Country Profile SERBIA

Community-based Mental Healthcare Networks: 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-implemental.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 program SUPRA - serve as best practice examples. Selected components of these should be prioritized 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.

1 Situation Analysis (SA)

1.1 Country, Health and Social System at national level

The Republic of Serbia is located in Southeast Europe, on the territory of the Balkan Peninsula. The population of the Republic of Serbia is about 6.83 million [1] and this number is continuously decreasing (by roughly half a million people in the last decade, since the census year of 2011). Unstable birth rate, the negative rate of natural increase and the increase in economic migration, all together correlate with population aging [2]. The growing participation of the population over 65 years of age and a significant unemployment rate pose a challenge to the health system financed by contributions in the context of rising health and social needs.

After stagnation at the end of the 1990s, the average life expectancy in Serbia was marked by steady growth [3]. Although it has been extending over the past years, Serbia has been lagging behind in terms of life expectancy in relation to the countries of the European Union [3]. Total life expectancy in 2019 was 75.7 (73.1 for men and 78.3 for women) [4], while the expected life expectancy shows a significantly lower value in 2021 (72.7 years, i.e., 70.0 years for men and 75.6 years for women) [2] due to COVID 19 pandemic. In the other hand, the burden of diseases is similar to developed countries, related to non-communicable diseases. Even though a lot of investment has been made in a range of campaigns related to healthy lifestyles, over the past decade, the three leading health risks continue to be associated with bad eating habits, high blood pressure and smoking, so the healthy life expectancy in The Republic of Serbia is 66.9 in 2019 (5).

Table 1: Population structure*: year, expressed as number of persons, by age and sex [1]

	Sex		
Age group	Male	Female	**Total**
<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 entire health sector in Serbia has been going for years through the changes that are conditioned by the process of joining the European Union. The first major change started even in the early 1990s, and it was the introduction of private health practice (small private pharmacies and general practitioner clinics). Nowadays, some of them have been grown in private polyclinics and health centers that employ dozens, and hundreds of doctors, nurses and other staff. The state and private sectors operate in parallel. Given that there is still no database, the exact number of private health institutions is not known.

The healthcare system in the Republic of Serbia is centralized, organized and managed by three most important institutions:

- Ministry of Health (MOH) that determines health policy
- National Health Insurance Fund (NHIF) that finances the functioning of health care at all levels
- Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" (IPHS) responsible for: collecting data and analysis on the health status and the work of healthcare institutions.

One of specificities of public sector is related to the repeated centralization after the period of reforms that strives for decentralization. Healthcare is directly provided through the network of health care institutions defined by Decree on the Health Care Institution Network Plan [6] and in 2021 there were 335 healthcare institutions (excluding institutions from Kosovo and Metohija Province) at three levels of care: primary, secondary and tertiary.
The health system in Serbia is based on compulsory health insurance, with contributions as the main source of financing and NHIF acting as the main purchaser of publicly funded health services. In 2019, the level of health expenditure as a share of GDP in Serbia was 8.7%, which is below the EU average of 9.9% [7].
It belongs to the upper-middle income state, with a gross domestic product (GDP) of 9.230 dollars per capita and the GINI coefficient of 35 [8]
The proportion of population living with risk of poverty/social exclusion is 21.2 and 28.5 %, according to the data from Statistical Office of the Republic of Serbia in 2020. [9] Data from 2017. show that the total health expenditure is accounted for 8.8% of GDP (1.319 dollars) [10]. Per 100 000 people, mental and behavioral disorders are cause of death for 24.3 of inhabitants [11].

1.2 Mental Health System at national level

The total number of beds for inpatient care of persons with mental disorders in all state-owned health institutions in the Republic of Serbia is 5 231, in different types of healthcare institutions.

In institutions for short-term hospitalization 1 871 beds are provided in 28 general hospitals, plus in the three special hospitals: a) Special hospital for addictive diseases, b) Institute for mental health, c) Clinic for neurology and psychiatry for children and youth; and six clinics within four clinical centers and two clinical hospital centers [6,12].

In the previous period, the process of separating neurological from psychiatric departments was completed, so in 28 general hospitals out of a total of 40 general hospitals, there are bed capacities for inpatient treatment of psychiatric patients. In general hospitals where there are no bed capacities, care for psychiatric patients is ensured within the framework of specialist-consultative outpatient clinics, and in some also within the capacity of day hospitals [6,12].

In special psychiatric hospital institutions: four special hospitals for psychiatric diseases in Novi Kneževac, Vršac, Kovin and Gornja Toponica and the Clinic for psychiatric diseases "Dr. Laza Lazarevic" in Belgrade, are planned 3,360 beds for psychiatry, 1 063 beds of these capacities are used for care and treatment of psychotic disorders in the acute phase, addictions, for medical safety measures, psychogeriatric and psychosocial rehabilitation, and up to 2 297 beds for hospitalization of patients suffering from chronic psychiatric diseases. In addition to the above, in about 70 primary healthcare centers there are also psychiatric outpatient clinics within the specialist-consultative services [6,12].

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 [12]. Relevant legal framework in the field of mental health in the Republic Serbia includes the Law on healthcare, the Law on health insurance, the Law on the protection of persons with mental disorders, the Law on the patients' rights, the Law on confirmation Convention on the rights of persons with disabilities, Law on Public health, the Law on social protection, the Law on professional rehabilitation and employment of persons with disabilities, Law on non-litigation procedure, Family Law, the Law on discrimination prevention of persons with disabilities and the Law on gaming. These the laws are accompanied by by-laws that regulate in more detail matter prescribed by law [13]. The Law on the Protection of Persons with Mental Disabilities from 2013 is dedicated to the principles,

organization and implementation of protection mental health, method and procedure, organization and conditions of treatment and accommodation without consent of persons with mental disorders in inpatient and other health institutions [14]. Along with the law, two significant by-laws were adopted:

- Rulebook on the type and specific conditions for organizational education unit and performing mental health care work in community. The rulebook regulated the opening of centers in the community and
- Rulebook on detailed conditions for the application of physical restraint isolation of persons with mental disorders, who are undergoing treatment in psychiatric institutions.

The general goal of the Program on mental health protection in the Republic of Serbia for the period 2019-2026 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 [15].

Total government expenditure on mental health care is 6,6% of total government health expenditure [16]. 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 [17]. Data on the proportion of involuntary hospitalization of psychiatric patients are partially insufficient, and the Clinic for Psychiatric Diseases "Dr. Laza Lazerević" 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%) [18] which is in line with earlier published data [19]. Based on data obtained from the Ministry of Health, at the end of year 2022, there are five community mental health centers. Long term hospitalization counts 22% related to the number of total number of inpatient days and 20% related to the total number of hospitalized patients [20]. Compare to inpatient, day care is used rarely, in proportion of 1:2 (users of day care compare to the number of long-term hospitalized patents) [20].

There is no established and functional follow up of people with mental health conditions discharged from hospital.

Primary care doctors or nurses do not receive any compulsory education after graduation related to the mental health disorders, although they are invited to perform screening on depression (8 questions interview) based on the free personal judgement. The services provided in primary healthcare institution encompass „taking the anamnestic data needed to determine depressive symptoms, identifying risk factors, recording the condition found and the measures taken, if necessary, referring to specialist-consultative examinations, individual health-educational work, entering data into the medical documentation”. [21]

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

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 of general hospitals	Wards/units	36	0.5
	Beds	1 004	14.7
	Admissions	8 594	125.7
Mental health community residential facilities	Facilities	5	
	Beds	N/A	
	Admissions	N/A	
Mental health inpatient facilities specifically for children and adolescents	Facilities	6	0.5
	Beds	445	72.7
	Admissions	2 959	483.4
Mental health community residential facilities specifically for children and adolescents	Facilities	0	
	Beds		
	Admissions		

Table 3: Mental health workforce (Institute of Public Health of Serbia Staff Database)

	In MH service (all)		In child & adolescent MH services (totals of government and non government services)	
	Total number	Rate	Total number	Rate
Psychiatrists	642 (120*)	15.5	---	---
Neuropsychiatry	113[a]			
Child psychiatrists	35 (12*)	2.9		
Mental health nurses	314**+1349***	24.3[b]		
Psychologists	422	6.2[b]		
Social workers	143	2.1[b]		
Speech therapists	144	2.1 [b]		
Occupational therapists	118****	1.7[b]		
Others - Defectologists	182	2.7[b]		
Total				

[a] old type of specialization, rate calculated together with psychiatrists
[b] calculated on the total population
*** out of total, in medical training**
**** nurses that work on mental health wards in secondary and tertiary institutions and have high school education**
***** nurses that work on mental health wards in secondary and tertiary institutions and have middle school education**
****** mental health wards in secondary and tertiary institutions**
NOTE: A. nurses and occupational therapists on primary level of care are not presented due to the current way of collecting data; B. child & adolescent services are provided by most MH institutions with no specified devoted capacities to that population groups

1.3 Population profile in pilot area

According to GA – Serbia has obligation to participate in Situation Analysis & Needs Assessment as well as training and dissemination activities, policy dialogues and sustainability planning but not to implement any of two best practices piloted through the project.

Subsequently, there are no pilot areas to pilot Belgian best practice, but in next chapter we would express main findings from the situation analysis on the organization of the mental healthcare system in Serbia with special emphasis on community based mental healthcare.

1.4 Community-based mental health care at pilot level

Based on data obtained from the Ministry of Health, at the end of year 2022, there are five communities mental health centers (in Niš, Vršac, Kikinda, Kragujevac and Belgrade), while plans include in the process of creating 2 more centers in Pančevo and Novi Sad.

According to the Rulebook that regulates the opening of centers in the community, the Community Based Mental Health Centre (CBMHC) is established to perform: 1) promotion of mental health and prevention of mental disorders; 2) establishment of multidisciplinary teamwork; 3) establishment of interdisciplinary cooperation within the health system; 4) establishment of multisectoral cooperation at the local level with services of the social protection system, services of local self-government bodies, patient associations, etc.; 5) cooperation with organizations and associations whose goals are aimed at helping and supporting people with mental disorders; 6) cooperation with reference health institutions; 7) participation in various expert meetings; 8) participation in various projects; 9) advisory work with persons with mental disorders and all interested persons who need this type of assistance, as well as their family members; 10) education of service users, healthcare workers and healthcare associates; 11) sociotherapy; 12) occupational therapy; 13) recreational therapy; 14) family therapy; 15) prevention of addictive diseases; 16) rehabilitation and resocialization; 17) supervision of persons with mental disorders who use sheltered houses or apartments; 18) advisory support and assistance to persons who have been sentenced to mandatory psychiatric treatment at liberty; 19) psychosocial support - interventions in crisis situations.

As part of the service delivery system of the CBMHC can be organized: 1) day care for persons with mental disorders; 2) day care centres for the elderly, which completes the service system and increases volume of mental health care services; 3) sheltered houses or apartments; 4) associations of service users etc.

Territorial coverage by CBMHC in relation to the total number residents of Serbia is 2.32%, the aim for next two years is 15%.

Number of CBMHC in Serbia is 5, the aim for next two years is 15.

There are no CBMHC for children and adolescents with an aim to have 7 in next two years.

Community Mental Health Services for children and adolescents are provided in 2 of the 5 available mental health centers, in Belgrade and Vršac, but it is not known if they are organized and provided in the form of especially established subunits.

2 Needs Assessment (NA)

Table 5: SWOT Analysis

Factor	Contents				
Strengths	The existence of an international framework related to the items necessary for the reorganization and transformation of the mental health service and accepted by the relevant institutions of the Republic of Serbia	Participation in internationally supported projects and exchange of ideas as well as know how technologies	The existence of a relevant legal framework in the field of mental health in the Republic of Serbia, as well as by-laws that regulate matters prescribed by law	The existence of numerous civil society organizations that support the improvement of mental health and the reduction of stigma	
Weaknesses	There is no developed national registry for certain mental disorders, there are no procedures and IT program and monitoring of users of services at different levels of care and their communication	The forms and types of improvement of human resources, including both education and research in the field of MH, have not been defined	Legal networks and care for vulnerable groups (elderly persons with mental disorders, perinatal teams, children and young people with addiction diseases, etc.) including education and anti-stigma campaign have not been established.	Slow increase in the number of CBMHCs	The reduction in the number of beds in long-term hospitals has been delayed since the entire system and personnel and method of providing outpatient services has not been developed.
Opportunities	A well-developed network of health facilities at the primary level that can accommodate part of the activities during the deinstitutionalization of large long-term hospitalization facilities	Recognized need for multidisciplinary and multisectoral cooperation at the national and local level, and above all the cooperation of the health and social protection systems, as well as the cooperation of the state and civil sectors	Recognized need for improvement of the normative framework such as> Standards for the provision of counseling and therapy services in social protection, Law on Psychotherapy	Recognized need to improve the mechanisms of monitoring, reporting and evaluation of the implementation of the Action Plan for the implementation of the Mental Health Protection Program	Recognized need for the formulating of an Act on changing the payment mechanisms n the area mental health, from a number-based system of hospital days, in the direction of binding to the services provided
Threats	The realization of the planned goals is threatened by the lack of financial resources	IT system collecting data from MH still insufficient, no consecutive valuable analysis	The quality of services in different mental health services is uneven, there are no procedures for improving the quality of work, checking the quality of professional work and services provided.	There is no coordinating body that would monitor the implementation of measures and activities of the Action Plan	The formal establishment of multi-sector cooperation and/or cooperation with the civil sector is delayed due to the lack of legal basis and implementation.

3 Reflection on SANA results

Lessons learned during the first part of the JA ImpleMENTAL

- The regulation should be improved e.g. a new law that regulates the conditions for performing psychological activity, registration of individuals, professional organizations, institutions and private organizations dealing with the preservation and improvement of mental health;
- There is an obvious need for establishing the CBMHC, counseling centers, centers for preventive protection, improvement of mental health and provision of psychological and social services at the local level (independent of long-term hospitals);
- Media coverage should be in line with the protection of victims' personalities as well as destigmatization of users of psychological and social services (through professional, educative content to approach and encourage individuals to use services);
- The Mental Health Reform MUST be followed by reforms in education sector since there is a need for mandatory education of all types of healthcare staff at all levels of care, especially at the primary level of care and those that work with children and adolescents.
- There is a need for introduction of "helpers' education" (unique education for providers of help and support in the field of mental health);

Facilitating factors are existence of international collaboration and different projects participation, as well as existence of numerous civil society organizations that support the improvement of mental health

Barriers to the establishment or improvement of CBMHC:

- Slow reform of health system financing
- High degree of centralization of the healthcare system
- Complete separation of the health system and the social protection system
- The slow process of amending the regulations on the normative regarding psychiatric personnel in hospitals and harmonizing them with the needs of the concept of mental health protection in the community.

4 Priorities & Next steps

Nationally/regionally/locally agreed upon steps for pilot implementation (and advancement of community-based in general if applicable), commitment

- Implementation of continuous primary prevention at all levels and ages in order to raise awareness among the citizens of the Republic of Serbia about the importance and impact of mental health on the overall health status and quality of life (first through information and education in the field of mental hygiene starting from the youngest ages);
- Establish greater cooperation between relevant Ministries and non-governmental organizations in the field of improving mental health;
- Establish new payment mechanisms for the mental health care system.
- Return formal education in the field of mental health to the education system.

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