The National Strategy for Deinstitutionalization in Serbia

Milan Stanojković
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• Although, there are psychiatric services in all Serbian general hospitals, in Serbia also coexist five huge psychiatric hospitals and several social institutions which are both actually asylums for long-term treatment of persons with serious mental disorders.

• Serbian Government has adopted National Strategy for Mental Health in January 2007 and has announced transformation of psychiatric services from asylums towards community mental health care (CMHC).
• Two years earlier, in frame of Stability Pact Project for southeastern European countries, first Serbian CMHC Centre was formed.

• It was organised as a part of Special Psychiatric Hospital “Gornja Toponica”, but, out of big asylum, in urban area of city of Nis, according to Serbian human and material resources, by engaging stuff from the hospital with idea to create model for future CMHC services in other regions.
• However, until this time the reform process doesn’t get on so far.
• There are only five CMHC centres in whole country, although the year 2007 adopted National Strategy for Mental Health requires spreading of CMHC services network.
• The asylums (huge psychiatric hospitals and social residential institutions) are still existing
• In May 2018 the Ministry of Health have formed The Working group with task to prepare proposal of National Strategy for Mental Health

• The members of this group are representatives of most important psychiatric institutions in Serbia and Ministry of health

• They have had possibility to consult experts from the other specialities, NGOs, patients associations, family members...

• CoE (Office in Belgrade) provided contacts, support and knowledge sharing with international experts
Reasons for New Strategy

• to define direction of psychiatric reform according to the international standards and WHO recommendations
• to improve respect of human rights of mentally ill persons
• to promote MH as a national treasure
• to engage all potentials of society in MH care process on global and individual level
Important issues in Strategy development

- deinstitutionalisation
- children and adolescents mental health
- forensic psychiatry
- drug and alcohol addiction
- pure distribution of human resources regarding population in administrative districts
- development of educational program for CMHC professionals
MH care services in Serbia

• outpatient MH services within Health Centres
• MH services of General Hospitals which include psychiatric wards for acute inpatient treatment
• Special psychiatric hospitals
• Clinics and Institutes for psychiatry
Social institutions

- long-term accommodation of persons with severe mental disorder (asylums)
- large institutions
- pure conditions, even worse regarding psychiatric hospitals
- small number of health professionals
Community Mental Health Centre in Niš

• Pilot Centre within Stability Pact Project

• CMHC model according to our human and material resources
CMHC “Mediana”- organizational principles (1)

• as close as possible to the users (three multi-disciplinary teams)
• providing continuity of care through engagement of same professionals in inpatient and outpatient conditions
• intersectorial collaboration (Center for social work, Public Health Center, schools, other psychiatric institutions...)

CMHC “Mediana”- organizational principles (2)

• ambulatory service
• home visit service
• service for psychotherapy
• day centre - service for psychosocial rehabilitation occupational and recreational therapy, clubs, educational groups – living and social skills training
• working time 12 h per day, 5 days per week
Proposal for reorganization of psychiatric services in Serbia

- to establish CMHC services in frame of all existing psychiatric institution on secondary and tertiary health care level, using model from Gornja Toponica and municipality Mediana in city of Nis
- to provide protected living environments under responsibility of Ministry for social welfare
- to transform five serbian psychiatric hospital into specialized institutions for gerontopsychiatry, forensic psychiatry and alcohol and substance abuse
- to completely close-down psychiatric departments for long term hospitalization of patients with chronic psychosis in future ten years
• In Serbia we have five huge psychiatric hospitals and several social institutions for longterm hospitalization or accommodation of patients with chronic psychoses.

• Our psychiatric reform is based on deinstitutionalization as a completely different treatment for those patients, provided by multidisciplinary teams in future territorially organized CMHC.
• Completely different approach, individual treatment plans realised in community and protected homes for small number of patients would exclude need for longterm institutional treatment or accommodation of mentally ill persons.
• That would lead in the future to the closing of such social institutions, while the psychiatric hospitals would provide just short inpatient treatment in acute cases.

• According to our model of future territorially organised services, psychiatrists, psychologists and social workers would be engaged with partial working time in CMHCs and on acute psychiatric ward within regionally responsible psychiatric servis.
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