

Country Profile BULGARIA

Community-based Mental Healthcare Networks: Key Facts and National Priorities

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Contents

Introduction.....	2
1 Situation Analysis (SA).....	2
1.1 Country, Health and Social System at national level.....	2
1.2 Mental Health System at national level.....	3
1.3 Health and social structure in pilot area.....	6
1.4 Community-based mental health care at pilot level.....	7
2 Needs Assessment (NA).....	8
3 Reflection on SANA results.....	9
4 Priorities & Next steps.....	9
5 References.....	11
6 Corresponding authors.....	12

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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 \(ja-imental.eu\)](http://ja-imental.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 six Work Packages (WPs), four horizontal WPS and one for each best practice. WP5 on community-based mental healthcare aims to implement elements from Belgian Mental Health Reform, which is based on the principle of deinstitutionalization, i.e., the transition from care primarily provided in institutions to community-based care in order to improve mental health outcomes and quality of life and avoid unnecessary hospitalizations. In addition, the reform is based on the principles of rehabilitation and inclusion, decategorization, i.e., multisectoral cooperation, strengthening care in hospitals to make stays shorter, but with more intensive treatment, and the principle of consolidation, providing funds for pilot projects.

The present country profile is one of the major deliverables of the JA, presenting key facts of the national and local mental health system. It summarizes results of the recent situation analysis and needs assessment (SANA), lists lessons learned, recommendations, challenges and opportunities as well as outlining next steps necessary to scale-up, promote national/regional community-based mental health care services. The country profile forms a basis for strategy formulation, decision-making and commitment.

This country profile is based on a situation analysis conducted in two parts and subsequent needs assessment. For the situation analysis, two questionnaires have been developed by WP5, one for the analysis of the situation regarding the overall health system and community-based mental health care at national level, and another one for the analysis at implementational level. Following the data collection, a SWOT analysis was conducted by the countries to assess the needs in terms of community-based mental health care.

The information for the situational analysis is based on previous reports of the European Psychiatric Association, the World Health Organization, Bulgarian analytical reports, statistical data, strategic documents prepared and adapted to Bulgarian conditions.

1 Situation Analysis (SA)

1.1 Country, Health and Social System at national level

The Republic of Bulgaria is a country in Southeastern Europe. It is bordered to the north by Romania, to the west by Serbia and North Macedonia, to the south by Greece, to the southeast by Turkey and to the east by the Black Sea. The capital of the country is Sofia and the country is divided into 28 districts. Bulgaria has 6 838 937 inhabitants distributed over 110,879 km² including small Turk (8.4%)/

and Roma (4.4%) populations, residents in cities (78%) predominate over those in rural areas (22%)¹. Bulgaria joined the European Union (EU) in 2007 and ranks 71nd in the world by per capita GDP. The Health Act was introduced in 2005 for the first time although some efforts in that direction have been done before². The Health Act is a normative document that was adopted by the Bulgarian government before Bulgaria's accession to the European Union.

Table 1: Population structure: 2022, expressed as number of persons, by age and sex

Age group	Sex		Total
	Male	Female	
<18	674 776	637 397	1 312 173
18 - 64	2 014 810	1 817 125	3 831 935
65+	621 725	1 073 104	1 694 829
Total	3 311 311	3 527 626	6 838 937

Healthy life expectancy at birth is 71.4, and 15.2 at age 65 (2021). A total of 31.7% of the population is at risk of poverty and social exclusion (2021). Income inequality, expressed as the Gini coefficient, is 39.7 (2021), and total healthcare expenditure relative to GDP is 7.1% (2021).

The Bulgarian healthcare system includes compulsory social health insurance. The Bulgarian healthcare system is based on a scheme for compulsory social health insurance, with voluntary health insurance playing a minor role. In the social health insurance system, the National Health Insurance Fund (NHIF), through its branches of 28 regional health insurance funds, is the sole purchaser of health services. State health policy is governed by the Council of Ministers and the Ministry of Health is responsible for the overall management of the health system. This includes drafting health legislation, coordinating and controlling the various subordinate bodies, as well as planning and regulating providers of health services. At district level, public health policy is organised by the regional health inspectorates (RHIs), which are the local bodies of the Ministry of Health (MoH).

1.2 Mental Health System at national level

After an official evaluation and recommendations of the European Psychiatric Association in 2018, a National Strategy for Mental Health³ was adopted by act of the council of ministers in 2021. A National Council was established in 2022 to guide and steer the process of its implementation in 2022. The strategy envisages a major paradigm shift towards community based care and seeks relevant funding for multidisciplinary case management in psychiatry.

The main aims of the Strategy are briefly summarized bellow :

- Reducing morbidity and mortality from mental disorders.
- Integrating psychiatric services into general medical care (deinstitutionalisation).¹
- Creating a network of integrated services for people with severe mental illness, in close proximity to their place of residence, centres for the treatment of disorders in the community, eating disorders.
- Reducing alcohol and drug use and reducing manifestations of aggression and self-aggression.
- Developing child and adolescent psychiatry, old-age psychiatry and forensic psychiatry.

¹ The WHO describes deinstitutionalisation as a challenging and complex process that involves simultaneously increasing discharges, reducing admissions and scaling up community care. It also requires gradually redirecting resources from the institution towards the community (WHO, 2022).

- Special focus on child mental health in line with the Convention on Rights of the Child to ensure special protection of children's rights, including the right to health and access to health and medical care.
- Introducing a system to collect statistical information by region, type of mental illness among children, age and analysis of the data collected, including conducting targeted surveys on mental illness among children, disaggregated by age.
- Developing specific measures and incentives to attract and retain specialists in child and adolescent psychiatry, forensic psychiatry and psychiatry of advanced age.
- Restoring the balance between individual psychiatric professionals, social worker's psychologists, nurses and orderlies with the development of appropriate Incentives to attract shortage of professionals.
- Respect human rights and combat stigma and discrimination.

Currently the National Strategy is under implementation and monitoring. The total budget of the strategy is approximately EUR 33 million, the money is provided under the Recovery and Sustainability Plan with 4% co-financing from the MoH. Total governmental expenditure on mental health is 2.6% (as % of total public health expenditure). The percentage for psychiatric services of the total percentage for health care is very low. A major part of the money is given for inpatient services. Main forms of government social support available for persons with severe mental health conditions are several: Income support, housing support, employment support, education support, social care support.

The share of the people reporting unmet mental health care needs due to financial reasons are 2.7 %² The proportion of involuntary admissions of total admissions is 8.1% for psychiatric hospitals and 2.6% for wards in general hospital and university clinics. The share of patients, who receive out-patient visits within one month after discharge is 25% or less. Community-based mental health outpatient facilities are available but they are few. All principles of community-based care are covered (Deinstitutionalisation, User-centredness, Recovery orientation etc.). Bulgaria don't have a policy, strategy or plan for child and/or adolescent mental health, but some elements are integrated in the Strategy and other documents. On the national level Bulgaria have policy for transition age. Current legislation includes provisions to prevent coercive practices and promote alternatives including voluntary admission, informed consent to treatment and strategies to avoid and end seclusion and restraints. Current legislation provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body and also provides for regular inspections of human rights conditions in mental health services by an independent body. Collaboration between different ministries in the field of children's mental health is relatively good, reflected in common policies, plans and strategies. The NHIF partially covers treatment of outpatients (examinations and some medicines), while inpatient treatment is covered by the state.

² In the interview data, there is only an answer to the question about the presence of chronic depression. We indicate this data.

Table 2: **Facilities, number of beds and hospital admissions related to mental health (ref)**

Indicator at national level		Number	Rate per 100.000 adult/minor population
Mental health hospitals	Facilities	11	0.2
	Beds	2 074	37.67
	Admissions	7 243	131.53
Psychiatric wards/units of general hospitals	Wards/units	22	0.4
	Beds	891	16.18
	Admissions	11 764	213.63
Mental health community residential facilities	Facilities	3	0.23
	Beds	41	3.11
	Admissions	208	15.75
Mental health inpatient facilities specifically for children and adolescents	Facilities	3	0.2
	Beds	41	3.1
	Admissions	208	15.8
Mental health community residential facilities specifically for children and adolescents	Facilities	42	3.2
	Beds	578	43.8
	Admissions	No data	No data

Table 3: **Mental health workforce (ref)**

	In MH service (all)		In child & adolescent MH services (totals of government and non government services)	
	Total number	Rate	Total number	Rate
Psychiatrists	584	8.3	26	2.0
Child psychiatrists				
Mental health nurses	978	14.0	No data	No data
Psychologists	89	1.3	No data	No data
Social workers	50	0.7	No data	No data
Speech therapists	No data	No data	No data	No data
Occupational therapists	26	0.4	No data	No data
Others	No data	No data	No data	No data
Total	1,727	24.7	No data	No data

A small number of psychiatrists are entirely in private practice (about 1% of all psychiatrists in Bulgaria). Most psychiatrists work in inpatient psychiatric services. In practice, they also provide outpatient psychiatric care (about 400 psychiatrists). All psychological services are entirely private. Everyone who

needs psychological help is forced to pay for it. The price of this service varies from 15 to 60 euros per visit. The minimum wage in Bulgaria is 305 euros. Unfortunately, the Ministry of Health and Social Welfare does not interact fully enough.

Professionals show low awareness of ongoing projects in the field of depression management. Innovative methods for the treatment of mental disorders go far beyond pure medical intervention, which in psychiatry is largely limited to drug therapy and some non-drug methods - transcranial magnetic stimulation and electroconvulsive therapy. They involve coordinated action by different groups of professionals - doctors, nurses, psychologists, social workers, as well as the introduction of new jobs and even professions, such as „mental health case manager“ and others. The lack of a comprehensive concept for reform also leads to uncoordinated action in sectors that by definition need to cooperate. To achieve this, there is a need for a change in the legal framework, for the provision of funding and training. So far, Bulgaria still lacks a clear political will for change, despite a number of strategic documents, programs and action plans.

One of the major problems is the fragmentary nature and lack of continuity of both care and therapy and information about a patient. After discharge from psychiatric hospital, the patient does not routinely have referral for follow-up, maintenance therapy or any psychosocial interventions with a plan for their recovery and reintegration again into the community. These activities are undertaken chaotically depending on the particular circumstances of the patient, initiatives from their carers and family, or local service conditions. Complex systems make it very challenging for patients to successfully obtain and continue use of treatment. For example, in order to use services funded by the NHIF, the patient is obliged to visit a general practitioner (GP), to get a referral to a specialist, to visit that specialist, then to certify the medication protocol, and if it is for costly medications it must be approved by a special committee, after that to go back to the GP and then visit a pharmacy to get the medicines. This is likely to be too complex for many patients to successfully negotiate, let alone if they have impaired insight or cognitive functioning, or poor motivation and drive resulting from their mental disorder. Drugs for schizophrenia and bipolar affective disorder are reimbursed, but no more than three per patient. Anti-depressants are only partially reimbursed after providing evidence of a depressive disorder. This, combined with low referral rates to psychiatrists, further reduces the possibility of early detection and treatment of anxiety disorders. The mental health information system for both adults and children is integrated into the general system. No reports on child and adolescent mental health have been published in the last two years at the national level.

1.3 Population profile in pilot area

The pilot area is the whole country.

Table 3: Population structure in Year of pilot area expressed as number of persons, by age and sex.

Age group	Sex		Total
	Male	Female	
<18	674 776	637 397	1 312 173
18 - 64	2 014 810	1 817 125	3 831 935
65+	621 725	1 073 104	1 694 829
Total	3 311 311	3 527 626	6 838 937

Any footnotes, explanations, specifications of data, data source, etc.

The unemployment rate of **pilot area** is at 4.3%. The life expectancy is 78.1 years on average for women and 70.8 years for men.

1.4 Community-based mental health care at pilot level

In Bulgaria according to the Health Insurance Act, insurance system covers diagnostic, treatment and rehabilitation services as well as medications for the insured individuals. The Ministry of Health is responsible for providing and funding public health services, emergency care, transplantations, transfusion haematology, tuberculosis treatment and inpatient mental health care.

Bulgaria has never had a separate law on mental health. Issues such as mandatory treatment, guardianship and legal capacity were regulated in the People's Health Act, which was in force until 2005, when it was replaced by a new health act. That act has a chapter relating specifically to mental health.

Bulgaria is a signatory of numerous international documents concerning the protection of human rights, like UN Universal Declaration on Human Rights, European Convention on the Protection of Human Rights and Fundamental Freedoms, Convention on the Rights of Persons with Disabilities, UN Convention on the Rights of the Child, UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

The RECOVER-E project in Bulgaria provides an opportunity for a new approach in the treatment of severe mental illnesses in Bulgaria. Integrated community psychiatric services, which include medical treatment as well as psychological and social support, improve treatment cooperation and reduce the incidence of psychotic relapses. The provision of community mental health services provides better treatment outcomes, supports better personal and social functioning, and leads to an improved quality of life for patients with severe mental disorders. As a result, it reduces the stigma towards people with mental health problems and supports their inclusion in community life.

Twenty-five professionals from MHC „Prof. Nikola Shipkovenki” have been trained in Sofia. Two mobile multidisciplinary teams have been formed, each of which includes a psychiatrist, a psychologist, a social worker, a nurse and a peer expert/worker. The members of the mobile teams participated in training in the Netherlands on how to implement the elements of the program. For the first time, the mobile team also includes peer workers who, through their experience in illness and coping with mental crises, help the patients included in the program. Interviews were conducted for inclusion in the program and two groups of patients of 100 people were formed - experimental and control. A needs assessment has been made, an action plan/roadmap has been prepared and a political dialogue has been conducted with stakeholders. Treatment protocols are prescribed in accordance with the psychiatric standards for the treatment of severe mental illness. Assessments of the condition of the patients from the control and experimental groups were made when they were included in the program at the 12th month⁴. An evaluation of the 18th month, analysis, comparative analysis and summary of the results are forthcoming.

Table 4: Total number of MH workers in Bulgaria

	In MH services (all)		In child & adolescent MH services	
	Total number	Rate	Total number	Rate
Psychiatrists	584	8.3	26	2.0
Child psychiatrists				
Mental health nurse	978	14.0	No data	No data
Psychologists	89	1.3	No data	No data
Social workers	50	0.7	No data	No data
Speech therapists	No data	No data	No data	No data
Occupational therapists	26	0.4	No data	No data
Others	No data	No data	No data	No data
Total	1,727	24.7	No data	No data

2 Needs Assessment (NA)

For the needs assessment, the Bulgaria team acted in sync with the tasks of the Mental Health Strategy for the citizens of the Republic of Bulgaria. The first objective was to assess inpatient psychiatric facilities, available staff, by age structure, etc. For this purpose, an assessment tool based on the Thornycroft and Tanzella model was developed. In the first stage of the assessment, the questionnaire was self-administered by the structures, and in the second stage, the structures were visited by teams, mainly composed of NCPHA staff. The results are still being processed. Preliminary data show that staffing is insufficient, some of the staff are of retirement age, funding is different even for structures that should be identical.

The SWOT analysis was completed in July 2023 by the country team with representatives of stakeholders from National Council for Mental Health.

Table 5: SWOT Analysis

Factor	Contents				
Strengths	1. some specialized staff with expertise in the treatment of young patients	2. previous investments in training	3. Government focused on building child psychiatry professionals	4.	5.
Weaknesses	1. shortage of mental health staff	2. organization of AMHS still focussed on psychiatrists	3. families not always involved	4. Insufficient coordination	5. lack of political will for change
Opportunities	1. awareness of the need to integrate clinical and social aspects	2. JA is an opportunity for learning about implementation	3. more attention to mental health of young people	4. The Health Minister is a psychiatrist, committed to the reform	5.
Threats	1. stigma related to adolescents and young adults with behavioural problems and drug use	2. limited intersectoral collaboration between AMH and social services	3. limited funding for mental health services	4.	5.

3 Reflection on SANA results

Some facilitating factors in Bulgaria can support the implementation of this project:

- There are structures that exemplify good practice.
- For the first time, Bulgaria's health minister is a psychiatrist who is committed to the reform process.
- Resistance to change in the mental health system is weakening as opponents of reform themselves conclude that the system will collapse without change.
- Although small in amount, some funding has been secured to enable further steps towards change.

The potential barriers are:

- There is an insufficient number of child psychiatrists.
- No law on psychotherapy and psychological services are entirely privately paid.
- No specialty psychiatric nurse.
- Social workers are located only in accommodation and are too few in number.

4 Priorities & Next steps

The main objective of the Belgian mental health system reform was to reduce hospital care and to increase community-based care to improve recovery and reintegration through the creation of local networks. “Mental health reform in Belgium” focuses on establishing regional/ local networks of community mental health services that strengthen community-based provision of preventive, promotive and care services across sectors, through community-based and intersectoral networks in order to improve access to, continuity and quality of care, focusing in the re-organization of help and care according to the needs of people, respecting human rights, ensuring the participation of users and their family members in the care process and keeping people as much as possible near in their own environment. The role of a Network Coordinator is established with the responsibility to coordinate the activities. Despite Bulgaria been a non-implementing country we see a lot of synergies between the Belgian best Practice and the Mental Health Strategy for the citizens of the Republic of Bulgaria 2021-2030 and opportunities to share experiences and gain from our participation in JA ImpleMENTAL

Largely our next steps described in our Mental Health Strategy follow under the following broad strategic areas

1st Strategic Area: Ensure (strong) governance structures/mechanisms governance conditions and building and sustaining networks based on intersectoral, multidisciplinary and recovery-oriented approach

- Execution of the Mental Health Strategy for the citizens of the Republic of Bulgaria 2021-2030.
- Assessment of the needs of the population for mental health services and their provision at territorial level.
- Establish a single mechanism for adequate funding, following the 'money follows the patient' model.
- Establish a state fund for the uninsured mentally disordered and permanently disabled.

- Establishing posts for clinical psychologists and social workers.
- To ensure the success of the strategy, a broad social base needs to be built, which means involving different institutions and agencies. There is an urgent need for targeted coordination and convergence of all policies and available resources to achieve improvements in mental of the population in the Republic of Bulgaria, as well as a diffusion from the "hard" to the "soft" measures to achieve optimisation of activities. This could be achieved through the constitution of a supra-ministerial (or inter-ministerial) National Council for Mental Health under the Council of Ministers, which would have operational powers in the implementation of the national mental health strategy and its action plan. In addition, it is proposed that an Executive Board for the activities of the strategy be established under the MoH to prepare the ongoing operational framework of activities for the year, the estimates, timelines and responsible parties according to the action plan.

The National Council shall be composed of representatives of the following departments and institutions:

- Ministry of Health
- Ministry of Labour and Social Policy
- Ministry of Education and Science
- Ministry of Regional Development and Public Works
- Ministry of Justice
- National Health Insurance Fund
- Bulgarian Medical Association
- Bulgarian Psychiatric Association
- Medical University - Sofia
- Medical University - Plovdiv
- Medical University - Varna
- Medical University - Pleven
- Medical University - Stara Zagora
- National Centre for Public Health and Analyses
- National Association for Mental Health
- Bulgarian Psychotherapy Association
- Bulgarian Association of Child Psychiatry and Allied Professions
- Representatives of patient organisations and social service providers

2nd Strategic Area: Development or transformation of MH services and interventions (incl. multidisciplinary approach)

- Development of programmes for prevention and early intervention in prodromes of psychosis.
- Development and implementation of prevention and early intervention programmes for alcohol and drug use.
- Introduction of case management programmes and provision of psychosocial interventions in the community.
- Setting up psychiatric wards in inpatient care facilities according to regional needs assessment.
- Establish mental health centres in all regional towns.
- Relocation of some of the state psychiatric hospitals in line with the assessment.
- Ensuring adequate medical consultation and treatment for co-morbid somatic conditions.

3rd Strategic Area: (Extensive global) training & capacity building programme of stakeholders (in support of the reform & cultural change in service provision)

- Systematic training of health professionals and psychiatrists in practical communication skills, basic psychotherapeutic techniques, and therapeutic alliance building. Regulation of the bachelor degree programmes and MSc in Psychology and a major update of the postgraduate training programme in psychiatry.

4th Strategic Area: Data collection, monitoring & evaluation

- Develop and implement a system of organisational measures to monitor the progress of cases after the active phase of treatment.

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 Bulgarian Journal of Public Health, Sofia, Vol. XIII, Issue 3 2021.: pp 28-40.

6 Corresponding authors

The National Center of Public Health and Analyses (NCPHA) as a health institution is engaged in conducting state policy in the field of health care. As a structure of the national health care system on public health issues, the NCPHA carries out a large volume of activities specified in the current legislation - the health act and the regulations on the structure and activity of the NCPHA.

The role of NCPHA is to provide the Bulgarian Ministry of Health with expertise, consultation and analysis in the field of public health: promotional activities, expertise in variety of aspects that influence the public health such as environment, work place, foods and nutrition, physical and chemical factors, etc.

The mission of the National Center of Public Health and Analyses is to combine these diverse activities that contribute to better population's health. All efforts of the center's persons holding academic ranks, experts and technical staff are aimed at applying modern technologies in the field of public health and taking a leading position in the National healthcare system.

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¹ 2023 National Statistical Institut Bulgaria

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