

Country Profile “Serbia”

Suicide and Suicide Prevention: Key Facts and National Priorities

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Introduction

The EU-Co-funded “Joint Action on Implementation of Best Practices in the area of Mental Health”, short **JA ImpleMENTAL** has a duration of 3 years, lasting from October 2021 to September 2024. Detailed information can be found at the project’s website [JA ImpleMENTAL ja-implimental.eu](https://ja-implimental.eu). It aims to promote and improve mental health structures, services, capacity and outcomes in participating countries in 2 specific areas:

- mental health reform (promoting community health services) and
- suicide prevention.

Two national best practices - mental health reform in Belgium and the Austrian suicide prevention programme SUPRA - serve as best practice examples. Selected components of these should be prioritised and implemented over the course of the JA in 14 i.e. 17 participating EU-countries. JA ImpleMENTAL comprises 6 Work Packages (WPs), 4 horizontal WPS and one for each best practice. **WP6 on suicide prevention** aims to support improvement in knowledge and quality of suicide prevention services. Defined elements of SUPRA should be transferred and pilot implemented at national/regional level, suicide prevention strategies in participating countries developed i.e. revised.

The present country profile is one of the major deliverables of the JA, presenting national priorities for suicide prevention embedded in contextually relevant facts. It summarizes results of the national Situation- and Needs Assessment (SANA), lists lessons learned, recommendations and prioritized measures for suicide prevention. It includes challenges and opportunities as well as outlining next steps necessary to scale-up i.e. promote national/regional suicide prevention activities. The country profile is a basis for strategy formulation, for decision-making and a declaration of commitment to suicide prevention.

1 Context

1.1 Country, Health and Social System

The Republic of Serbia is located in Southeast Europe, on the territory of the Balkan Peninsula, and has a total of 6.834.326 inhabitants, average age of 43.5 years (1) and life expectancy of 75.9 (2) years and healthy life expectancy of 66.9 in 2019 (3). It belongs to the upper-middle income state, with a gross domestic product (GDP) of 9.221 dollars per capita and the GINI coefficient of 33.3 (4).

Table 1: Population structure: year, expressed as number of persons, by age and sex (1)

Age group	Sex		total
	male	female	
<18	612,101	576,327	1,188,338
18 - 64	2,098,400	2,093,360	4,191,760
65+	621,540	832,688	1,454,228
Total	3,327,001	3,507,325	6,834,326*

* The above data refer to the population of the Republic of Serbia without the population of the autonomous province of Kosovo and Metohija.

The healthcare system of the Republic of Serbia is organized on three levels of healthcare: primary, secondary and tertiary. (8)

As part of the primary level of health care, there are 158 health centers in 25 regions of the country.

Certain regions that have over 20,000 inhabitants and are more than 20 kilometers away from the nearest general hospital have specialist-consultative services within their health centers that provide services in the field of mental health care. In other regions, patients who need the aforementioned services go to institutions of a higher level of health care (general hospitals, clinical-hospital centers, clinics and institutes). (8)

Also, in the Republic of Serbia there are six special hospitals for the hospitalization of patients suffering from mental health disorders, within which there are around 3,620 hospital beds: Clinic for Psychiatric Diseases "Dr. Laza Lazarevic", Institute of Mental Health Belgrade, Novi Kneževac, Vršac, Kovin and Gornja Toponica. In the aforementioned health institutions, patients in the acute phase of psychosis, with addictions, are treated in the framework of psychogeriatrics and psychosocial rehabilitation, and around 1,500 beds have been allocated for this purpose, while the remaining beds are intended for the treatment of patients with chronic psychiatric disorders. (7,8)

Mental Health System

Existence of stand-alone policy, strategy or plan for mental health: Republic of Serbia adopted the Program on mental health protection in the Republic of Serbia for the period 2019-2026 and consequently the Action Plan for the implementation of the mentioned document were published in 2019 (9). The umbrella laws of the aforementioned strategic documents is the Law on Public Health (10) and the Public Health Strategy (11). The general goal of the Program is "Improved system of mental health care for implementation of prevention, treatment and provision of comprehensive, integrated services, in accordance with international practice." The program also contains 4 special goals: (1) Special goal 1: Improved normative and institutional framework of mental health protection; (2) Strengthened prevention of mental disorders and improved mental health; (3) Improved human resources, education and research; (4) Improved quality of work of mental health institutions and fight against stigmatization and discrimination of persons with mental disorders.

In 2022, the Republic of Serbia adopted the '**Youth Strategy for the period from 2022 to 2030**' whose Strategic Goal 4 refers to Improving the health and well-being of young women and men. Strategic goal 5 refers to the Improvement of the conditions for the development of the safety culture of young people, and Strategic goal 6 to the Improvement of support for the social inclusion of young people from categories at risk of social exclusion. This strategy is aligned with the Mental Health Protection Program in the Republic of Serbia, and as young people (ages 15 to 24) they are recognized as a particularly vulnerable population group when we talk about mental health. (12)

Total government expenditure on mental health care is 6,6% of total government health expenditure; (13)

Main forms of government social support available for persons with severe mental health conditions: There are no data available on governmental social support for persons with severe mental health conditions;

According to the **2019 Serbian Population Health Survey**, 4% of respondents reported unmet mental health needs due to financial difficulties. (14)

Data on the proportion of involuntary hospitalization of psychiatric patients are partially insufficient, and the Clinic for Psychiatric Diseases "Dr. Laza Lazarević" states on its official website that every tenth hospitalization is involuntary, and that involuntary hospitalized patients are most often accompanied by the police (60-70%) (15), which is in line with earlier published data (16).

In Serbia, there are **four institutions that provide community-oriented mental health care services**, according to data from the 2019 Mental Health Atlas National Profile. (13)

Table 2: Facilities, number of beds and hospital admissions related to mental health, latest available year (17)*

Indicator at national level		number	rate per 100.000 adult/minor population
Mental health hospitals	Facilities	6	0.1
	Beds	2,945	43.1
	Admissions	4,279	62.6
Psychiatric wards/units in general hospitals	Wards/units	36	0.5
	Beds	1,004	14.7
	Admissions	8,594	125.7
Mental health inpatient facilities specifically for children and adolescents	Facilities	6	0.5
	Beds	445	37.4
	Admissions	2,959	249

* The data were calculated based on the number of inhabitants of Republic of Serbia, without residents of the autonomous province of Kosovo and Metohija, which does not imply a deviation from the principles of the United Nations Security Council Resolution 1244.

2 Suicide and Suicide Prevention

2.1 Situation Analysis (SA)

Figure 1: Suicide rate: year, by age groups and sex (2)

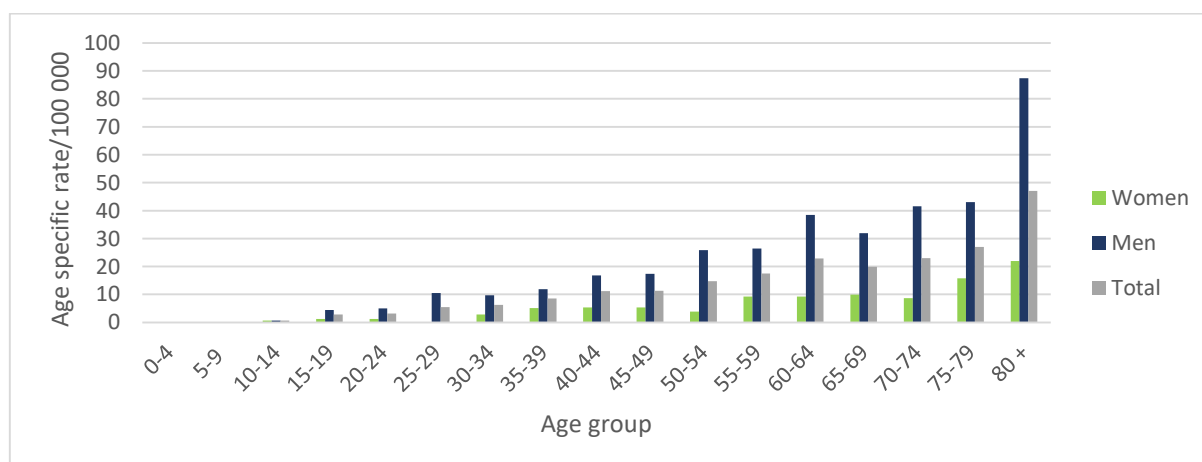
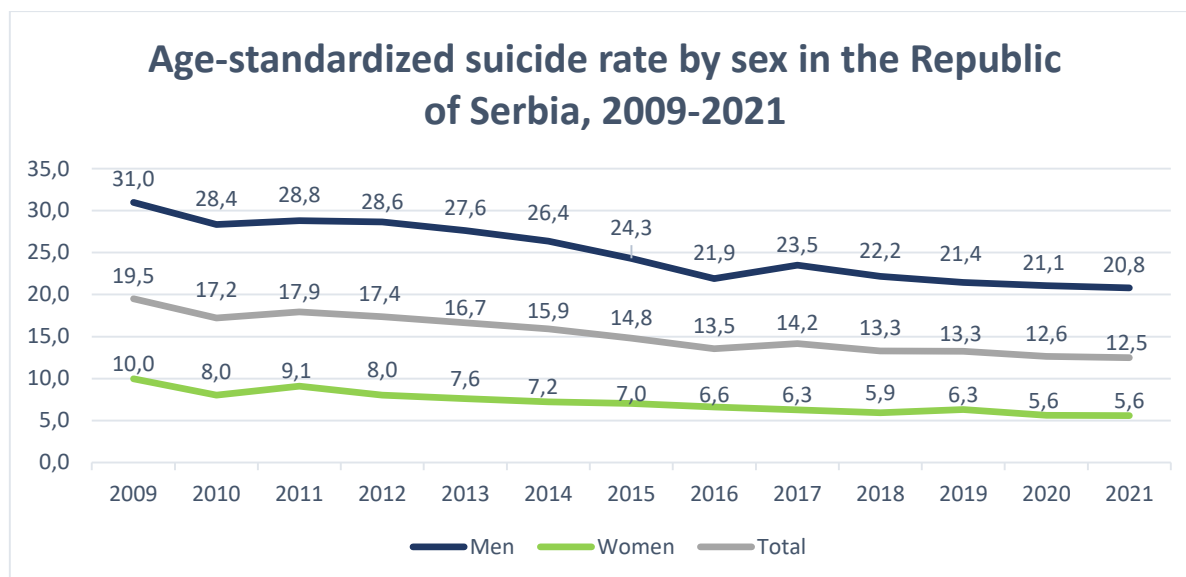


Figure 2. Suicide deaths trend, *period*, by sex



- The Statistical Office of the Republic of Serbia publish each year an annual report regarding different forms of violent deaths, including suicides – by sex and age categories. As it is visible, the age-standardized suicidal rate decreases over time, but still remains significantly more frequent among males. (2)

Box 1. Most common barriers people face when seeking psychosocial help (19)

- Barrier 1: Insufficiently trained and prepared staff at the primary level of health care to deal with a person seeking help in the field of mental health;
- Barrier 2: Highly specialized mental health care is mainly located in secondary and tertiary health care facilities or in long-term hospitalization facilities;
- Barrier 3: Stigmatization;
- Barrier 4: Lack of community based mental health care;
- Barrier 5: Insufficient connection and cooperation of the health and social care system.

Box 2. Groups most vulnerable to suicide (9,18)

- Males
- Adolescents
- People older than 65 years
- Women in postpartum period
- Migrants and refugees
- Individuals with lower level of education
- Youth

There is no data available about the hospitalizations due to self-harm, most common methods of suicide and self-harm.

2.2 Needs Assessment (NA)

Team members from the Institute of Public Health with a methodological support from national experts in the field of mental health have organized a several meetings in order to identify the strenghts, weaknesses, opportunities and potential threats regarding organization of the mental health care system, especially in suicide prevention-related activities, based on available data on suicides, present policies in the field of healthcare, education and social wellbeing.

Table 6.: SWOT Analysis

Factor	Contents				
Strengths	1. Availability of telephone lines for persons at risk of suicide	2. Active involvement of mental health care institutions in activities related to suicide prevention	3. Support of non-governmental organizations for suicide prevention	4. Comprehensive health insurance	5. Present Media campaign regarding suicide prevention
Weaknesses	1. Inaccessibility to mental health care	2. Untimely recognition of the mental health disorders at primary health care	3. Stigmatization of persons at risk of suicide	4. Absence of a national program for suicide prevention	5. Insufficient funds allocated for the protection of mental health
Opportunities	1. Institutes of Public Health in the each of 25 regions in Serbia	2. The existence of positive legislation and strategic documents related to the improvement of community mental health	3. The presence of a psychologist in every school	4. Significant support from the international organizations in efforts to improve strengthen mental health in the community	5. Mental health care workforce on the primary level of health care
Threats	1. Increased prevalence of domestic violence and violence in schools	2. High weapon ownership rate (eg. guns/capita)	3. Increasing challenges in socioeconomical well-being	4. New behavioral risk factors and addictions	5. Impact of COVID-19 and other public health emergency events on mental health

3 Reflection on SANA results

- In the Republic of Serbia, it is necessary to strengthen the protection of mental health at the primary level of health care, and therefore the accessibility of health care in this area to everyone who needs it. This is possible, considering the comprehensiveness of health insurance. It is necessary to evaluate the funding pattern of the mental health care at all levels of health care and, depending on the current possibilities, determine more significant funds for that purpose, especially in the area of suicide prevention among persons with a higher risk.
- Great efforts are needed to improve primary, secondary, and tertiary suicide prevention, through the activities in the organization of the health system that cooperates with the sphere of social protection, but also the entire community, so that people with mental disorders become more visible and destigmatized. As the Republic of Serbia has a network of 25 public health institutes (in each region), the active involvement of public health professionals in community engagement in joint efforts to prevent suicide and self-harm in the Republic of Serbia is needed, both on the ground and through campaigns through information systems.

- Finally, the identified needs should begin to be systematically realized. With the aim of preventing suicide and self-harm, it is necessary to form a team of experts in the field of mental health (psychiatrists, psychologists, psychotherapists, public health professionals, social workers, representatives of non-governmental organizations, etc.) to invest efforts in the creation of the National Strategy for Suicide Prevention, in cooperation with the Government of the Republic of Serbia, responsible ministries (Ministry of Health, Ministry of Internal Affairs, Ministry of Labour, Employment, Veterans and Social Affairs, Ministry of Education, Ministry of Science, Ministry of Family Care and Demography, Ministry information and telecommunications, etc.).

Box 3.**Prioritized measures for implementation**

Measure 1 : Creating and adopting a national program for the prevention of suicide and self-harm

Measure 2: Creation of a national registry for suicide and self-harm

Measure 3: Including education in the field of mental health and mental hygiene in the standard teaching curricula of primary and secondary schools in Serbia

QUICK WINS

Serbia is not implementing country.

4 Next steps

Nationally/regionally agreed upon steps, commitment:

- Raising awareness in society about the importance of early recognition of the risk of suicide in the environment, efforts to destigmatize people with mental health disorders,
- Creating and adopting a national program for the prevention of suicide and self-harm,
- Creation of a national registry for suicide and self-harm,
- Including education in the field of mental health and mental hygiene in the standard teaching curricula of primary and secondary schools in Serbia.

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