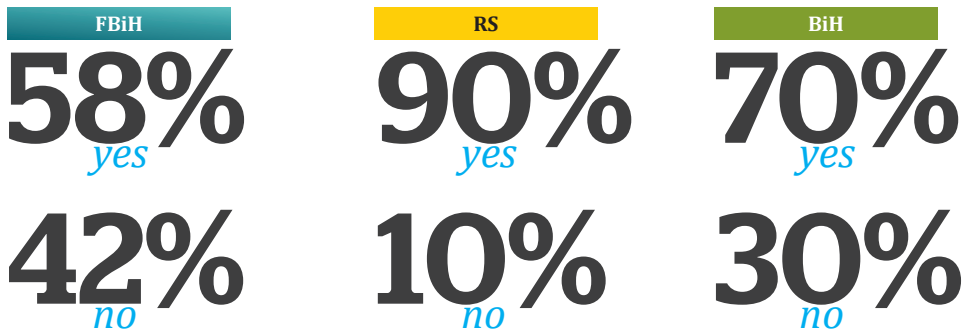


*Percentage of YES responses*



■ FBiH ■ RS ■ BiH

## Does Mental Health Centre provide occupational therapy services?



At present, some forms of occupational therapy i.e. work therapy have been conducted. Over the forthcoming period, the ministries of health of the entities, through the reform programme, plan to initiate regular education in the area of occupational therapy.

The work in the most of the Mental Health Centres is conducted in one shift (93% of those in Bosnia and Herzegovina) in the premises equipped for

group work (87% in Bosnia and Herzegovina), which definitely does not cover the needs of the population. All Centres possess adequately equipped premises and facilities for group work.

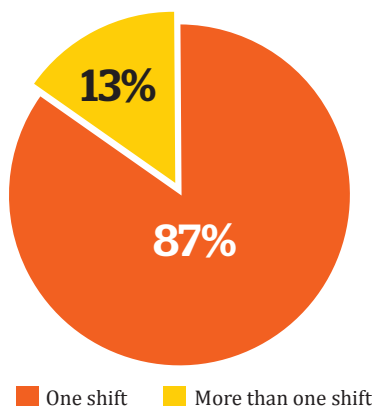
The experience of the staff employed in the Mental Health Centres indicates that there is a need for longer working hours, which would ensure better accessibility for the beneficiaries of the Centres.

## Mental Health Centre works in:

There is a need to intensify activities to increase efficiency and have better distribution of work.

By networking the Mental Health Centres and other services in the community, and, in particular, sectors of social welfare, education and NGO and information exchange

By establishment of the information system, whose development has been subject of the work of the entity ministries, the pre-conditions shall be met for better information exchange.







# EDUCATION OF MHC TEAMS

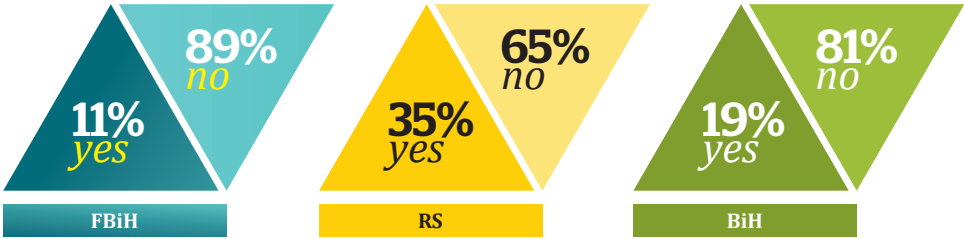
The education of teams exists; however, it is not continuous, which is largely due to the lack of resources (funding) for such activity (the Federation of BiH 89%, RS 65%).

There is a need to strengthen the supervisory capacities, since the current capacities affect the quality of work of the Mental Health Centres.

Recommendation emerges from all of the aforementioned, which is to introduce continuous education at the level of Mental Health Centres and educational programmes for specific professional topics given that, besides the improvement in the work of the centres, it is evident that they are still

unable to meet growing needs of the population. A particular issue is social stigma, segregation, and isolation of the persons with mental difficulties, which represents the main obstacle in the treatment of the persons with the conditions and their reintegration in the society. Besides the recommended requirement of continuous education of the teams, there is a need for education of the population.

It is required to continuously raise public awareness on importance of mental health, in order to avoid the stigma of the persons suffering from mental conditions.



Although, over the past period, a large number of educations were conducted by the ministries of health of the entities, the Research shows that the educations of the teams of the Mental Health Centres are established, however, they have not been continuous to date. The lack of resources has been indicated as the main issue.

## Results

Due to the work of such Centres, positive improvements are evident in the rehabilitation and treatment and the reduction in the number of patients with certain conditions. Further, although the comparison of data from this Research and the data from previous researches show what might

appear as the increasing number of persons with the conditions, the number is, in fact well-balanced since the Centres and Associations fulfilled their purpose of being contacted by the patients, who were previously unregistered, whose symptoms were not recognized etc.

# THE NUMBER OF BENEFICIARIES WITH PSYCHOLOGICAL DISORDERS WHO WERE PROVIDED SERVICES WITH THE MENTAL HEALTH CENTRES IN THE INITIAL RESEARCH

	2006			2007			2008 (first quarter)		
	FBiH	RS	BiH	FBiH	RS	BiH	FBiH	RS	BiH
Dementia	734	193	927	657	151	808	841	248	1.089
Other mental disturbances caused by brain damage and dysfunction	774	138	912	825	97	922	983	294	1.277
Non-specific organic or symptomatic mental disorders	112	37	149	216		216	120	53	173
Mental disorders and behavioural disorders due to alcohol abuse	661	232	893	789	155	944	732	340	1.072
Mental disorders related to other psychoactive substances	463	68	531	425	35	460	543	97	640
Schizophrenia	4.790	700	5.490	4.960	428	5.388	5.908	840	6.748
Other psychotic disorders	1.478	318	1.796	1.415	176	1.591	1.740	292	2.032
Bipolar affective disorder	1.877	270	2.147	1.874	197	2.071	1.663	266	1.929
Recurring depressive disorder	1.782	250	2.032	1.736	173	1.909	2.071	464	2.535
Individual episodes of mood disorders	2.743	808	3.551	2.667	467	3.134	3.562	1.041	4.603
Neurotic and somatic-forming disorders	4.790	1.647	6.437	5.659	882	6.541	6.111	1.832	7.943
Reactions to extreme stress and adjustment disorders	1.742	252	1.994	1.105	158	1.263	1.743	461	2.204
Post-traumatic Stress Disorder	1.829	169	1.998	1.740	99	1.839	2.453	232	2.685
Behavioural syndrome combined with physiological disorder and somatic factors	157	56	213	142	49	191	184	122	306
Two or multiple diagnosis	2.562	280	2.842	2.866	252	3.118	4.766	447	5.213
Other	4.226	704	4.930	4.435	763	5.198	63.535	1.184	64.719
<b>Total</b>	<b>30.720</b>	<b>6.122</b>	<b>36.842</b>	<b>31.511</b>	<b>4.082</b>	<b>35.593</b>	<b>96.955</b>	<b>8.213</b>	<b>105.168</b>

The analysis of the data gathered during 2006, 2007, 2008, 2011, 2012 and 2013, indicate an increase in number of the beneficiaries who register voluntarily (self-initiative) with the Centres and Associations, which differs from the previous years when they came accompanied by the family members. Further, there has been noticeable increase number of persons suffering from bipolar disorder, as well as dementia, depression, but also abuse of psychoactive substances and alcoholism. This is particularly pertaining to Brcko District.

# THE NUMBER OF BENEFICIARIES WITH PSYCHOLOGICAL DISORDERS WHO WERE PROVIDED SERVICES WITH THE MENTAL HEALTH CENTRES

	2011			2012			2013		
	FBiH	RS	BiH	FBiH	RS	BiH	FBiH	RS	BiH
Dementia	734	193	927	657	151	808	841	248	1089
Other mental disturbances caused by brain damage and dysfunction	774	138	912	825	97	922	983	294	1277
Non-specific organic or symptomatic mental disorders	112	37	149	216		216	120	53	173
Mental disorders and behavioural disorders due to alcohol abuse	661	232	893	789	155	944	732	340	1072
Mental disorders related to other psychoactive substances	463	68	531	425	35	460	543	97	640
Schizophrenia	4.790	700	5.490	4.960	428	5.388	5.908	840	6.748
Other psychotic disorders	1.478	318	1.796	1.415	176	1.591	1.740	292	2.032
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Individual episodes of mood disorders	2.743	808	3.551	2.667	467	3.134	3.562	1.041	4.603
Neurotic and somatic-forming disorders	4.790	1.647	6.437	5.659	882	6.541	6.111	1.832	7.943
Reactions to extreme stress and adjustment disorders	1.742	252	1.994	1.105	158	1.263	1.743	461	2.204
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<b>Total</b>	<b>30.720</b>	<b>6.122</b>	<b>36.842</b>	<b>31.511</b>	<b>4.082</b>	<b>35.593</b>	<b>96.955</b>	<b>8.213</b>	<b>105.168</b>

# THE NUMBER OF BENEFICIARIES REFERRED TO TREATMENT

	2011			2012			2013		
	FBiH	RS	BiH	FBiH	RS	BiH	FBiH	RS	BiH
Dementia	12	1	13	9	1	10	12	1	13
Other mental disturbances caused by brain damage and dysfunction	18	6	24	19	11	30	20	12	32
Non-specific organic or symptomatic mental disorders				8		8	3		3
Mental disorders and behavioural disorders due to alcohol abuse	41	19	60	48	28	76	41	46	87
Mental disorders related to other psychoactive substances	26	3	29	23	8	31	23	21	44
Schizophrenia	189	75	264	208	78	286	239	104	343
Other psychotic disorders	84	14	98	58	27	85	120	46	166
Bipolar affective disorder	13		13	19	3	22	28	3	31
Recurring depressive disorder	39	9	48	43	12	55	71	21	92
Individual episodes of mood disorders	34	26	60	45	31	76	75	44	119
Neurotic and somatic-forming disorders	23	1	24	32	1	33	40	1	41
Reactions to extreme stress and adjustment disorders	19	1	20	19	2	21	15	4	19
Post-traumatic Stress Disorder	33	5	38	36		36	36	1	37
Behavioural syndrome combined with physiological disorder and somatic factors	5	1	6	2	1	3	4		4
Two or multiple diagnosis	101	27	128	145	13	158	131	15	146
Other	14	6	20	11	8	19			
<b>Total</b>	<b>651</b>	<b>194</b>	<b>845</b>	<b>725</b>	<b>224</b>	<b>949</b>	<b>858</b>	<b>319</b>	<b>1177</b>



The cooperation to date between Clinics, Centres and Associations represents the basis for the referral of the MHC patients to treatment when required and, to the most cases, it has not been precisely defined. Due to this, lately the efforts in strengthening this cooperation have been on-going at community level.

## *Results*

The analysis of the results, obtained through the survey of the professionals, indicates towards the insufficient cooperation between the Mental Health Centres and other services and shows that the greatest need exists in relation to the strengthening cooperation with the Psychiatric Clinics. Same as it is required to define manner of cooperation with health, social and other services outside the Health Centres, it is necessary to define the approach to joint project implementation as well. The on-going projects vary from one community to another, in regards to both, topic and volume. The implementation of the projects mainly takes place

in cooperation with certain non-governmental organisations, and, in the most of the cases, it is related to direct assistance to the mental health service beneficiaries (material and psycho-social) to the beneficiaries of services of mental health and joint projects with the Social Work Centres (addictions, reproductive health) and educational projects. Therefore, it is required to continue the trend of strengthening the development of sectorial networking in the area of mental health in the community. Further, there is a need for support of the local community for the requirements of the MHC, as well as Health Insurance Funds.

# RECOMMENDATIONS OF MENTAL HEALTH CENTRES

*According to the Research data, the recommendations obtained from the staff of the Mental Health Centres pertain to:*

Enhancement of the administrative and legislative framework that is to enable efficient activities and processes in the area of mental health care in both entities of Bosnia and Herzegovina. The implementation of the activities envisioned in the mental health policy should be intensified in practice, policy should be created based on the reports of the centres, in order for the staff of the centres to feel as being a part of an overall mental health policy.

Enabling continuous education of MHC staff in order to make them fully trained to provide high quality service

There is a need to develop job descriptions for each individual team member.

Continuous education programmes should be

developed in accordance with the job descriptions developed, in order to ensure high quality of functioning of the continuous education programme developed, and in accordance with the practical skills and competencies required by the professionals.

It is required to upgrade professional burnout prevention programmes. Special attention should be focused onto education of the nurses related to the work in mental health in the community.

Introduce the education in the area of management.

Continuous education of the population through the work of Mental Health Centres related to fighting against stigma and discrimination of the persons with mental conditions.

*When pertaining to the system of work and organization of the services, the recommendations pertain to the following*

- Improvement of coordination and continuous medical and social services in accordance with the needs of the beneficiaries
- Strengthening inter-sectorial cooperation

## THE ASSOCIATIONS, ACTIVE IN THE AREA OF MENTAL HEALTH IN BOSNIA AND HERZEGOVINA

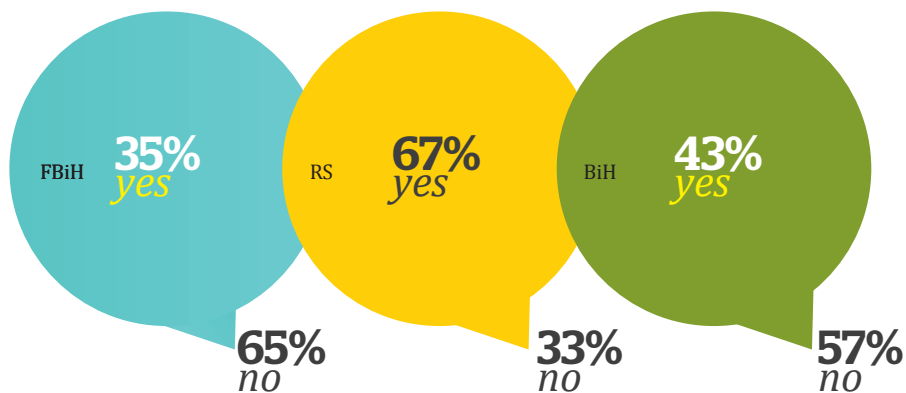
The associations, active in the area of mental health in BiH, have started their activities in 1998 and their number is continuously growing. The largest number of associations has been registered in 2011, 2012 and 2013. These young associations express need of professional education in the area of mental health.

64 Associations have been operating throughout Bosnia and Herzegovina. 44 of those are operating in the Federation of BiH and 20 in the Republic of Srpska. Nearly all Associations in the Federation of BiH ( 96% ) have active governing boards

which meet regularly, while this number is slightly lower in the Republic of Srpska ( 78%). In the Republic of Srpska, the number of Associations who had been beneficiaries of the premises, allocated by the local administration ( 67%) has been twice as high in the Republic of Srpska then in the Federation of BiH. This facilitates their work and sustainability. In the most of the cases, the allocated premises are of up to 100 m2 surface. Only a few of them have been active within the Health Centers or other Institutions (15% in the Federation of BiH, 11% in the Republic of Srpska).

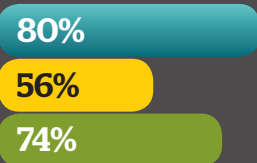


*Association has premises that were provided for use by local administration bodies*

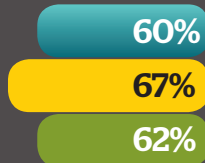


*Associations provide the following services:*

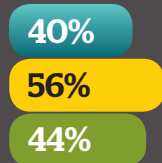
*Educational activities for the members of association*



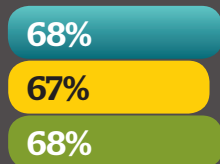
*Occupational activities*



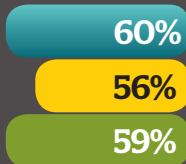
*Social support*



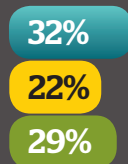
*Support Groups*



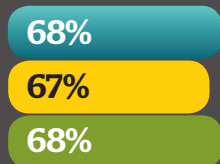
*Activities of public representation*



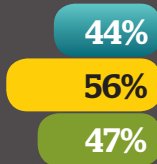
*Other*



*Promotional-preventive activities in...*

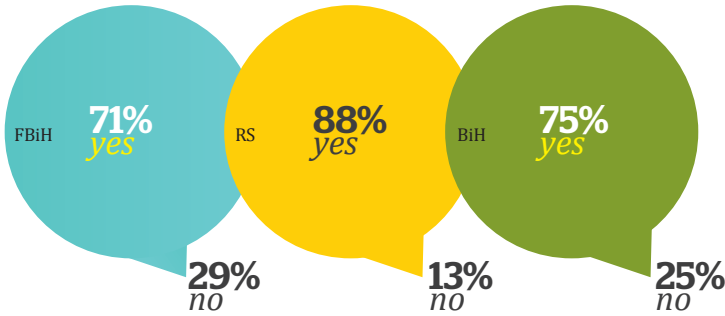


*Recreational activities*



It is important to emphasize that the Associations engage the families of the beneficiaries in their work (71% the Federation of BiH, 88% in the Republic of Srpska).

*The Associations include family members of the beneficiaries in their activities and have working programmes for this target group*

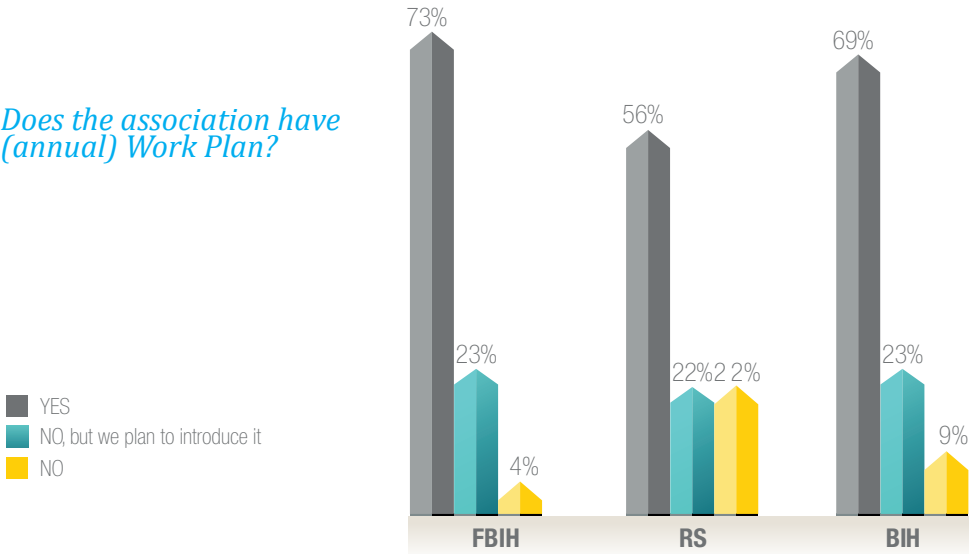


**The Associations which are active in mental health in Bosnia and Herzegovina**

The activities of the association are being implemented according to the annual action plan which 73% of the Associations in the Federation of

BiH have developed, while 23% lack Action Plans, but they plan to introduce it in their work, while 4% have no action plan at all. In the Republic of Srpska, 56% has Action Plans; 22% plan to introduce Action Plans, and 22% does not have Action Plans.

*Does the association have (annual) Work Plan?*







- Besides the aforementioned, do you cooperate with some other organizations in your surrounding (i.e. schools, social work centre, other non-governmental organizations etc...)
- Do you cooperate with the mental health centre or multiple centres (in your community)?
- Do you cooperate with psychiatric hospitals/wards/clinics from your surrounding?

## COMMENTS

### ASSOCIATION OF PERSONS WITH MALIGNANT CONDITIONS OF THE MUNICIPALITY OF CAZIN – UOMO

*"The Difficult financial situation of the members of Association = without adequate psycho-social assistance, leaves them to rely on themselves and their immediate family. There is a great lack of understanding and care from the leading administrative bodies and broader community for such people.*

*Our association has been managed by the person suffering from malignant condition, as well as remaining two persons who are currently in remission, cooperation of the remaining four members.*

*Since this Association has been established with the purpose of prevention and protection from the vicious illness, we have just continued with that kind of work, but on the voluntary basis, and we have expanded our work onto social gatherings, support to each other and organisation of expert lectures on causes, consequences and, primarily, prevention of the illness; we also plan to initiate a workshop for our members where, at least once or twice a month, they would meet, spend time together and, naturally, support each other."*

## PROI ASSOCIATION

*“The support of the state institutions for the implementation of our programmes and projects is insufficient. The target population that we work with is unknown as population in need of psycho-social support of the community. The legislation is relatively inadequate, making the implementation of our activities with the beneficiaries difficult and limited.”*

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## RECOMMENDATIONS OF THE ASSOCIATIONS

- Improve the links between the Institutions and the Mental Health Centres in the health protection system.
  - Increase the number of occupational therapies with educated occupational therapists.
  - Increase the number of mobile teams for the work with the beneficiaries.
  - Work on education of the population through the health institutions, related to combating stigmatization, ignorance and prejudice
  - Strengthen social inclusion of the beneficiaries of association
- 

## SUMMARY

Approximately 80% of the Associations cooperate with the Mental Health Centres both in the Federation of BiH and Republic of Srpska, while 50% of the Associations claim that they have some form of cooperation with the Psychiatric Clinics and Wards. Exactly half of the interviewed population, 50% of them in both Entities, believe that they have influence on mental health policy in their community. The majority of the Associations functions on voluntary basis, while a small number, cooperating with other non-governmental organisations, participates in tenders (bids) and, through their participation in projects, provides resources for work.

Basing their work on the pro bono system, the members of the Associations assess that they have inadequate staff profiles due to the fact that they are unable to pay the staff, unlike other non-governmental organisations that hire professionals from various areas and base their work less on volunteerism. For this reason, the adequate education of current staff of the associations would strengthen their capacities and self-sustainability.

This is particularly emphasized because of the demobilized soldiers who are increasingly contacting

the association when facing a problem. The increase in number of beneficiaries in the Associations is a consequence of unrestricted accessibility and simplified joining procedures compared to the formal access to services in the Mental Health Centres and limited working hours of the Centres.

The Associations mentioned financing as major issue for them, as well as insufficient support of the local community in their work.

All associations have in common the exposure to stigmatisation of the society and the institutions which they address.

The Analysis shows that the number of beneficiaries reporting the cases of discriminatory behaviour within the past 12 months is triple in the Federation of BiH (38%) compared to the Republic of Srpska (11%). The reporting pertained to the discriminatory behaviour of other members of the community towards the members of the association.

However, it should be mentioned that the majority of the Associations continue operating regardless of difficulties, focusing all their work and purpose of their existence on the wellbeing of their beneficiaries-patients.

**Preventiva**



BOSNA I HERCEGOVINA  
Ministarstvo sigurnosti



БОСНА И ХЕРЦЕГОВИНА  
Министарство безбедности



Министарство здравља и  
социјалне заштите  
Републике Српске



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