28 Annex - Consumer and health protection

217. MENTAL HEALTH IMPROVEMENT STRATEGY FOR THE REPUBLIC OF MONTENEGRO

GOVERNMENT OF MONTENEGRO

MINISTRY OF HEALTH

National Committee for Mental Health

Mental Health Improvement Strategy for the Republic of Montenegro

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1. INTRODUCTION

1.1. Mental health in Montenegro

Mental health is one of significant segments of health, which is addressed by the World Health Organization and other international institutions through activities and programs related to mental health care within health policy of each country. Upon the request of the members, WHO carries

out expertises of development strategies and mental health programs as well as provides assistance in monitoring the implementation of national strategies.

Mental health improvement is a complex process, which comprises numerous segments of public infrastructure, not only those of the health system. Namely, the concept of mental health development should respect the sensibility of the society so as to be adequately accepted. For those reasons, social, cultural, economic and public milieu, as well as the necessity for having inter-sectoral approach to the problem of mental health, must not be neglected.

The definition of the World Health Organization extends the concept of mental health: »Health is not only the absence of disease, but the state of physical, mental and social welfare». This definition points out the importance of mental health, but at the same time points out many existing problems /social, economic, public.../, that call for organized activities of the society in this area.

The respect for socio-economic and public problems created the possibility for psychiatry to indirectly influence drafting of the health policy, and to be one of the conditions when appraising living standard of a country.

Immediate living environment has been the ground for transitional trends, ethnical conflicts, economic crises, migration trends for more than a decade, and all that together has changed living milieu of both domicile and immigration population. Processes within the socio-economic milieu itself led to decrease in employment, difficult functioning of families, acculturation, alienation, with tendency of increase of the number of mental disorder cases. Generally speaking, we witness the ever growing open manifestation of the forms of dissocial behaviour, alcoholism, use of psychoactive substances, delinquency, crime, depression and suicide.

Being the traditional society with rigid system of values, where disease is considered to be a flaw, and mental illness the shame to a family, it is very hard to establish the atmosphere that will be accepted for civilised and rational treatment of mental illnesses. Stigmatization of mental patients and their families is a prejudice and obstacle to development and implementation of the national program for protection of mental health of the population in Montenegro. The objective of this strategy is to define integral protection and response of the health service in solving growing problems of mental health, as well as the ways of further development of health service which should contribute to the improvement of health condition of an individual and population as a whole.

Minister of Health of the Republic of Montenegro, Chief of staff, Doctor M.Pavličić

1.2. Mental health in Montenegro «There is no health without mental health «

Mental health does not represent a personal failure, because it does not happen only to the others. Mental and physical health are inseparable, their influence is deep and complex. Mental illnesses are the consequence of presence of genetic, biological, social, and environmental factors. Some estimates of the WHO show that over 450 million people suffer from mental and neurological disorders or have psychosocial problems that are related to the abuse of alcohol or drugs. Depression is one of the leading causes to disability and it is on the fourth place on the top ten list of main causes to global burden of diseases. There are around 70 million people in the world who are addicted to alcohol. Around 50 million people suffer from epilepsy, and 24 million from schizophrenia. Every year a million people commit suicide. According to the data from the survey conducted by the World Health Organization, between 10 and 20 million people attempt to commit suicide.

Our country joined the global campaign of the World Health Organization aiming at broadening public and professional awareness of the actual burden of mental disorders and their expenses from human, social and economic aspects. This is the effort aimed at providing to mental patients the treatment they have the right to and which they deserve, while eliminating many obstacles, stigma, and discrimination.

Following tendencies and recommendations of the World Health Organization, the Ministry of Health of the Republic of Montenegro initiated a set of activities through different programs aiming at taking measures to improve the protection of mental health of the population, which represents one of the basic human rights, as well as to improve work conditions of the staff dealing with them, and make the organization of mental health protection institutions of Montenegro more functional.

As a result of these tendencies, the Ministry of Health launched the project »Mental Health Strategy for Montenegro« in June 2003.

The project of drafting the Mental Health Improvement Strategy in the Republic of Montenegro consists of three phases: drafting the theoretical context, whose aim is to follow up on development tendencies in the field of mental health protection which are set by the World Health Organization. After that, it determines human resources, spatial and technical potentials of Montenegro, and in the third phase it gives concrete proposals in terms of institutions and types of psychiatric units, employment and professional development of the staff working in them. This project engages both our colleagues from the Republic of Serbia and workers in the field of psychiatry, psychology and social medicine from Montenegro.

A very intensive activity was implemented in the past period, June to September 2003, whose objective was to determine the situation in the field, in mental health institutions in the Republic, as well as to examine the quality of education, training and attitudes toward reorganization of institutions for mental health. The basic instrument for appraisal of the analysis of the situation was a questionnaire, based on which the data were processed and used for operationalization of project tasks.

With regard to facilities and existing network of institutions for mental health, the situation in the field was analyzed in four regions, two of which are situated in the north, one in the central region and one in the southern region of the Republic. We visited directly all institutions and colleagues who are involved in drawing up of this project, which is to them of great future professional, and it could be said existential importance as well.

The processed data represent the real base for engagement and making projections for future development and implementation of Mental Health Strategy.

Seriousness and complexity of examination in the field of mental health within this Strategy imposed some additional activities, the project task has been extended respectively in the course of implementation of the Mental Health Strategy in Montenegro, as follows:

- **We produced the database of human resources** in mental health institutions, compiling numerous information starting from socio-demographic, professional information, and by means of specific interests of anticipated plans and proposed solutions for improvement of functioning of mental health institutions;

- **We formed the database of institutions** that deal with mental health, by registering spatial, technical and environmental conditions.
- We collected **the data pertaining to recommendations of the Stability Pact** for South-Eastern Europe, which refer to socio-demographic areas and country's economy, and it will be, in a period to come, amended and processed;
- We collected the **information on legislation in the field of protection of the rights of mental patients, as well as of the staff working with them in relation to recommended WHO Guidelines.**
- **We extended the project task** and we registered the data on spatial, technical and human resources in the **private sector of service provision, field of the Ministry of Interior and Ministry of Defense,** guided by the fact that these sectors will be subject to reform processes (legislative, structural changes), and that in the period to come they should be integrated in the system of mental health protection, as **an overall system.**
- **The fact that NGO sector should be involved in** the overall system of protection is in line with the recommendations of the World Health Organization on **deinstitutionalization of psychiatric care**. Within the activities related to drawing up of the Strategy we registered NGOs according to their aims and activities they perform, because they represent a significant factor in creating the public opinion.
- In order to deinstitutionalize protection of mental health there is an idea to examine the need for inclusion of unemployed on the projects for elderly by providing them with adequate training and through inter-sectoral institutional cooperation of the Ministry of Health, Ministry of Labour and Social Welfare, Employment Agency and others.
- A special emphasis is placed on the activities determined in the **Action plan for prevention of drug addiction among youth.** The opinion of the National Committee is that this plan should be **incorporated** in the activities of the Mental Health Development Strategy, since drug addiction is only one of **psychopathological entities**.

Overview of the above-mentioned activities is a good basis for providing directions towards overall, functional, and humane approach to the issue of improvement of mental health and taking care of the beneficiaries of the inpatient and outpatient care of the ill.

President of the Committee for Mental Health in Montenegro

Mirko Peković

2. PATH TO FUTURE: WHO recommendations

The World Health Report 2001 of the WHO. Mental health: new understanding, new hope, gives ten recommendations that could be followed by every country in order to improve mental health of its population. Those recommendations can be adapted to every country according to its needs and opportunities.

1. Ensure treatment within primary health care

Taking care of mental disorders and the treatment for those at the first level of healthcare will provide easier and quicker access to healthcare services to most people. Provision of treatment in

the primary health care can improve possibility of establishing the diagnosis in due time, treatment and adequate monitoring of patients, and reduce unnecessary examinations and improper or non-specific treatment. In order to achieve this, it is necessary to provide training for medical staff in primary health care for obtaining basic skills for protection of mental health.

A number of developing countries adopted national programs which integrate mental health in the primary health care.

2. Provide sufficient amount of psychotropic drugs

Drugs used for treatment of psychiatric disorders and epilepsy are divided into four groups: antidepressant drugs for emotional depression; antipsychotic drugs for psychotic symptoms; antiepileptic drugs for epilepsy; and anxiolytic drugs (or sedatives) for anxiety. Basic psychotropic drugs should be provided at all levels of health care and they should be included in the positive list of drugs of every country. These drugs can mitigate symptoms, reduce the level of disability, shorten the course of many disorders and prevent their recidivism. They often represent the first line of treatment, especially in the situations when there is no opportunity for providing psychosocial interventions, or highly specialized experts.

A small number of drugs are necessary for treatment of most mental disorders. Most of those drugs are available. The choice of one drug instead of the other largely depends on their availability. While some drugs can be expensive, their price is often compensated for with the reduced need for other types of healthcare and treatment. A number of countries have already included basic drugs for protection of mental health into the obligatory list of drugs for primary health care.

3. Provide community-based treatment

There should be community mental health services instead of psychiatric hospitals and institutions. Community-based mental health care leads to better outcomes of treatment and better quality of life of a person suffering from chronic mental disorders. Treating the patients in a community instead of psychiatric hospitals is cheaper and it provides respect of human rights, limits stigma due to treatment and leads to treatment of illness in due time.

Large psychiatric hospitals of asylum type should be replaced by services for community mental health protection. In order to achieve that, protection should be provided by opening psychiatric wards in general hospitals and home care, so as to meet all the needs of the mentally ill. This kind of shift to community protection requires engaging medical workers and services for the rehabilitation at the local community level, as well as providing assistance in crises situations, safe houses and employment to persons with mental disorders.

4. Raising public awareness

In all countries there is a need for initiating campaigns for educating the population and raising public awareness on the importance of mental health. The main objective is to reduce obstacles to treatment and protection by raising the awareness of the people on frequency of mental disorders, possibilities of treatment, recovery process and human rights of the mentally ill. The information on availability of treatment and benefits of the treatment should be spread so that reactions of general public, health experts, the media, legislators and politicians change and become based upon accessible knowledge. Raising awareness of the public can reduce stigma and discrimination, increase visits to mental health services and change prevailing attitude that mental and physical health are two separate, different entities.

5. Inclusion of community, family and beneficiaries

It is necessary to include communities, families and beneficiaries into the process of planning and developing the policy, programs and mental health services. That helps to adjust services to the needs of the population, taking into account their age, sex, cultural and social background. Then it will be easier for the patients with mental disorders and their families to use such services.

The role of a community is to provide self-help and mutual help, to lobby for bringing changes to mental healthcare and to provide funds, implement educational activities, participate in monitoring

and appraisal of effects of healthcare, and to advocate in the process of changes to attitudes toward mental disorders and reduction of stigma.

Groups of beneficiaries proved to be a strong, loud and active driver of changes. Nowadays, there are many associations of beneficiaries that are involved in the process of mental healthcare. Participation of beneficiaries in organizing the services, appraising the standard of treatment as well as in the development and application of policy and the Law on Mental Health, helps to increase responsibility of the experts.

Families often have a primary role in providing the protection. It is necessary to help families to understand the illness, acquire skills of protection and support, encourage regular taking of drugs and recognise early signs of recidivism, which leads to better recovery and reduction of invalidism.

Exchange of the knowledge between the medical experts and families and beneficiaries is of vital importance for creating confidence and efficient therapeutic relation. Such an exchange helps the families that care for patients, enabling them to „move from passive care to active care".

6. Establishing the national policy, programs and legislation

Mental Health Policy, programs and legislation are very important for continuing action. The Mental Health Improvement Policy should be based upon modern knowledge and respect of human rights. The reform of mental health should make a constituent part of the overall reform of the healthcare system. Most countries should increase their budget for mental health. Drugs that are used for treatment of mental and neurological disorders are included in the list of obligatory drugs.

7. Professional development of staff

Many countries have to increase and improve education of mental health professionals who provide specialized protection as well as of the health workers at all levels. Many developing countries do not have enough specialists for mental health services. After training those professionals should be encouraged to stay in their country and occupy positions where their skills will be used in the best possible way. This training should be taken by medical and non-medical professionals such as psychiatrists, clinical psychologists, psychiatric nurses, social workers and occupational therapists, who should all together provide overall protection and integration of the patients into a community.

8. Establish links to other sectors

War, conflicts, catastrophes, unplanned urbanization, loss of jobs, and poverty affect mental health and represent obstacles to treatment. Non-medical sectors, such as education, services for labour and social issues, and judiciary, also exert a significant influence on the quality of life of patients with mental disorders. Those sectors should take part in improvement of the communal mental health. NGOs should also be motivated to provide support and participate in local initiatives.

Important role in improvement of mental health belongs to development of the Labour Policy which ensures positive working environment free of discrimination, and help to the unemployed persons as well. Educational Policy should meet the needs of the groups with special needs. Priority should be given to provision of accommodation to persons with mental disorders within a community. The judiciary has to prevent unjust imprisonment of the persons with mental disorders and provide treatment of mental and behavioural disorders in prisons.

9. Monitoring mental health in communities

Mental health in communities should be monitored by including mental health indicators in general information and reports on health. Those indicators should contain the number of persons with mental disorders, as well as the quality of protection they receive. Improvement of the information on health and reporting system help to monitor trends and discover changes. Monitoring is necessary to define priorities, determine the needs and efficiency of treatment of mental disorders and organize prevention programs.

10. Support surveys

It is necessary to have more surveys on biological and psychosocial aspects of mental health as well as on the level of equipment in the services for mental health, to understand better the cause,

course and outcome of mental disorders and develop more efficient treatment services. Such surveys should be conducted at a wider international level to understand variations in different countries.

3. GENERAL CHARACTERISTICS OF THE REPUBLIC

3.1. Socio- demographic characteristics

According to the 2003 census, Montenegro has 616,258 inhabitants. According to the 1991 census, there were 615 035 inhabitants, which means that the total number of inhabitants increased by the rate of 0.6% at the annual level. Based on the estimated population in the next 20 years, it is envisaged that the growth rate will decrease slowly, and in the year 2020 it would reach the growth level of 0,2%.

In the overall population structure, there are 58, 2 % of urban population and 41, 8% of rural population, with the increasing tendency of growth of urban and decrease of rural population. In the structure of population, according to the estimate, ratio of the youth under 14 in urban and rural areas is 25%: 16% and ratio of the inhabitants who are over 65 is 8%: 16%. The average age of the population in urban areas is estimated at around 34 years and around 39 years in rural areas. Aging index for the overall population is estimated at 56, for urban population 40, and around 90 for rural population.

Process of demographic transition, which started in Montenegro later than in the western and northern European countries, and some of the ex-Yugoslav republics, is conditioned by social, economic and political situation and in the past decades it was slowed down by political and economic crisis and war surrounding. Birth rate is constantly declining in the last seven decades, with controlled fertility in marriages. There is a decrease in death rate, especially in death rate of infants, and changes in the age structure of the population as a result of demographic process of aging, changes in economic and social structure of population. According to the latest available data of the national statistics in 2001, the birth rate was 13.3, death rate 8.2 and the population growth rate was 5.1.

In Montenegro in 2001 there were 3893 registered marriages – or 5.9 per 1000 inhabitants, and 492 divorced marriages or 126.4 per 1000 registered marriages. In the several past years there is a slight decrease in the number of marriages and increase in the number of divorced marriages.

Under the influence of demographic transition the structure of population is being changed with a slow tendency of aging, especially in rural areas, and seven municipalities registered negative population growth. Participation of persons over 65 exceeds 11% of total population and average age of population is estimated at over 35 years - 34 for men and 36.6 for women, and thus the population can be considered old. In the northern, economically undeveloped region and in some of the municipalities the situation is a lot worse than the situation at the republic level.

Gender distribution of the population by age groups for 2002

Literacy of the population can be reliably estimated only according to the data of the latest census carried out in 1991. There were 5.9% of illiterate population above ten years of age and 33% of the population over 65. Out of total number of illiterate elderly, 16.2% were men and 83.8% women, which clearly indicates that old women are very vulnerable population.

When we consider the increase of the number of young people in compulsory education and death rate of elderly illiterate people, and a trend of continuing decrease in participation of illiterate people in the overall population from 16.7% in 1971, 9.4% in 1981 and 5.9% in 1991, we can state that the situation in 2003 is far better.

Elementary education in the school year 2002/ 2003 covered 73.319 pupils, 49.6 % of which were girls. There were 291 pupils in the special needs elementary schools.

Secondary regular schools were attended by 31.597 regular students during the same period, 50.8% of which were girls. Secondary special needs schools were attended by 128 students.

Out of 125.764 children and youth (according to the estimate) between 7 and 18 years of age, elementary and secondary schools covered 107 002 or 85.1% in 2000/2001. Special needs schools were attended by 419 students or 0.3% out of total number of population between 7 and 18 years of age.

Total number of the employed in Montenegro in 2003 was 111 869. There were 71.679 people on the Unemployment Register of the Employment Agency of Montenegro in 2003. Ratio of the employed and unemployed according to the official record is 1:1.6. Employment rate in the period 1990 – 2002 was decreasing on average by 2.6% per year.

The unemployment rate in 2003 was 22%.

Basic characteristics of unemployment in Montenegro are the following: unfavourable ratio of the employed and unemployed, unfavourable position of the women in terms of employment opportunities, long years of waiting for employment, unbalanced employment opportunities by regions, high percentage of people active in the informal economy, on which there are no valid data, and high percentage of so-called techno-economic surpluses (redundancies).

In 2003, public institutions for children and youth housed 340 protégés with difficulties in mental and physical development. Public institutions for children without parental care housed 151 protégés, while public institutions for neglected children and youth housed 26 individuals. In April 2003, 13.155 children from the families who are beneficiaries of MOP (family allowance) received children allowance.

Lack of official data on the number of children on the street, homeless and the number of cases of trafficking in children, does not mean that there are no such cases, but that this segment is difficult to monitor and evaluate.

Trafficking in women is a phenomenon which is certainly present in our near surrounding and it has not bypassed Montenegro either. There are no available official data on incidence and the number of cases, but there is a noticeable critical and active attitude of the official state policy toward it.

Prostitution is a problem that started to be the subject of public discussions, but there are no available official data on the number of persons engaged in prostitution or other data that would reflect the scope of its phenomenon.

According to the data of the Ministry of Justice, there are around 450 people who are imprisoned on various grounds in Montenegro. During 2001, 2004 adults were convicted of crimes, 8.1% of which were women, and 101 juveniles, 3.0% of which were women.

According to the data of the Commissariat for Displaced Persons in Montenegro there are 31.288 IDPs and refugees living in Montenegro since September 2003, which makes around 4.655% of total number of domicile population. Around 30% of their total number live in Podgorica.

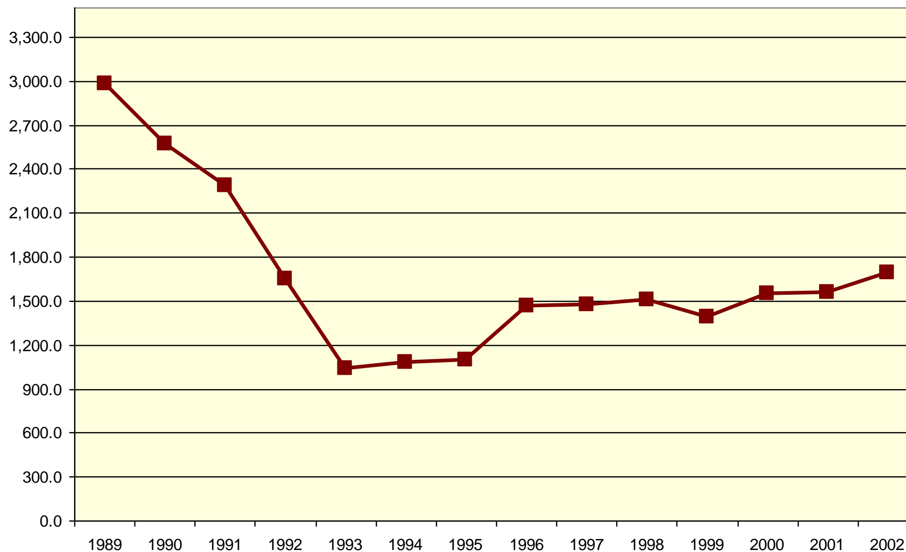
According to the 2003 census, the structure of the population is consisted of 40.64% of Montenegrins, 30.01% of Serbs, 7.09% of Albanians, 4.27% of Muslims. Roma population, according to the data collected with the census, participated in the structure of the population with 0.43%. According to the survey conducted by Roma centre for strategy, development and democracy from Podgorica, it is established that 20 470 people who belong to ethnic Roma community live in Montenegro and their participation in the total population is around 3%. Their characteristics are high birth-rate, low percentage of children who attend school and illiteracy of around 76%. Elementary schools are attended by 840 Roma children, while there are 35 children enrolled in secondary schools, and 7 students at faculties.

3.2. Economic characteristics of the country

Relativno i apsolutno zaostajanje Crne Gore u odnosu na druge krajeve u bivšoj SFRJ, naslijeđeno kao svojevrstan razvojni problem u SRJ, danas, u državnoj zajednici SCG. For too industrialized and "heavy" economic structure of Montenegro, with 2.300 $ per capita at the end of '80s, a number of negative circumstances which marked the transition recession in the '90s[1]) had an

[1] A consequence of the disintegration of the SFRY, civil war in a part of the territory of the former SFRY, international economic isolation, hyper inflation, escalation of Kosovo crisis and NATO aggression, a huge

extremely negative impact on the overall developmental performance of economy, thus reducing options for a more dynamic regional development, which would reduce regional disparities on the growth path. We can monitor the growth of the GDP on the Graph below:



Montenegro, as any country in transition, felt the destructive consequences of transition recession: in the scope of overall commercial activities and achieved production, high unemployment rate, decreased employment, destructive impacts of inflation and deteriorated structure and scope of total import and export, i.e. negative foreign trade balance (problems related to external liquidity, ongoing payment of import, which especially reflects on the supply of energy generating products). GDP in 2003 was at the level of 1.375 million EUR (GDP/pc 1.909 EUR).

Average net wage in 2003 was 173.89 EUR.

The total foreign debt of Montenegro was 438.8 million EUR on 31.12.2003 and it made around 32% of the GDP realized in 2003, or 42% of GDP if old foreign currency savings are taken into consideration, which is an obligation of the country as well.

Import almost doubled in the period 1990-2001 (in terms of the structure, it is consisted of: products for reproduction 52% (half of this is made of oil derivatives, then coal electrodes, oil coke, caustic soda, cement, commutation devices for telephones, transmitters for radio and telephony, etc.), investment funds make 17%, and the rest are the commodities – 31%), while export is lower by as much as 65%. The coverage of import by export in 2002 was only 28.6%. Import dependency in 2002 (share of import in DP) was 48.2%, and openness of economy (share of import and export in DP) was 62%.

Beside the negative foreign trade balance there are other debts and deficits for which there are no valid data. These are, above all, the following: foreign debts that become due, accumulated and current economic loss, internal debts among the firms, debts between the firms and banks, debts between the firms and the state, debts between the state and the population, debts of the population to public firms, budget debts, etc.

Data on the economic aid in the overall and valid form are not presented by available official statistics. There are only partial, unreliable data, so it can not be presented.

Healthcare in Montenegro is based on the model of compulsory health insurance. Contributions in the amount of 15% of the gross income of the employee are being paid through the institution of

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number of refugees and displaced persons, difficult payment and trading between Serbia and Montenegro after the introduction of DM as a payment currency (EUR now), and finally, dysfunctional state union, were and still are limitations to dynamic planned economic reforms.

compulsory health insurance, the Republic Health Insurance Fund, and they represent the main source for financing the healthcare. Pension and Disability Insurance Fund finances healthcare of the pensioners, and the Employment Agency of the Republic of Montenegro pays contributions for the unemployed. Additional source of finances is the Republic budget and out-of-the-pocket participation of the insured.

Expenditures for the health care of the population at the Republic level in 2001 amounted to 224 DM per capita.

The main development goals are defined by adopting the Strategy for Health System Development. The proportion of the budgetary funds has not yet been earmarked for financing the mental healthcare. Within the intensive social changes that are taking place, we started the reform of the healthcare system which gives the priority to preventive and primary healthcare. The system for allocating funds by levels of healthcare and by geographical locations will be built on the principles of equal accessibility, solidarity, optimal quality, and cost effectiveness. It will make access easier to all, in particular to vulnerable population groups, with a special emphasis on mental healthcare.

Within the financial planning of the health care, the private sector has not been included until now, and it was mainly out of system control. It is because the private sector is not yet integrated into the healthcare system, there are no contracts with the private sector (save for some exceptions, in particular in some deficit area of health services).

3.3. Poverty

The profile of a country is in most often related to the concept of insufficient income for the minimum consumer's basket and services for the basic needs. Nowadays, however, it is recognized that poverty is manifested in various ways, and some of them include: lack of income and means that are needed to ensure sustainable existence; hunger and malnutrition; poor health, limited or no availability of education and other basic services; lack of energy and disturbed quality of environment; increased mortality rate, including the mortality caused by diseases; homelessness and inadequate housing conditions; unsafe environment, social discrimination and isolation. Lack of participation in decision-making and in civic, social and cultural life of the community is also important characteristics of the negation of human rights. Multidimensionality of poverty as a phenomenon allows us to consider it as a condition which is characterised by permanent or chronic absence of resources, abilities, choice, safety and powers that are needed for adequate standard of living and practicing of other civic, economic, political, cultural and social rights.

Unfavourable social milieu in Montenegro affects health of the population, including mental health. Socio-economic and political crisis, wars in the region, unfavourable migration trends, immigration of a relatively high number of refugees and displaced persons and emigration of the most educated active young people contribute to the general poverty.

The standard of living of the population is affected by decrease of economic effectiveness and maintenance of formal employment, which contributed to decrease of real income, pensions, subsistence allowances, and other types of income of the population. The decrease of real income has affected social standard (health, education, housing, culture), and personal standard of the citizens as well. Nutrition, hygienic conditions, drugs supply, healthcare and so on have become worse. The most affected groups are the most vulnerable population: the elderly, children, disabled, sick and unemployed. The situation is worsened by a relatively high number of refugees, for whom it is getting harder to provide humanitarian aid. Transitional recession is also followed by worsening of social security and safety of the citizens, which is evidenced by the presence of crime. High scope of informal economy in some years of transition recession has been, according to estimates, over 50%.

According to the surveys conducted by the WB and the Institute for Strategic Studies and Prognosis (ISSP) in June 2003, **12.2% of the population in Montenegro is poor.** Absolute poverty line is defined as the total consumption below the costs of minimum consumer's basket for a standard household (116.2 EUR per consumption unit), and the line of economically vulnerable population was set at 50% above the poverty line (174.3 EUR). Poverty assessments are sensitive

to poverty line: **more than one third of the population is classified as economically vulnerable,** or materially insufficiently secured because they live under the level of 150% of the poverty line. The most vulnerable is the population in the north of Montenegro with the poverty line of 19.3% where 45% of the poor live or 53% of poor domicile population, 9.7% of Roma, 10.4% of refugees and 51.6% of displaced people. Around 35% of the poor live in the central region of Montenegro where the poverty line is 10.8% - 31% domicile population, as many as 52.3% of Roma and 51.1% of refugees, and 36.6% of displaced people. Around 19% of the poor lay in the southern region of Montenegro, where the poverty line is around 8.8% - 16% of domicile population, 38% of Roma, 38.5% of refugees and 11.8% of displaced people. Poverty is present with 17.2% of the population in terms of education, with 6.1% in terms of health, with 17.4% in terms of employment, with 18.6% in terms of housing conditions.

Life in the impoverished villages, old age, illiteracy, low pensions, unemployment, homelessness, alcoholism and abuse of psychoactive substances, domestic violence against women and children, are some of the factors that, together with the poverty factor, affect mental health of different population groups.

There are no valid data on the prevalence rate of mental illnesses, in particular in relation to the factor of poverty, as well as the opposite: to what extent does the factor of poverty affect mental health, or to what extent does the population with mental illnesses, who are inactive in terms of work, participate in the increase of poverty.

Development Strategy and the Poverty Reduction Strategy (PRSP) are the priority papers of the Government of Montenegro, where the project of mental healthcare and improvement and prevention of drug addictions represents a significant parameter of maintenance and improvement of health of vulnerable population groups.

Achievement of goals set by the PRSP for the field of health will be monitored by indicators of incidence and prevalence of mental illnesses, protection of rights and communal care of mental patients, workload of psychiatrists.

4. MENTAL HEALTH AWARENESS

Awareness of the mental health of the population in a community can be measured through actual mental health policy as well as the fact regarding the extent to which it is present in the global health policy of a country. Until now there was no official mental health care policy, nor the national plan for its improvement.

This document establishes the goals of general health policy and makes initial steps towards integrating it into already adopted Government papers by drafting and adopting the National Strategy of Mental Health Protection and Improvement.

The situation is made more difficult by limited financial and human resources, and also by prejudices and discrimination of mental patients, as a mental disease is a taboo.

Mental patients are usually being treated in unsuitable institutions or they get placed for a long period in psychiatric hospitals, where some of them remain for the rest of their life. This kind of taking care of such patients reflects the immediate family's attitude toward the patient, and the family should provide support in the process of treatment and rehabilitation. Also, the ways of health care should not back up stigmatization and discrimination of mental patients through their institutional isolation (asylums) and depriving them of their basic human rights.

In a local community and at the global level there are no debates, campaigns and other forms of de-stigmatization and eradication of prejudices toward mental patients. Surveys that could serve as a basis for valid estimation of incidence of certain mental illnesses, addictions, alcoholism, domestic violence against women and children, are sporadic and they are often based on such methodological concepts that no reliable and general conclusions can be made.

4.1. Financing in the area of mental health protection

The largest facility for treatment of psychiatric patients is the Special Psychiatric Hospital in Dobrota, which is financed as follows:

Financing of the Special hospital for treatment of mental illnesses Dobrota

- income from the Health Fund -74,08%,
- income from co-payments - 0,08%,
- income from the funds from Serbia – 24.84%

Other public healthcare facilities for treatment of mental illnesses are financed by the Health Fund.

Private sector is not included in the structure of the Health Fund by scope and quality of services, income and expenditures.

4.2. Capacities for treatment of mental illnesses

Treatment of the patients with mental and behavioural disorders, as a compulsory aspect of health protection, is provided in public health institutions of Montenegro. Outpatient care is provided in referral centres, mental healthcare centres which are in the process of establishing or are incomplete, psychiatric ambulantas, within Dom Zdravljas and private psychiatric practice.

Dispensary units (Special Psychiatric Hospital, Psychiatric Clinic, Psychiatric Hospital, Psychiatric Ward) for psychiatric patients are located in:

- Special hospital for treatment of psychiatric patients Dobrota which has 252 beds,
- Clinical centre of Montenegro – Psychiatric Clinic with 30 beds,
- General Hospital Niksic – Psychiatric hospital with 30 beds,

TOTAL---323 beds

The above-mentioned data are collected in the survey where the data were obtained directly from hospital services, and the survey was conducted in 2003.

4.2.1. Indicators of the workload of staff in the units for treatment of mental illnesses

According to collected data, 1,66 specialists in psychiatry, 4,7 specialists in neuropsychiatry, 1,5 psychologists, 0,6 medical psychologists, 1,05 social workers and 0,3 special education teachers are provided per 100.000 inhabitants.

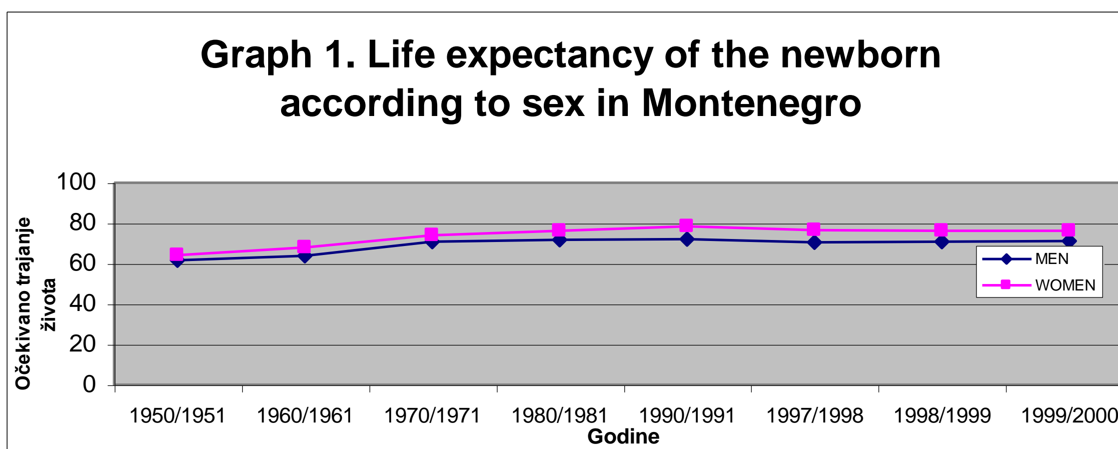
Staff norms, as determined standard in this field of health care, are the following: in the primary healthcare per 15 000 inhabitants there should be mental health care team consisting of 1 specialist doctor, 1 nurse, 0.30 clinical psychologist (or 1 clinical psychologist per 50 000 inhabitants), and 0.25 social worker (or 1 social worker per 60 000 inhabitants).

Data on the existing staff show that the coverage of specialists in psychiatry is significantly above the envisaged norms.

5. *HEALTH/ MENTAL HEALTH*

5.1. Life expectancy at birth

Life expectancy at birth, calculated based on the existing age specific mortality rates (shortened approximate tables of mortality), is an overall indicator of the health status of the population.



This indicator represents the average number of years the newborn of a certain sex is expected to live up to if the existing mortality rates are maintained.

In 1999/2000, the life expectancy at birth for Montenegro was 76.27 years for women and 71.05 years for men. The tendency of increase was noticed from 1950/1951 (Graph 1).

5.2. Leading causes of death

Rank order of the main causes of death in Montenegro has not changed in the last decade.

The said groups of diseases participated in the structure of mortality at over 90%, while circulatory diseases and malignant diseases together represent more than two thirds of the causes of death of the persons who are over 65 in Montenegro.

Predominance of cardiovascular and malignant diseases in the structure of mortality reflects the presence of risk-associated behaviour in the population, such as smoking, alcoholism, unhealthy eating habits, insufficient physical activity, but also the influence of environmental risk factors (polluted air, food and water). Insufficiently defined conditions on the third place of this list result from unreliable information on the cause of death on the territory of Montenegro. Injuries, poisoning and consequences of outer factors show that there is an inadequate safety at work, home and in the street.

The value of health status indicators for the population of Montenegro are within limits of the value of the same indicators in South-Eastern European countries.

Table 1. Overview of the leading causes of death of the population in Montenegro in 2001

Groups of diseases	**Number of the dead**	**% participation in the structure of the dead**	**Mortality rate**
Circulatory diseases	2872	52,88%	4,34
Tumours	896	16,49%	1,35
Symptoms, signs and abnormal clinical and laboratory findings	629	11,58%	0,95
Injuries, poisoning and consequences of outer factors	297	5,47%	0,45
Respiratory diseases	266	4,90%	0,40

5.3. Calculation of early dying

Calculation of the number of lost years of possible life for persons below 75 (approximate life expectancy at birth in Montenegro) facilitates the process of forming the priority list of diseases by the health authorities for prevention-related activities. On average, all the deceased in Montenegro

lost 10 to 15 years each of possible life. The most significant causes of early death are circulatory diseases 31.28% of the total number of lost years of life for all the deceased, then tumours 19,00% of the lost years of life and injuries and poisoning 9.67%. All other causes of death caused 40% of lost years of life.

Average age of the deceased in 2001 was 67.90, 64.74 years for men and 71.22 years for women.

5.4. Indicators for morbidity of mental disorders and behavioural disorders

5.1.4.1. Alcoholism

The problem of over-consumption of alcohol is particularly related to young population of both sexes, with the more intensive growth among girls. According to the most recent available data, alcohol is being consumed constantly or occasionally by 55% of the young who are 15 to 30. 11% of the young between 12 and 18 years, 60% of the young men and 14% of the girls between 19 and 30 get drunk several times a year. It is very worrying that 4.3% of the young between 12 and 18 already show the signs of alcohol addiction.

In 2001, hospital institutions in Montenegro treated 240 men over 6212 hospital days and 25 women over 1354 hospital days (30/476 men and 3/34 women in Podgorica) due to disorders caused by alcohol consumption (F10 according to MKB-10).

5.4.1. Morbidity as a result of the use of psychoactive substances

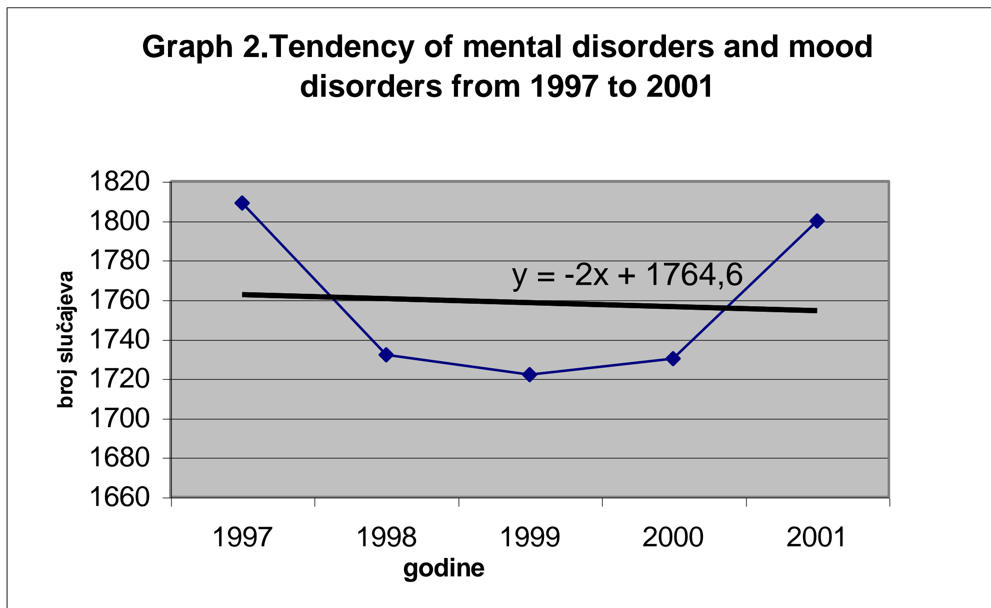
In 2001, 69 cases of psychoactive substances poisoning were registered in outpatient and 7 in hospital morbidity. Certain derived indicators show that there is an increase in number of persons addicted to psychoactive substances, with a tendency of decreasing the age limit.

5.5. Morbidity of mental disorders in hospital institutions

In addition to the above, the following rates of mental disorders and behavioural disorders were registered in 2001:

Hospital services of Montenegro have registered 1800 cases of mental disorders and behavioural disorders, and morbidity rate was 2692.2 per 100 000 inhabitants of Montenegro. The most common illness in this group was schizophrenia, schizo-pathic disorders, insanity, which participated in the general structure of all mental disorders at 45.9%, followed by mood disorders at 16.1% and on the third place there are mental disorders caused by alcohol 14.7%, and mental disorders caused by drugs. Out of the total number of patients treated in hospitals there were 61.2% of men. The patients belong mainly to the 40 – 49 age group (27.3%), then to 30 - 39 age group (22.1%), 20 - 29 age group (18.2%) and 50 - 59 age group (17.9%), which shows that the greatest number of hospitalized patients, due to mental and behavioural disorders, were capable of work (over 80%).

Mental disorder trends in the period from 1997 to 2003 show that there are no statistically significant changes in the number of patients treated for mental disorders and behavioural disorders in dispensaries of Montenegro for the given period, which can be seen in graph 2.



Total number of realized hospital days for treatment of mental diseases was 58028 or 32.2 days on average per a disease. This shows that the length of hospitalization in such cases is very long. The longest treatments are the ones for schizophrenia, schizo-pathic disorders and insanity, 41.7 days on average. Mental disorders caused by alcohol have been treated for 28.5 days on the average, mood disorders 27.5 days, while mental disorders caused by drugs and neurotic disorders were treated for 13.2 days on the average. Compared to all other diseases which are treated in dispensaries, mental disorders and behavioural disorders require the longest hospitalization.

Occupancy of beds intended for treatment of mental disorders and behavioural disorders was 122.7 days during the year, which shows that beds were free for a relatively long period of time. The number of beds according to the reports from the services for dispensary treatment of this group of diseases shows that occupancy was 155.6 days during 2001.

5.6. Morbidity of mental disorders in outpatient institutions

In outpatient services there are 9739 reported cases of mental disorders with morbidity rate of 1456.7 per 100 000 inhabitants of Montenegro.

The most frequent illnesses from this group were neurotic, stressogenic and somatoform disorders with morbidity rate of 542.6, followed by schizophrenia, schizopathic disorders, insanity (morbidity rate 399.0) and on the third place there are mood disorders with morbidity rate of 288.4. The biggest number of registered cases of mental disorders and mood disorders was in the general medicine service 63.1%, followed by occupational medicine services with 32%. In the service for healthcare of preschool and school children there were 463 treated children, and most frequent illnesses were other mental disorders and behavioural disorders.

Changes in the number of treated mental patients and patients with behavioural disorders from 1997 to 2003 are shown in the Graph 2.

The illustrated graph shows a noticeable tendency of growth of the number of treated patients with mental and behavioural disorders in the primary health care units, with 2000 as a critical period. That is when the number of treated patients was significantly lower compared to the previous period, as well as to the year that followed, 2001 respectively.

Data is obtained from the registered hospital morbidity

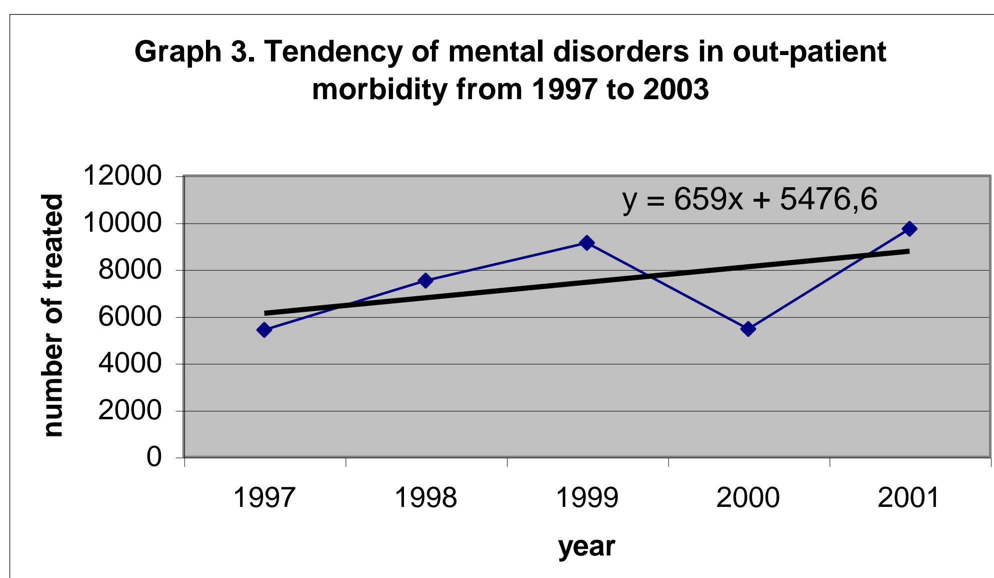


Table 2 shows total morbidity of mental disorders and behavioural disorders in Montenegro (both outpatient and inpatient), as well as by the structure of most frequent conditions from this group. In addition, it shows morbidity rates, percentage of participation of mental disorders and behavioural disorders in total morbidity in Montenegro, as well as participation of certain components of this group of conditions in the structure of the same group expressed in percentages.

Table 2. Total morbidity (outpatient and inpatient) in Montenegro related to mental disorders and behavioural disorders in 2001

CONDITION	NUMBER OF CASES	MORBIDITY RATE	PERCENTAGE
MENTAL DISORDERS AND MOOD DISORDERS	11539	1725.9	18.8%
Neurotic, stressogenic disorders	3730	557.9	32.3%*
Schizophrenia	3494	522.6	30.3%*
Mood disorders	2217	331.6	19.2%*

5.7. Mortality

In 2001, suicide was the cause of death of 142 people (mortality rate where suicide was the cause of death was 21.2 of the deceased per 100 000 inhabitants of Montenegro). In 2002, there was a significant increase in the number of persons who committed suicide (and that is why we present it), 196 suicide cases were reported (mortality rate 29.3).

123 people died in accidents in 2001 (mortality rate 18.4).

The total of 46 cases where the causes of death were psychiatric illnesses were registered.

There are no special records for cases of death caused by epilepsy.

The cases of death caused by liver diseases are registered only in the records of treated patients in the hospitals and there are 28 such cases, and there is no indication on what respective causes of disease are.

There was the total of 3 cases of death caused by poisoning.

Dying as a result of suicide, accident, poisoning, liver disease participated in the overall structure of the deceased with 4.5%. At the same time, the share of the cases of death caused by cardiovascular diseases (which is the leading cause of death in Montenegro) was 52.9%, and cancer 16.5%.

Share of the cases of death caused by symptoms, signs and pathological clinical and laboratory findings was 12.5%, and mortality rate was 101.9 per 100 000 inhabitants.

5.8. Strengths / weaknesses of the existing mental healthcare system

Strengths of the existing mental healthcare system in Montenegro are the following:

- Relatively easy access to professional care for all categories of mental patients in places where such institutions exist.

Weaknesses of the existing mental healthcare system in Montenegro are the following:

- Lack of staff,
- Insufficient education of the staff,
- Non-existence of continuous education in mental healthcare for both specialist/ psychiatrists and general practitioners in the primary health care and middle medical staff,
- Insufficient cooperation with primary health care services,
- Poor conditions in services for the care of mental patients,
- Non-existence of specialised referral centres in primary health care,
- Lack of research activities,
- Non-existence of uniform database for monitoring patients and medications,
- There are no services for taking care of certain vulnerable categories (children, adolescents, the elderly...), or for specialised diagnostics and care (forensic cases),
- Incongruity of legislation in the field of mental healthcare with European standards regarding protection of human rights and the rights of the mentally ill,
- Inequality in terms of institutional and staff coverage of the areas in the Republic of Montenegro,
- Insufficient cooperation with social care institutions,
- Isolation of the chronically ill mental patients, mentally retarded patients in social care institutions without adequate health control.

These indicators are the result of surveys carried out in the field in September 2003 on the whole territory of Montenegro, which covered complete infrastructure of primary healthcare, hospital care and mental healthcare institutions.

6. MENTAL HEALTH REFORM

6.1. Vision of mental health policy

Vision of mental health policy is improvement and protection of mental health of the population, conformity with requirements and expectations of beneficiaries and provision of overall, functional and coherent system of protection based on the principles of protection in a community, which is not discriminatory and is based upon scientific knowledge of mental health on the whole territory of the Republic of Montenegro.

This policy defines standards and activities in state and private services for mental health.

As any other policy for strategic fields, this policy for mental health represents a set of defined values, principles and objectives, which need to be implemented in order to improve mental health and reduce the incidence of mental disorders among the population of Montenegro.

Drafting and implementation of the mental health policy will include all the aspects this policy relates to, either directly or indirectly:

- Beneficiaries, their associations and their families,
- Service providers in the primary medical care and specialized protection of mental health, both state and private institutions, as well as their associations,
- Governmental agencies and the ministries (of health, social welfare, education, interior, employment), as representatives of the local self-government,
- Academic institutions,
- NGO sector, in particular non-governmental organizations engaged in humanitarian work, social protection and mental healthcare.

Reform of the healthcare system of Montenegro represents a very complex process which comprises all segments of healthcare system, and mental health is a part of overall changes whose effects can be appraised after the implementation of activities defined in this Strategy. The existing capacities of the services for mental healthcare were designed two decades ago and have not changed significantly until the present day, although the Law on Healthcare and the Law on Health Insurance define dispensary for mental health as an obligatory segment of Dom Zdravlja. There are Dom Zdravljas with psychiatric ambulantas in some municipalities, and there are only a few dispensaries that have referral centres for certain areas of mental healthcare, day-care centres which do not operate, and there are no 'halfway houses'. Care for forensic cases is provided in Special Psychiatric Hospital in Kotor because there is no adequate institution, while there is no psychiatric ward for children as a special organizational unit within healthcare institutions.

The Mental Health Improvement Strategy comes from critical analysis of the existing situation and takes into account modern strategy of protection and improvement of health. It implies community work, with engagement of all its resources, not only medical but other formal and informal resources as well. Other basic principles are development and implementation of measures and activities at primary, secondary and tertiary prevention aimed at mental healthcare, with strict division, but also interrelating the tasks and responsibilities of the parties involved. Activity regarding permanent education and training of all shareholders (professionals and laymen) for as efficient as possible completion of tasks is particularly important for the implementation of the Strategy. It is also necessary to evaluate activities, especially priority needs of different aspects of protection and improvement of mental health. Continuing evaluation of envisaged effects will enable the use of new professional and scientific achievements for the purpose of advancing the program. The Strategy emphasizes the importance of building a network of psychiatric institutions and their integration into changes that are envisaged by the reform of healthcare system.

6.2. FRAMEWORK OF NATIONAL MENTAL HEALTH POLICY

Defining the national policy for mental health is one of the key segments of the healthcare system reform in the Republic of Montenegro. Bearing in mind the fact that there have been only individual attempts to define certain segments of mental health and to formulate the policy for those, this document will attempt to give an overall review and fundamental guidelines which will be the base for drafting detailed plans and programs of activities related to mental healthcare and improvement. The process of formulation of mental health policies needs to include not only the

Ministry of Health but the Ministry of Labour and Social Welfare as well, because it is important to consider social and physical conditions in which people live, although there seems not to be a direct link between mental health policy and some other segments of the society, in order to build positive effects and results of mental health improvement.

The process of defining the policy for mental health is complementary with activities carried out under the regional Project of the Stability Pact for South-Eastern Europe ”Enhancing Social Cohesion through Strengthening Community Mental Health Service in South Eastern Europe“. Mental health policy should also be directly linked with the Poverty Reduction Strategy and other strategic documents in the field of health policy, social policy, employment policy and prevention of dysfunctional forms of behaviour.

National policy for mental health in the Republic of Montenegro is designed in coordination with accompanying documents and sources:

1. Study on Mental Health Policy and legislation Questionnaire for Serbia and Montenegro, National Committee for Mental Health of Serbia and National Committee for Mental Health of Montenegro, November 2003 , Belgrade
2. World Health Organization: World Health Report 2001, Mental Health: New Understanding, New Hope. WHO 2001
3. World Health Organization: Mental Health Policy and Service Guidance Package: MENTAL HEALTH POLICY, PLANS AND PROGRAMMES, World Health Organization, 2003-
4. Data on the number of inhabitants derived from the estimation of the Federal Statistical Office, which is based upon the results of the census in 1991 and data on the newborn and deceased – Bulletin «Population 68».
5. Statistical Yearbook of Montenegro, Republic Statistical Office, 2002.
6. D. Radevič i K. Beegle, ISSP – Podgorica, World Bank- Washington, DC.
7. Republic Secretariat for Development, 2002 ”Strategy of Development and Poverty Reduction in Montenegro”, first draft
8. D. Radević, K. Beegle: The standard of living and poverty in Montenegro in 2002.
9. Statistical Yearbook on health and healthcare in Montenegro 2000, Office for Health Care 2001
10. Report of the Centre for social medicine of the Public Health Institute, 2001
11. Report of the Centres for health information system and health registers of the Public Health Institute (regular records on hospital and out-patient healthcare), 2001/02
12. Standards and norms of the staff and health services in Montenegro, Primary health care, preventive medicine and diagnostics, Health Insurance Fund and Public Health Institute,2002

The results that are anticipated from the implementation of the National Policy for Mental Health cannot be achieved without improvement of organizational aspect and quality of services in the field of mental health, engagement of healthcare workers and orientation towards community-based organization of mental health.

6.3. Values and principles of Mental Health Policy

Value judgements and principles that are defined in this Chapter create the key framework based on which the goals of the National Policy of Mental Health are defined.

Improve and protect mental health of the population	
VALUES	**PRINCIPLES**
Mental healthcare	Mental health services should provide the best possible overall treatment, which will involve family and community to the highest extent possible Mental healthcare should be a constituent and inseparable part of the primary healthcare. General practitioners should be trained for responding to the needs related to protection of mental

	disorders There must be inter-sectoral cooperation with other key holders of social development
Community care	Prior to hospitalization of the patient, it is necessary to try to provide alternative care within community or as near as possible to the place the patient comes from Create opportunities for volunteer organizations to provide help the families that take care of non-hospitalized patients Mental patients should be cared for in the institutions with as little restrictive forms of care as possible
Education	Reform of the educational system should take into account mental health of the population and influences that certain actual social and health problems have on shaping attitude of school children (de-stigmatization of mental disorders, stereotypes, prejudices, ..) Mental health promotion should be integrated in the area of social care and in the educational system that trains that staff
Meet the needs and expectations of the beneficiaries of services	
VALUES	PRINCIPLES
Protection of vulnerable groups	There is a need for respective concrete strategies for mental health protection of vulnerable groups, such as: children, adolescents, elderly, disabled, refugees, IDPs, victims of violence
Cultural relativism	Different cultural, social and ethnic groups should be included in defining the policy of mental health in Montenegro so as to respect differences and special needs that result from such differences.
Protection of human rights	Human rights and dignity of a mental patient should be protected at all levels within the system of mental health Passing the legislation Mental health institutions need to have inbuilt systems for monitoring in order to provide security of the rights and needs of mental patients
Community participation	Beneficiaries of the mental health protection system (individuals with mental disorders), their associations and families will be included in the process of planning, organization and monitoring of mental health care.
Create a comprehensive, functional and coherent system of mental healthcare on the whole territory of the Republic of Montenegro	
VALUES	PRINCIPLES
Network of services	Mental healthcare must be accessible and available Unification of services and existence of a uniform database for registration of treatment and medication System has to be accessible to all, regardless of location, economic status, education, or ethnical, cultural or religious orientation
Quality of services	Setting clear rules, procedures, standards of services and control mechanisms for services for all mental healthcare institutions including the segments of primary health care that comprise mental healthcare Activities referring to collection and analysis of the data on patients should also be an integral part of mental healthcare system. Psychotropic drugs should be available at all levels of treatment of an individual with mental disorders, with provision of sufficient quantity of drugs

6.4. GOALS OF THE MENTAL HEALTH POLICY

Goal 1 <u>Improve and protect mental health of the population</u>

- Primary prevention of mental disorders (universal, selective and indicated), and early detection of mental disorders

Goal 2 <u>Respond to requirements and expectations of beneficiaries</u>

- Increase in quality of services and protection of the rights of patients with mental disorders
- Improvement of legislation related to protection of the rights of mental patients and protection of human rights
- Increase in inclusion of beneficiaries, families and community in the process of planning, organization and monitoring of the services for mental health.

Goal 3 <u>Provide financial protection from expenditures related to illness</u>

- Establishing the mechanisms for provision of all necessary psychotropic drugs free of charge.

6.5. PRIORITY AREAS OF ACTIVITIES

1. <u>Financing</u>

Implementation of the National Policy for Mental Health requires the definition of the way in which the implementation will be financed. It is necessary to set aside certain percentage from the budget for the needs of mental healthcare. The priority in financing should be given to mental healthcare of vulnerable groups and regions of the Republic whose services are insufficiently developed.

2. <u>Legal framework and human rights</u>

The existing legislation in the field of protection of individuals with mental disorders is insufficient. Only some of the rights are defined in parts of different existing laws. It is necessary to revise the existing laws and make changes to them in a way that provides an adequate protection of the rights of the mentally ill (pass the Law on Mental Health and the Law on Protection of the Rights of the Mentally Ill).

3. <u>Organization of services and institutions</u>

It is necessary to reorganize the system of mental health so that treatment of patients is shifted from large psychiatric institutions and clinics to outpatient psychiatric services, mental health services are developed at the local level which will provide overall, less restrictive mental healthcare which is closer to community, and mental health protection included in the primary health care.

4. <u>Staff and training</u>

It is necessary to fit the number and a kind of staff needed to the institutions for mental healthcare in accordance with present needs. There is a need for training and further training through continuous training of the staff in mental healthcare and primary healthcare.

5. <u>Promotion, prevention, treatment and rehabilitation</u>

It is necessary to build a wide range of activities related to promotion, prevention, treatment and rehabilitation, which will be an integral part of the national policy. This plan can be developed only once the data have been collected based on a detailed analysis of the total population and some targeted samples on the needs assessment based on social, cultural, gender, age, and development frameworks.

6. <u>Procurement and distribution of basic drugs</u>

It is necessary to set up a list of priority psychotropic drugs and other medications needed for treatment of the mentally ill, make them available according to therapy effects and safe use at all levels of mental healthcare.

7. <u>Representation</u>

Define the policy and plan for inclusion of NGO sector, volunteers and families in order to improve the protection of rights in the field of mental health. Define the responsibilities and forms of action.

8. Quality improvement

Due to differences in quality and level of services which are provided in different services for mental healthcare, the national policy has to define and implement concrete instruments for maintenance, control and improvement of the quality of services in the field of mental healthcare. These instruments should include: accreditation of individuals and organizations that provide mental healthcare services, standards of diagnostics and treatment in compliance with international standards, clinical guidelines, indicators for measuring the results, etc.

9. Information system

When building up the information system in addition to uniform database for registration of treatments of patients and medications, analysis of data on patients, it is necessary to include the data on institutions, staff and non-governmental sector which participates in the system of mental healthcare. The information system should be accessible to all stakeholders of the system, regardless of their geographical location on the territory of the Republic.

10. Survey and evaluation of policies and services

Surveys should be defined in accordance with the WHO recommendations and in cooperation with academic institutions. The surveys should be used for evaluation of the policy itself and the quality of services in the field of mental health.

11. Inter-sectoral cooperation

Implementation of the mental health policy should involve as many parties as possible who are either directly or indirectly linked to the policy - beneficiaries, their associations and their families, providers of primary healthcare services and specialized mental healthcare services, both public and private institutions, as well as their associations, Government agencies and ministries (of health, social welfare, education, interior, employment), representatives of the local self-government, academic institutions and non-governmental sector, especially NGOs that are engaged in humanitarian aid, social protection, mental healthcare and human rights protection.

7. ACTION PLAN FOR MENTAL HEALTH

7.1. General strategy

Priority fields of activities	**Strategy**
1 Financing	Earmarking part of the budget for financing the mental health within general health financing Create a special fund for development of mental health component within the primary healthcare
2 Legal framework and human rights	Overview of the existing legal provisions and procedures for protection of rights of the mentally ill Draft the Law on Mental Health and the Law on Protection of Individuals with Mental Disorders Organize public campaigns and debates on the Draft Law Build the mechanisms for implementation of the Law on Mental Health in the psychiatric institutions
3 Organization of services and institutions	Setting up the links between primary health care and services for mental health and strengthening community services Supporting the process of deinstitutionalization parallel with development of alternative forms of community protection.
4.Staff and training	• Organizing training and further training for physicians and other healthcare workers in the mental healthcare institutions and primary

	healthcare. • Revising the existing professional development curricula in the field of mental healthcare and adjusting to the guidelines of community organization of mental health.
5 Promotion, prevention, treatment and rehabilitation	Give priority to prevention programmes and improvement of mental health Educational programs should include promotion of mental health
6. Procurement and distribution of basic drugs	• Accessibility of the drugs to the mentally ill Modern psycho-pharmacies will be available through adequate distribution
7.Representation	Establishing and supporting the associations of beneficiaries and their families
8 Quality improvement	• Developing standardized procedures (good practice guide) for diagnostics and treatment • Developing procedures of monitoring and evaluation of services
9.Information system	Project of information system will include fully all activities regarding mental healthcare
10. Survey and evaluation of policies and services	• Outcomes of the national policy will be monitored in regular time intervals • Surveys of the quality of services will be defined in cooperation with academic institutions
11.Inter-sectoral cooperation	• It is necessary to build up inter-sectoral cooperation at all levels (ministries, municipalities, mental health services...) for the purpose of mental healthcare • Support the inter-sectoral programmes for mental healthcare which are clearly defined (action plan for fighting drug abuse, domestic violence, for children with special needs, care for elderly, fighting poverty...)

7.2. Time frame and resources

Drafting and implementation of the Mental Health Strategy in the Republic of Montenegro will be carried out in a couple of phases. Only general deadlines and names of activities will be presented here. Detailed plan is expected to be prepared both during the preparatory and drafting phase of the Strategy.

Strategy drawing up phase within six months

Implementation phase harmonize with deadlines of the recommendations from the Stability Pact for South-Eastern Europe.

8. ACTION PLAN OF THE MENTAL HEALTH IMPROVEMENT STRATEGY

Healthcare level	Activity / service	Goals	Staff	Dynamics	Implementing agency	Budget
Primary mental healthcare **1**	Centre for Mental Health in the community (CMHC) Two in Podgorica, one in Herceg Novi, one in Kotor, one in Bar, one in Nikšić, one in Pljevlja, one in Bijelo Polje, one in Berane. - primary prevention: health promotion, education - diagnostics - therapy treatment * treatment with medicaments * family therapy * individual and group psychotherapy * interventions in crisis situations * occupational therapy * counselling – education work * counselling centre for addiction * patronage service and home-based treatment - rehabilitation, re-socialisation * training for healthy life - creating policy and planning activities for improving and protection of MH - developing cooperation with related institutions and organisations - database – keeping records - monitoring, evaluation, reporting	- Protection of MH at the PHC level, - focusing on individual needs within the community, - achieve dominating outpatient treatment - establish a functional relationship at all levels (dispensaries, stationeries, NGO ...)	For one centre: - 4 psychiatrists - 2 psychologists - 2 social workers - 2 occupational therapists - 6 medical technicians	* equipping rooms * constituting of the team, additional education * start working in line with the recommendations of the WHO and the Stability Pact for South-East Europe	Ministry of Health – Dom Zdravlja, Psychiatric Clinic of the Clinical Centre of Montenegro	In line with the recommendations of the WHO, the Stability Pact for South-Eastern Europe and the Ministry of Health of the RoM
	Youth Counselling Centre in Podgorica, Bar, Kotor, Herceg Nov, Nikšić, Pljevlja, Bijelo Polje, Berane					
	- Individual counselling – therapy work with youth;	- Supporting harmonized development of youth through preventive activities related to	Team of the CMHC Volunteers from	Six months after the constitution of	Ministry of Health of the	In line with the recommendations of the WHO, the

	- Working with groups of youth towards overcoming of developmental issues; - Organizing specific programmes (workshops) for working with youth, supporting healthy lifestyles - Developing preventive programmes, coordinating and implementing	mental health; - Providing adequate information to youth regarding health and risky behaviour which poses risks to health - Overcoming crisis situations in development of adolescents, regardless whether those are caused by physical, emotional or social factors, through counselling-therapy work	NGOs Religious organisations	the CMHC	RoM	Stability Pact for South-East Europe and the Ministry of Health of the RoM
	Counselling Centre for Marriage and Family in Podgorica, Bar, Kotor, Nikšić, Pljevlja, Bijelo Polje, Berane - Counselling-education work - Resolving marital-family conflicts	Improving mental health in the family	CMHC team	Six months after the constitution of the CMHC	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM
	Counselling Centre for Addiction in Podgorica, Bar, Kotor, Nikšić, Pljevlja, Bijelo Polje, Berane - providing information and education on risky behaviour - promotion of healthy lifestyles - providing specific support - working with families - preventing recidivism	Prevention, treatment and rehabilitation	CMHC team and one additionally trained psychiatrist, Volunteers of NGOs Religious communities	Six months after the constitution of the CMHC	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM
	Counselling Centre for psycho-geriatric disorders in Podgorica, Bar, Kotor, Nikšić, Pljevlja, Bijelo Polje, Berane - Mental healthcare for elderly	Quality protection of MH of elderly	CMHC team Volunteers of NGO Religious communities	Six months after the constitution of the CMHC	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM
Secondary and tertiary healthcare	**Psychiatric Clinic Podgorica** - Diagnostics	Applying WHO standards in diagnostics, treatment, education of staff, supervision, scientific and	16 psychiatrists 4 psychologists	In line with the recommendations of the WHO, the	Ministry of Health of the	In line with the recommendations of the WHO, the

of mentally ill 1	- Therapy - Rehabilitation - Keeping documents - Monitoring - Professional-scientific evaluation - Educational-scientific work - Supervision of the MHC at the level of the Republic - Developing cooperation with related institutions	researching work	3 social workers 48 nurses 2 occupational therapists 1 speech therapist 1 defectologist	Stability Pact for South-East Europe	RoM	Stability Pact for South-East Europe and the Ministry of Health of the RoM
2	**Special Hospital Kotor** - diagnostics - therapy - rehabilitation-re-socialisation - partial hospitalisation – (day-care hospital) - education of staff - keeping documents - developing cooperation with related institutions - treating PAS addicts - education of addicts and working with families - rehabilitation and re-socialisation	Applying WHO standards in diagnostics, treatment, education of staff	16 psychiatrists 4 psychologists 3 social workers 2 defectologists 5 occupational therapists 40 medical technicians	In line with the recommendations of the WHO, the Stability Pact for South-East Europe	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM
	General Hospital – Psychiatric Ward - Nikšić - Diagnostics - Therapy - Rehabilitation - Keeping documents - Monitoring - Developing cooperation with related institutions - Education of staff	Applying WHO standards in diagnostics, treatment, education of staff	4 psychiatrists 1 psychologist 1 social worker 2 occupational therapists 10 medical technicians	In line with the recommendations of the WHO, the Stability Pact for South-East Europe	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM

	- Day hospital					
	General Hospital – Psychiatric Ward in Bijelo Polje, Berane, Pljevlja, Bar - diagnostics - therapy - rehabilitation - keeping documents - monitoring - developing cooperation with related institutions	Applying WHO standards in diagnostics, treatment, education of staff	1 psychiatrist 1 psychiatrist 1 social worker 8 medical technicians	In line with the recommendations of the WHO, the Stability Pact for South-East Europe	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM
	General Hospitals – detoxication units in Pljevlja, Bijelo Polje, Berane, Bar, Nikšić, Kotor, - detoxication - rehabilitation of urgent conditions of PAS addicts	Providing urgent help to addicts	Specialist of urgent medicine Doctor of internal medicine	In line with Action Plan of the Government of the RoM for drug addiction	Ministry of Health of the RoM	In line with the recommendations of the WHO, the Stability Pact for South-East Europe and the Ministry of Health of the RoM

Appendix 1

2.1 LEGISLATION RELATED TO MENTAL HEALTH

Recommendations of the STABILITY PACT FOR SOUTH-EASTERN EUROPE, HEALTH NETWORK OF SOUTHEASTERN EUROPE, that is "Action of health development for South-Eastern Europe ", were fully respected when drawing up the **QUESTIONAIRRE FOR APPRAISAL OF THE POLICY AND LEGISLATION IN THE FIELD OF MENTAL HEALTH FOR SOUTH-EASTERN EUROPEAN COUNTRIES,** which contained the following questions and provided insight into legislation related to mental health and its needs in Montenegro:

a) **Does your country have access to international and regional initiatives and documents related to the fight for human rights? If yes, please specify.**

Our country is a member of the Council of Europe and it is included in the projects of the Stability Pact for South-Eastern Europe, which refer to relations and protection of human rights.

b) Were there any recommendations to your country from other countries in relation to the improvement of mental health policy and legislation? If yes, please specify.

Yes, within the Project of the World Health Organization and the Stability Pact for South-Eastern Europe "Improvement of social cohesion by strengthening community mental health services".

c) Does the legislation on mental health include a part that refers to the protection of the rights of the persons suffering from mental disorders?

Yes, in some provisions of the Law on Healthcare, Law on out-of-court proceedings, the Family Law and the Law on carrying out of criminal sanctions.

In the health sector:

1) **Does the national legislation require the use of the least restrictive alternative?** ***All the persons suffering from mental disorders should be provided a treatment in a community except under the circumstances that involve risk of potential damage. Involuntary admissions and treatments can be done only in exceptional circumstances and for a short period.***

Yes, partially the Law on health care and health insurance and the Law on out-of-court proceedings (part that refers to involuntary hospitalization).

2) Does the national legislation provide confidentiality?

Legislative protection ensures that all information and records, which pertain to health, i.e. psychic problems of a person, remain confidential. The Law must prevent explicit use of these without a prior permission that professionals have to ask for, and all that has to be defined by the law.

Confidentiality of the information pertaining to psychiatric patients is not specifically defined in the legislation, only generally – in the Law on Healthcare (Article 12) and the Criminal Law there are provisions regarding professional secret – data on health condition of a patient and causes, circumstances and consequences of such condition.

3) Does the national legislation deal with voluntary and involuntary admission?

Does that refer to involuntary treatment as well?

The Law on out-of-court proceedings defines voluntary and involuntary admission. Forced treatment is not defined.

4) Does the national legislation define procedures that involve a ban on movement?

It refers to urgent procedures for acute episodes in mental disorders with a high risk for health and safety.

It does not define that issue.

5) Does the national legislation define mechanisms for periodic revisions at all levels that violate integrity or freedom of a person suffering from psychic disorders?

Yes, it is determined in the Law on out-of-court proceedings.

6) Does the national legislation define the issue of work ability?

Yes, the Law on Marriage and Domestic Relations.

7)* Does the national legislation define the problem of *informed consent?

National legislation does not define the problem of informed consent.

Out of health sector:

1) Does the national legislation prohibit discrimination against psychiatric patients in terms of housing, employment and social security?

National legislation, apart from the constitutional provisions that prohibit discrimination on any grounds, does not define special provisions on discrimination against psychiatric patients.

2) Does the national legislation provide for the following special circumstances:

- **housing, including halfway houses and assisted-living homes;**
- **employment, including protection from discrimination and exploitation in the opportunities for getting an employment and rehabilitation programs for preparation for work.**
- **social security: health insurance and disability allowances at the similar amounts guaranteed to other people.**

National legislation provides social security: health insurance and disability allowances for psychiatric patients at the similar amounts guaranteed to other people.

3) Does the criminal legislation include the part pertaining to psychically deviated criminal offenders (their accountability to stand the trial, criminal responsibility, legal representation, testimony)?

Yes, in the General Criminal Law, Criminal Law of the Republic of Montenegro, and the Law on Criminal Proceedings.

4) Does the civil legislation provide regulation pertaining to marriage, divorce and parental rights, testator ability and the ability to make a contract and guardianship conditions?

Yes, the Law on Marriage and Domestic Relations, the Law of Inheritance and the Obligations Law.

5) Does the Law on health care ensure that persons suffering from mental illnesses have equal access to all kinds of health care and equal quality as other patients?

The Law on Healthcare and Health Insurance classify as a group, by providing care in relation to prevention, eradication and early detection and treatment of illnesses of greater socio-medical importance, the persons suffering from mental illnesses and disorders, who have the right to health care, which comprises preventive diagnostics, therapeutic and rehabilitation health services in the health institution including the transport in emergency cases, medications and additional material.

6) Does the country have the legislation that involves components of mental health improvement and prevention of psychic illnesses?

- **In the health sector – legislation that strengthens introduction of psychiatric interventions to the primary health care, prevention of the negative influence of children mistreatment, prevention of the negative influence of mistreatment of children, women and the aged.**
- **Out of the health sector: legislation that should unable access to alcohol and drugs and protect vulnerable groups.**

No.

Previous responses showed clearly that it is necessary to start drafting and adjusting the legislation within the field of mental patients' rights protection, and with that aim we set up a working group of the Committee for Mental Health, which will work on drafting of the legislation.

Appendix 2

Results of the field survey

Overview of the results of the field survey of facilities and human resources in the field of mental health which is the basis for drawing up the STRATEGY OF MENTAL HEALTH PROTECTION AND IMPROVEMENT in Montenegro

According to the 2003 census, Montenegro has 616.258 inhabitants. Healthcare of the population is provided in 18 Dom Zdravljas and 3 health stations which provide outpatient healthcare, in seven general hospitals, five dispensaries of Dom Zdravlja facilities, Clinical Centre and three special hospitals where hospital care is provided.

In Montenegro there are several public healthcare institutions for meeting the needs of the population for mental healthcare and mental health improvement (outpatient and inpatient institutions): Special Psychiatric Hospital Dobrota, one development reference centre, one psychiatric ward in the General Hospital, one Psychiatric Clinic in Podgorica one psychiatric ambulanta, one private psychiatric practice and one ambulanta, 13 Dom Zdravlja facilities provide the services of the mental healthcare.

Dispensaries that deal with mental health protection and improvement dispose of the following bed capacities:

- Special hospital for treatment of psychiatric patients Dobrota has 252 beds,
- Clinical Centre Podgorica – Psychiatric clinic has 40 beds,
- General Hospital Nikšić – Psychiatric hospital has 30 beds,
- ZIKS (prison ward, planned) – Psychiatric ward with 50 beds

TOTAL---373 beds

Listed data was collected in a field survey – data was obtained directly from the hospital services, and the survey was conducted in 2003.

Public health institutions that deal with mental health protection and improvement dispose of the following staff:

- 32 neuropsychiatrists,
- 12 psychiatrists,
- 4 medical psychologists,
- 10 psychologists
- 2 defectologists,
- 7 specialization trainees,
- 7 social workers,
- 5 professional nurses,
- 100 nurses (plus 3 nurses who attended additional training for leading socio-therapeutic community).

Out of the total number of the employed in the public health institutions that work in mental healthcare, almost half of the staff works in the Special Psychiatric Hospital Dobrota. Therefore, staff that provide services in the field of mental healthcare and improvement at the primary level, does not meet the needs. However, it is the fact that mental health policy is undergoing significant changes in terms of redirecting the beneficiaries to the outpatient care, and it is expected to have redistribution of the staff from the secondary to the primary healthcare.

According to the official norms in the primary and preventive health care per 15000 inhabitants there should be a team consisted of 1 specialist (neuropsychiatrist or psychiatrist), 1 nurse, 0.30 clinical psychologist and 0.25 social workers. For the whole territory of Montenegro it is necessary to provide at the primary level: 41 specialists, 41 nurses, 12 clinical psychologists and 10 social workers.

Experiences from the countries that provide mental health protection primarily in the out-patient institutions, with engagement of experts from hospital institutions on the occasional basis (whose potentials, according to the new initiative in Montenegro, are being gradually reduced) show that staff norms (per number of inhabitants) should be the following:

- 1 specialist (neuropsychiatrist or psychiatrist) per 20000-30000 inhabitants.
- 1 clinical psychologist per 20000-30000 inhabitants.
- 1 social worker per 20000-30000 inhabitants.
- 1 nurse per 15000 inhabitants.

Therefore, it should be emphasized that specialists who will work in the Mental Healthcare Centres spend a part of the working hours in a dispensary located in their area, in order to monitor their patients and take an active part in their complete therapeutic treatment. According to the data, number of specialists who work in mental healthcare could meet the need of the Montenegrin population, providing that there is a better territorial distribution of the staff and if the role of trained psychiatrists, psychologists and social workers, who could engage a lot more in preventive and therapeutic field, is strengthened.

OVERVIEW OF FACILITIES AND HUMAN RESOURCES IN MENTAL HEALTH PROTECTION BY MUNICIPALITIES IN MONTENEGRO

In the ***municipality of Andrijevica*** there live 5697 inhabitants. In Dom Zdravlja Andrijevica there are 34 employed health workers, 6 of which are doctors, and one of them is a specialist. There is no specialist for mental healthcare and improvement. The population of Andrijevica will receive mental healthcare service in the Mental Health Centre Berane.

Municipality of Bar has 39688 inhabitants. Healthcare services to the population of this municipality are provided in the following public healthcare institutions: outpatient care in Dom Zdravlja, with 182 workers, 42 of which are physicians (32 specialists) and hospital care in the General Hospital Bar, with 220 health workers, 35 of which are physicians. It employs 2 specialists (neuropsychiatrists) and 2 medical technicians (nurses), who work in the field of mental healthcare, and are employed in Dom Zdravlja.

The services of protection and improvement of mental health to the population in this municipality will be provided in the Mental Health Centre Bar.

Municipality of Berane with 34791 inhabitants provides outpatient healthcare in Dom Zdravlja which employs 158 health workers, 33 of which are physicians (25 specialists). Hospital healthcare is provided in the General Hospital, which has 211 health workers, 35 of which are physicians. It disposes of one specialist-psychiatrist, one psychologist, and one social worker as well as two medical technicians and one specially trained medical worker for leading socio Th and TH community, and all of them deal with the mental health protection and improvement in Dom Zdravlja Berane.

Mental healthcare will be provided in the Mental Health Centre Berane.

Municipality of Bijelo Polje has 49773 inhabitants. It has Dom Zdravlja which employs the total of 204 health workers (43 physicians) and General Hospital Bijelo Polje with 134 health workers, 24 of them are physicians. It employs of two specialists-neuropsychiatrists, one psychiatrist, one psychologist, a medical technician and two workers trained for leading socio Th and TH community, in the field of mental healthcare.

Planned Mental Health Centre in Bijelo Polje will provide better quality services in the field of mental health protection and improvement.

Municipality of Budva has 15671 inhabitants. Outpatient care is provided in Dom Zdravlja which employs 80 health workers (25 physicians) and mental health services will be provided in the Mental Health Centre Kotor and Dom Zdravlja Budva, which employs one specialist-neuropsychiatrist (who is a visiting doctor in Dom Zdravlja Cetinje, on certain days) and a medical technician, who works in the field of mental health protection and improvement.

Municipality of Danilovgrad has 16270 inhabitants. Outpatient care is provided on its territory (Dom Zdravlja with 72 employees, 11 of whom are physicians), while mental healthcare will be provided in the Mental Health Centre Podgorica. On certain days a visiting neuropsychiatrist and a psychologist come to the DZ Danilovgrad.

Municipality of Žabljak ensures outpatient healthcare for its population (4181) in the Health Station (23 employees, 4 of whom are physicians), which is linked to Dom Zdravlja Pljevlja, and the Mental Health Centre Pljevlja will provide mental healthcare and improvement services to the population of this municipality. One specialist in neuropsychiatry works currently in Dom Zdravlja Zabljak.

Municipality of Kolašin (9871 inhabitants) has on its territory Dom Zdravlja, which provides outpatient care to population; it employs 61 healthcare workers, 10 of whom are physicians). Dom Zdravlja employs one physician who attends specialisation in psychiatry. Mental healthcare services to the population of this municipality will be provided in the Mental Health Centre Podgorica.

Municipality of Kotor (22640 inhabitants) has outpatient care provided in Dom Zdravlja (100 healthcare workers employed, 19 of whom are physicians), hospital care provided in the General Hospital (114 employees, 28 of them are physicians), and it is planned to establish the Mental Health Centre, which will provide mental healthcare services. There are 9 neuropsychiatrists and 4 psychiatrists working in this municipality (Special Psychiatric Hospital). Two physicians attend specialization, 2 psychologists and 1 medical psychologist, 2 defectologists, 3 social workers, 2 medical technicians with higher education and 62 of them with secondary education.

Municipality of Mojkovac has 10007 inhabitants. Dom Zdravlja with 65 employees (13 physicians) provides outpatient healthcare, while the population of this municipality will use mental healthcare services in the Mental Health Centre Bijelo Polje. Dom Zdravlja Mojkovac employs one neuropsychiatrist and a nurse in the field of mental health care.

Municipality of Nikšić for its 75076 inhabitants has outpatient care provided in Dom Zdravlja which employs 276 workers (58 physicians), hospital care in the General Hospital which employs 205workers, 51 of whom are physicians, and it is planned to set up the Mental Health Centre.

Nikšić employs (in Dom Zdravlja and the General Hospital) 5 neuropsychiatrists, a psychiatrist, 2 physicians who attend specialization, 2 psychologists, and one specialist of medical psychologist, one nurse with higher education and 10 nurses with secondary school education in the field of mental health protection and improvement.

Population of the ***municipality of Plav*** (14042) receives outpatient healthcare services in Dom Zdravlja (83 workers, 23 of whom are physicians), and mental health protection will be provided in the Mental Health Centre Berane. Dom Zdravlja Berane employs one neuropsychiatrist and a nurse, who work on mental health protection and improvement.

Municipality of Plužine (total of 4269 inhabitants) for whom outpatient care is provided in the Dom Zdravlja (13 workers, 2 of whom are physicians), which is territorially linked to Dom Zdravlja Nikšić, and mental healthcare will be provided in the Mental Health Centre Nikšić.

Population of the ***municipality of Pljevlja*** (total 35724) has outpatient services provided in Dom Zdravlja (143 employed workers, 33 of whom are physicians), hospital care in the General Hospital (104 workers, 20 of whom are physicians), and it is also planned to establish the Mental Health Centre, which will provide mental healthcare services. Dom Zdravlja Pljevlja employs one specialist-neuropsychiatrist, one psychologist, one social worker, and one nurse/medical technician in the field of mental health protection and improvement.

The largest ***municipality of Podgorica*** with 168600 inhabitants has Dom Zdravlja on its territory with several health points with the total of 470 workers, 128 of whom are physicians. The Clinical

Centre, which provides health services for the whole population of Montenegro, employs the total of 1190 workers, 252 of whom are physicians. The Mental Health Centre will provide services of mental healthcare for both the local residents and patients from other municipalities. In Podgorica (Dom Zdravlja and the Clinical Centre) there are 7 neuropsychiatrists, 4 psychiatrists and 3 physicians who attend specialization, 2 medical psychologists, 1 psychologist, 17 nurses/medical technicians, who work in the field of mental health protection and improvement.

Municipality of Rožaje has 22341 inhabitants and it has Dom Zdravlja, which provides primary healthcare services (98 workers, 28 of whom are physicians), and the Mental Health Centre Berane will provide the mental healthcare services. It employs one specialist (neuropsychiatrist) who works in mental health protection and improvement.

Municipality of Tivat (13404 inhabitants) has Dom Zdravlja (62 workers, 19 of whom are physicians, 1 of them is a neuropsychiatrist), and in the Mental Health Centre Kotor the population of Tivat will receive mental healthcare services.

Municipality of Ulcinj (20003 inhabitants) has on its territory Dom Zdravlja, which provides outpatient healthcare services to its population (85 workers, 19 of whom are physicians), while mental healthcare is provided in the Mental Health Centre Bar.

Municipality of Herceg Novi (32889 inhabitants) on its territory has Dom Zdravlja, which provides outpatient healthcare services, while mental healthcare is provided in Kotor. It employs one neuropsychiatrist, one psychologist and one nurse/medical technician in the field of mental healthcare and improvement.

Municipality of Cetinje has 18380 inhabitants. It has on its territory Dom Zdravlja, which provides outpatient healthcare services (108 workers, 20 of whom are physicians), General Hospital for meeting the needs for hospital care (116 workers, 26 physicians). Dom Zdravlja Cetinje employs one specialist – neuropsychiatrist, one psychologist, and one nurse/medical technician who work in the field of mental health protection and improvement. The population of Cetinje will receive mental health services in the Mental Health Centre Podgorica.

The smallest ***municipality*** in the Republic is ***Šavnik*** with 2941 inhabitants. It has outpatient healthcare provided in the Health Station (13 workers, 2 of whom are physicians), which is linked to Dom Zdravlja Nikšić, so mental health protection for the population of this municipality is going to be provided in the Mental Health Centre Nikšić.

Human resources employed in the mental health institutions have attended a set of additional trainings in psychotherapy, short seminars for acquiring skills for working with certain categories of patients, etc. By reviewing the achieved scientific vocations, one gets an impression that in this segment as well they attempt to compensate for the problems in this segment of functioning, and so we have 2 PhDs, 5 chiefs of staff. It can also be concluded that an indicative number of staff, regardless of their formal education, speak a foreign language (English, Russian, French, German), and also a significant number of the employed is ready to pursue further professional development and education.

In the past period the listed data was substantially supported by the fact that the employed in the mental healthcare institutions were not only participants, but also initiators of many projects related to protection of mental health of the vulnerable groups, such as: children. women, elderly, persons with special needs, that were supported by: UNICEF, UNHCR, SAVE THE CHILDREN, DANISH COUNCIL, COUNCIL OF EUROPE, SOROSH, SCF, WHO and others.

Appendix 3

3.1 Non-governmental organizations as a model of communal psychiatry

Pluralisation of the Montenegrin society resulted in a large number of NGOs. Awareness of that fact, as well as of the values they should present, such spontaneously organized groups, i.e. perception of the place and role of NGOs in the concept of development of communal model of mental healthcare will be partly brought to light through the presentation of the results of CRNVO from 2001, and partly through the survey from 2003. The citizens acquired the right to form NGOs and initiative goes from non-governmental creative professional and semi-professional groups and associations providing supportive and original activism for some health or social needs. Segment of NGOs that deal with socio-humanitarian issues, and there are 103 such NGOs in Montenegro, can be divided into the following areas: improvement and promotion of mental health, mental health protection and prevention of maladapted forms of behaviour (alcoholism, drug abuse) and those that carry out their activities through interventions in crisis and stressful situations by providing psychosocial aid to the individuals and families.

Survey confirmed that institutional psychiatric segment of health care and NGOs can exist in a parallel manner and complement each other giving better effects with the purpose of improving the quality of life of mental patients. Linking and inter-sectoral cooperation (institutional and out-of-institution) contributes to the development of alternative communal orientation in psychiatry. The final goal is humanization of the surroundings of the mental patients, improvement and rationalization of the services to the patients and de-stigmatization of mental illnesses.

CONCLUSION

Mental health is one of the most important segments of health, which receives attention of the World Health Organisation and other international institutions through activities and programmes of mental health within the health policy of every country.

The improvement of mental health is a complex process, which involves numerous segments of social infrastructure, and not only of the health system. Namely, the concept of the development of mental health should respect the sensibility of a society in order to be adequately accepted. For this reason, social, cultural, economic and social environment should not be neglected, and the need for inter-sectoral approach of the matter of mental health.

Mental illness is not a personal failure because it does not happen only to others, mental and physical health are inseparable. Their impact is deep and complex. Mental illnesses are a consequence of genetic, biological, social and environmental factors.

Our country engaged in the global campaign of the World Health Organization and made efforts to broaden public and professional awareness of the real burden of mental disorders and their expenses in human, social and economic segments. This is also an effort for people suffering from mental disorders to receive treatments they are entitled to and which they deserve, and to remove many obstacles, stigma and discrimination.

The Ministry of Health of the RoM, following tendencies and recommendations of the World Health Organization, has initiates a number of activities through various programmes in order to undertake measures for improvement and protection of mental health of citizens, which is one of the basic human rights, and to improve conditions of works of employees who work with them and to make mental healthcare institutions in the territory of the RoM more functional.

As a reflection of these tendencies, the Ministry of Health of the RoM initiated in June 2003 the Project “Mental Health Strategy in the RoM”.

The WHO recommendations, which are given in the World Health Report in 2001, can be adjusted to every country in accordance with its needs and opportunities: provide treatment within primary healthcare, provide enough psychotropic drugs, provide treatment in the community, educate population, engage community, families and beneficiaries, establish the national policy, programmes and legislation, develop professional staff, establish a link with other sectors, monitor mental health in the community and support researches.

Awareness of mental health of the population of a community may be measures through current mental health policy, and the fact to what extent it is present in the healthcare policy of a country. There has not been official mental healthcare policy, or the national programme for its improvement.

This document establishes the goals of general health policy and makes initial steps towards integrating it into already adopted Government papers by drafting and adopting the National Strategy of Mental Health Protection and Improvement.

The situation is made more difficult by limited financial and human resources, and also by prejudices and discrimination of mental patients, as a mental disease is a taboo.

Mental patients are usually being treated in unsuitable institutions or they get placed for a long period in psychiatric hospitals, where some of them remain for the rest of their life. This kind of taking care of such patients reflects the immediate family’s attitude toward the patient, and the family should provide support in the process of treatment and rehabilitation. Also, the ways of health care should not back up stigmatization and discrimination of mental patients through their institutional isolation (asylums) and depriving them of their basic human rights.

In a local community and at the global level there are no debates, campaigns and other forms of de-stigmatization and eradication of prejudices toward mental patients. Surveys that could serve as a basis for valid estimation of incidence of certain mental illnesses, addictions, alcoholism, domestic violence against women and children, are sporadic and they are often based on such methodological concepts that no reliable and general conclusions can be made.

The morbidity indicators of mental disorders in hospital services in the RoM show that the most frequent disorders are: schizophrenia, schizopatic disorders, insanity, followed by mood disorders, mental disorders caused by alcohol and PAS. The most frequent illnesses in outpatient services are neurotic, stressogenic and somatoform disorders, followed by schizophrenia, schizopathic disorders, and insanity. In the service for healthcare of preschool and school children, the most frequent were other mental disorders and behavioural disorders. The mortality rate caused by suicide increased from 21.2 in 2001 to 29.3 in 2002.

Strengths and weaknesses of the existing mental healthcare system in Montenegro were identified based on the field survey which was conducted in September 2003 in the whole territory of Montenegro, and it covered entire infrastructure of primary healthcare, hospital healthcare and mental healthcare institutions.

The strengths are relatively easy access to professional assistance for all categories of the mentally ill in places where such institutions exist.

The weaknesses of the existing mental healthcare system in Montenegro are: lack of staff, insufficient education of staff, lack of continuous education in mental healthcare of both specialists/psychiatrists and general practitioners in primary healthcare, poor conditions in services for taking care of the mentally ill, lack of specialised counselling centres in primary healthcare, lack of researches, lack of uniform database for monitoring patients and medication, no services for taking care of some vulnerable categories (children, adolescents, elderly …), and specialized diagnostics and treatment (forensic cases), disharmony of legislation related to mental health with the European standards for the protection of human rights and the rights of the mentally ill, discrepancy between institutional and staff coverage of regions in the RoM, insufficient cooperation with social care institutions, isolation of chronic mental patients, persons with mental retardation in the social protection institutions without adequate health monitoring.

Vision of mental health policy is improvement and protection of mental health of the population, conformity with requirements and expectations of beneficiaries and provision of overall, functional and coherent system of protection based on the principles of protection in a community, which is not discriminatory and is based upon scientific knowledge of mental health on the whole territory of the Republic of Montenegro.

This policy defines standards and activities in state and private services for mental health.

Drafting and implementation of the mental health policy will include all the aspects this policy relates to, either directly or indirectly: beneficiaries, their associations and their families, service providers in the primary medical care and specialized protection of mental health, both state and private institutions, as well as their associations, Governmental agencies and the ministries (of health, social welfare, education, interior, employment), as representatives of the local self-government, academic institutions and NGO sector, in particular non-governmental organizations engaged in humanitarian work, social protection and mental healthcare.

It is necessary to reorganize the system of mental health so that treatment of patients is shifted from large psychiatric institutions and clinics to outpatient psychiatric services, mental health services are developed at the local level which will provide overall, less restrictive mental healthcare which is closer to community, and mental health protection included in the primary health care.

At the level of primary mental healthcare, Mental Health Centres will be established in the community – in Podgorica, Herceg Novi, Kotor, Bar, Niksic, Pljevlja, Bijelo Polje and Berane, Youth Counselling Centres in Podgorica, Bar, Kotor, Herceg Novi, Niksic, Pljevlja, Bijelo Polje and Berane, Counselling Centres for marriage and family in Podgorica, Bar, Kotor, Niksic, Pljevlja, Bijelo Polje and Berane, Counselling Centres for addiction in Podgorica, Bar, Kotor, Niksic, Pljevlja, Bijelo Polje and Berane, Counselling Centres for psycho-geriatric disorders in Podgorica, Bar, Kotor, Niksic, Pljevlja, Bijelo Polje and Berane.

Secondary and tertiary healthcare will be provided in the following institutions: Psychiatric Clinic of the CCoM, Specialized Hospital Kotor, General Hospital Niksic, Psychiatric Ward, then general hospitals, detoxication units in Pljevlja, Bijelo Polje, Berane, Bar, Niksic and Kotor.

Of course, this document is the first comprehensive document which is in line with the WHO recommendations and which is based on a thorough survey, and it respects forms of institutional care for the mentally ill in the region. Certainly, the reform in this field should build on the reform in other segments of the healthcare system, and be synchronised and focused on inter-sectoral cooperation of other fields (labour and social welfare, judiciary, education, information, financial system …) over a longer period of time in order to have the highest possible quality of services that are provided to the population of the mentally ill so that their life is improved and our society and environment humane and harmonious.

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