

THE PROVISION OF MENTAL HEALTH PROTECTION SERVICES THROUGH THE PUBLIC AND CIVIL SECTORS IN THE REPUBLIC OF SERBIA

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Abstract. *Mental health care reform is a long-term process and a key aspect of the development and progress of society as a whole. This paper aims to present an overview and analysis of mental health care services intended for adults within the public and civil sectors in the Republic of Serbia. The main method applied in this study is content analysis. The results show that certain services and measures to improve mental health care have been created and implemented, but many goals have not yet been achieved. The biggest challenges facing the provision of mental health care services – alongside a lack of financial resources – are discrepancies in regulations, the dominance of tertiary health services in providing treatment to people with mental health, a lack of services in the community, insufficient involvement of the civil sector, and weak intersectoral cooperation between different systems. Due to the lack of data transparency and comprehensive service registries, this paper presents a large – although not comprehensive – number of public, civil, and private sector mental health care services. Mental health care in the Republic of Serbia should in the future aim to overcome the gap between mental health policy and practice, promote deinstitutionalization, establish health and social services and support systems in the community, and search for protection models that will enable better social inclusion for people with mental health problems and the fulfillment of their social, economic, and all other human rights.*

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1. INTRODUCTION

Mental health is an integral part of overall health (WHO 2005) and the basis for the development and fulfillment of each individual's potential. According to the World Health Organization (WHO), mental health is defined as a state of welfare in which a person develops their abilities and potential to the fullest and can cope with the stress that daily life brings, work productively, and achieve overall well-being in society (WHO 2005). Mental health is a prerequisite for and fundamental determinant of quality of life (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026) and many experts around the world agree that the mental health of a country's citizenry is a fundamental aspect of a nation's overall prosperity and the basis of state welfare (Stojimirović & Veljković 2020). The WHO estimates that 450 million people in the world have mental, neurological, or behavioral problems and that one in four people seek out health services as a result (WHO 2005).

Mental health problems represent a combination of abnormal thoughts, emotions, and behaviors, and displace individuals from a balanced state of mental health (WHO 1992). They are defined by different diagnoses that are determined based on individual symptoms embodied in behaviors that deviate from the social norm (Timothy, Philip and Fadgen 2020). The most important categories of mental health problems are depression, anxiety, phobias and obsessive-compulsive disorders, psychoses (severe mental disorders involving disturbances in perception, beliefs, and thought processes, mainly schizophrenia and bipolar disorder), substance abuse (alcohol and drugs) and dementia (Alzheimer's disease and vascular dementia) (WHO 1992). In addition to the above, there are also neurological disorders, such as epilepsy and Parkinson's disease that are sometimes taken into consideration alongside mental health problems in service planning and human resource development (Jenkins et al. 2011).

Mental health problems are one of the main sources of suffering. Physical illness, disability, and mortality associated with mental health problems have consequences not only for individuals and their families but also for society as a whole (Mechanic, McAlpine & Rochefort 2013). Studies in high-income countries show that people with schizophrenia are three times more likely to develop diabetes and twice as likely to develop cardiovascular disease than the general population (Peet 2004; Gupta & Craig 2009). People with depression have a 50% higher risk of cardiovascular disease (Glassman 2008). Data on the links between poor physical health and mental health in low- and middle-income countries are less common (Jenkins et al. 2011). According to an OECD report, depression is the leading cause of disability in the world (Hewlett & Moran 2014) and various studies have shown that mental health problems are accompanied by significant social disability (Ormel et al. 2008). Mortality associated with mental health problems stems from the accompanying symptoms and disability (Jenkins et al. 2011).

What further complicates challenges present in mental health protection is the economic correlation with risks associated with mental health problems. According to an OECD report, the economic costs associated with mental health problems account for more than 4% of GDP worldwide (Hewlett & Moran, 2014). According to a 2020 World Economic Forum report detailing the global framework for youth mental health, mental health problems represent the largest burden on gross domestic product, greater than all non-communicable diseases combined. Experts find that the biggest reason for this is the stage of life disease onset. Mental problems most often occur in adolescence and young adulthood, when society expects a

“return on investments to date” (World Economic Forum 2020). Mental health problems are a burden and contribute significantly to health and social care costs (Mechanic 1985; Knapp 2006; Jenkins et al. 2011), causing the loss of economic productivity due to people's inability to work, their absence from work, poor performance, workplace accidents, premature death, or suicide. People with mental health problems are additionally at risk of poverty due to increased costs for long-term treatment, which jointly contributes to the development of poverty in their families and society as a whole (Nyati & Sebit 2002). The biggest economic losses result from the lack of timely, early, and sustainable responses of the mental health care system focused on recovery. The costs of later care are almost always higher than early interventions, and to that we must add the accompanying costs that go with all chronic forms of illness, including hospitalization, social assistance, lost taxes, and in a smaller number of cases, prison or detainment (World Economic Forum 2020).

Greater focus on the connection between people's mental health and economic development has influenced decision-makers thinking. The World Bank, together with the World Health Organization, has called on the governments of all countries to consider mental health a global development priority for the next period (Doran & Kinchin 2019) something our country should also strive for.

The aim of this paper is to consider and present the public and civil health care and welfare systems' approaches to providing mental health care services for adults with mental health problems in the Republic of Serbia. The services within the aforementioned systems play a vital role in providing adequate and timely treatment, care, and support necessary for people with mental health problems. Services within these systems contribute to the prevention of mental disorders, improvement of general mental well-being, reduction of stigma, and the resolution of complex needs of these individuals and their families.

2. THE MENTAL HEALTH OF THE POPULATION OF THE REPUBLIC OF SERBIA

An adequate information system does not exist in the Republic of Serbia (Lečić Toševski et al. 2005) and the overall state of the population's mental health is not being monitored (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026). Furthermore, the existing national registers are inadequate and out of date (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026).

In 2021, the first epidemiological study of the prevalence of the 12 most common psychiatric disorders and suicidality in Serbia was published and it revealed the scope and severity of mental health problems being faced by the local population (the Cov2Soul study). The study was carried out on a representative national sample of respondents aged 18 to 65. According to the study, every sixth respondent met the criteria for one of the 12 most common psychiatric disorders. In first place in terms of frequency was alcohol use disorder (7.6%), followed by a major depressive episode (2.2%), generalized anxiety disorder (1.9%), psychotic disorders (1.6%), and obsessive-compulsive disorder (1.5%). The following were present at a slightly lower rate: post-traumatic stress disorder (1%), drug use disorder (0.9%), social anxiety disorder (0.5%), panic disorder (0.4 %), manic/hypomanic episode (0.4%), agoraphobia (0.2%), and eating disorders (0.2%) (Marić et al. 2021).

A PIN survey from 2022 produced similar data regarding the types of disorders and hardships faced by the local population and indicated that a third of the inhabitants of the Republic of Serbia can be considered psychologically vulnerable. Symptoms of depression

were reported by 15.6% of the population, 7.2% reported symptoms of anxiety, and 1.6% were at high risk of suicide. Additionally, 2.9% of citizens report that they have been hospitalized at least once in their lifetime due to psychological problems, 8.1% of Serbian citizens report that they have been diagnosed with a mental disorder, while 11.8% of citizens report that they have used medication to treat psychological problems in the past seven days (Živanović et al. 2022).

Belgrade – the largest urban area in our country – is home to a total of 82,327 citizens who have been treated for mental and behavioral disorders (Miltenović et al. 2021). The hospital mortality rate for mental and behavioral disorders in 2020 was 2 men and 1.9 women per 1,000 Belgrade residents (Miltenović et al. 2021).

3. THE NORMATIVE FRAMEWORK OF MENTAL HEALTH PROTECTION IN THE REPUBLIC OF SERBIA

Mental health problems whose nature and comprehensiveness affect the full functioning of society cannot be effectively solved without public policy, i.e. its basic documents: strategies, programs, concepts, and action plans (Bradaš & Sekulović 2020). Today, in the Republic of Serbia, mental health protection is treated as a domain of public policy (Čekerevac & Perišić 2018) and as such requires direction from the state at the local and national levels (The Law on the Planning System of the RS 2018).

How relevant authorities interact with persons with mental health problems in the Republic of Serbia is regulated in line with numerous international documents such as the European Convention on Human Rights (1950), the UN Convention on the Rights of Persons with Disabilities (2006), as well as other documents focusing on the transition from institutional care to support services for life in the community (Jović, Palibrk & Mirkov 2016).

The normative mental health protection framework in the Republic of Serbia consists of a number of legal and strategic acts and by-laws. Some documents directly refer to the protection of mental health, mainly from a health perspective, while others deal with the topic indirectly, referring to a wider context and taking into account social, occupational, and financial aspects. Since people with mental health problems are an extremely vulnerable group that needs systemic support in various life segments, their realization of rights and protection is ensured by the laws regulating different institutional systems.

The Constitution of the Republic of Serbia (2006) stipulates the right to the protection of physical and mental health. The issue of mental health protection is further developed through a series of laws, the most significant of which are the Law on Health Care (2019), the Law on Health Insurance (2019), the Law on the Protection of Persons with Mental Disabilities (2013), the Law on Patients' Rights (2013), the Law on Social Protection (2011), the Law on the Ratification of the Convention on the Rights of Persons with Disabilities (2009), The Professional Rehabilitation and Employment of Persons with Disabilities Act (2009), the Law on Prevention of Discrimination against Persons with Disabilities (2006), and the Family Act (2005), which is elaborated in more detail by secondary legal acts. Work on the improvement of the state of mental health, the prevention of mental disorders, treatment, and rehabilitation in the Republic of Serbia is further regulated through the Mental Health Protection Program in the Republic of Serbia for the period 2019-2026, the Draft Strategy for Social Protection in the Republic of

Serbia for the period from 2019-2026, the Strategy for the Improvement of the Status of Persons with Disabilities in the Republic of Serbia for the period from 2020-2024, as well as the Strategy for the Deinstitutionalization and Development of Social Protection Services in the Community for the period from 2022-2026.

4. PUBLIC SECTOR MENTAL HEALTH PROTECTION SERVICES IN THE REPUBLIC OF SERBIA

Public sector mental health care services in the Republic of Serbia are provided through health and social welfare systems.

The healthcare system of the Republic of Serbia encompasses 70 community health centers at the primary level and 46 psychiatric hospitals at the secondary and tertiary levels (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026). Inpatient treatment is provided to people in 28 general hospitals, four specialized hospitals for psychiatric disorders, the Specialized Hospital for Addictive Diseases, the Institute for Mental Health, the Clinic for Neurology and Psychiatry for Children and Youth, and clinics within four clinical centers and psychiatric hospitals within Zvezdara and Dr. Dragiša Mišović hospitals. All of the above-mentioned hospitals have a total of about 8,500 beds. There were seven psychiatrists per 100,000 residents in the country in December of 2017 (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026).

The rulebook on the type and more accessible conditions for the education of organizational units and the provision of mental health care in the community (2013) foresees the establishment of centers for the protection of mental health in the community, which would achieve a higher level of quality of care, as well as a greater number of more efficient and diverse services available to as many people as possible. To date, several mental health centers have been opened in the Republic of Serbia, located mainly within special psychiatric hospitals (e.g., in Belgrade, Pančevo, and Niš).

In the social protection system, citizens can exercise the right to certain mental health care services that are offered to clients to improve their quality of life, eliminate or mitigate risks, deficiencies, or unacceptable behavior and maximize the development of all their potentials and strengths for life in the community. These services are provided by Centers for Social Work (hereinafter referred to as CSW), which are public institutions. According to the latest mapping of social protection and material support services under the jurisdiction of local self-government units (hereinafter referred to as LGUs) in 2018, within the framework of advisory and socio-educational services, counseling center services were provided in 37 LGUs (out of a total of 145) to 1,239 service users, who were mostly female (63%) and from urban areas (80%). In 2018, a large number of LGUs introduced this service thanks to financing from dedicated transfers (Matković & Stranjaković, 2020). According to data obtained from the Republic Institute for Social Protection for the year 2022 on services not subject to licensing provided within the framework of CSR, 17 CSRs provided counseling center services to approximately 4,141 users in 2022. By comparing these data, we can conclude that an increasing number of individuals are using counseling services, which speaks to heightened problems and the need for greater availability of this service.

According to a PIN study, mental health prevention and improvement services are very rare in the Republic of Serbia. The mental health care services that stand out as the most needed in Serbia are counseling centers for young people, individual counseling/psychotherapy, support for victims of violence, and support for people with mental health problems (Živanović et al.

2022). The results of this study are also supported by the fact that the number of referrals issued by the Center for Social Work (hereinafter referred to as CSW) over the course of 2022 for the use of counseling and therapy services provided outside the CSW or in a special unit of the CSW was 3,377 (3,267 for family therapy and 110 for mediation).¹ In 2022, case workers recommended counseling 20,546 times as part of psychosocial support to victims of violence.²

Within the system of social protection in the Republic of Serbia, there are a number of institutions for the accommodation of adults and elderly persons with mental, intellectual, physical, or sensory disabilities (Regulation on the network of institutions of social care 2012). In 2022, there were 4,297 users of residential accommodation in these institutions. Adults accounted for 77.5% of the service users while there was a uniform gender distribution (52.2% men and 47.3% women). For more than half of the users, accommodation within institutions has become a permanent living arrangement, as most have resided in such arrangements for longer than 11 years (53.6%). In 2022, the dominant category of users of these institutions were those with mental health problems (mental disability), accounting for 51.6% of users overall. However, during the same year, and based on a holistic assessment of individual users' capacities and the type of assistance they needed, it was estimated that the majority of service users needed secondary and tertiary support (67%) (the Republic Institute for Social Protection 2022; Rulebook on detailed conditions and standards for providing social protection services 2013). Bearing in mind that these results have been consistent for the last three years, we can conclude that a certain number of service users have the capacity to function within the community with appropriate support and the existence of adequate services, above all assisted living support for persons with disabilities (the Republic Institute for Social Protection 2022).

There has been a negative trend in terms of the distribution and comprehensiveness of assisted living services for people with disabilities within the social protection system. Results from a study by Matković and Stranjaković (2020) show that the number of users of this service increased in 2015³ (145 users) but quickly dropped to 107 in 2018. During 2018, six LGUs provided home support services for people with disabilities of which only two – Novi Sad and Pančevo – were above the national development average (Matković & Stranjaković 2020). There has been a downward trend in the number of providers of this service and its users, and data indicates that in 2021, assisted living services were provided by only three licensed providers in three municipalities in Serbia (Šabac, Kula, and Pančevo), while there were only 20 users of these services (the Republic Institute for Social Protection 2022). According to a report on the work of institutions for housing individuals with mental, intellectual, physical, or sensory disabilities in 2022, three institutions provided housing services for 33 users, none of which had a license (the Republic Institute for Social Protection 2023). Assisted living services represent an alternative to institutionalization and are an important element of the deinstitutionalization process, but

¹ Data provided by the Republic Institute for Social Protection.

² Ibid.

³ Significant steps towards the deinstitutionalization of people with mental health problems and intellectual difficulties were achieved through the activities of the *Open Embrace* (in Serbian: *Otvoreni zagrljaj*) project implemented by social welfare and health care institutions. Thanks to the program, more than 150 people with mental health problems left institutions they were permanently residing in. With the end of the program, i.e., with the cessation of the financing of services in the community for independent living as well as for established day care centers, the spread of services and the number of users has been significantly reduced.

they require extensive human, material/financial, and organizational resources, which is likely why they are largely non-existent, inaccessible, and have low service user coverage.

5. CIVIL SECTOR MENTAL HEALTH PROTECTION SERVICES IN THE REPUBLIC OF SERBIA

In line with international practice, some mental health care services are provided within the civil sector, and the most prominent associations, with the largest number of service users, deal with issues of prevention, psycho-social empowerment, and patient recovery, and advocate for the reform of the psychiatric system towards community treatment. These organizations are Caritas Serbia, the association *Prostor*, the organization PIN, and Red Cross of Serbia.

Caritas Serbia (<https://caritas.rs/>) has been a civil sector leader in the improvement of mental health care. The organization has been active in the field of mental health since the mid-1990s. In the beginning, Caritas Serbia focused predominantly on humanitarian donations related to the reconstruction and procurement of equipment aimed at improving living and working conditions in most psychiatric hospitals. During the early 2000s, Caritas turned to advocating for reforms in the field of mental health care, that is, of the psychiatric system in Serbia, towards community treatment. In parallel, the organization also launched various activities aimed at fighting against stigma and deinstitutionalization.

The association *Prostor* (<https://prostor.org.rs/>) has been dealing with mental health issues for the last ten years. Its mission is to contribute to the improvement of mental health care in the community and to empower people with mental health problems and help them recover. *Prostor* has been working with people with mental health problems since its establishment, and the largest number of its users are those with psychotic spectrum disorders. The association organizes activities aimed at improving the social and psychological status of its users, their quality of life, and subsequent inclusion in the community. Since November 2020, *Prostor* has been carrying out a program that aims to improve the quality of life and reduce the social exclusion of users of psychiatric services through psychosocial intervention activities.

The organization PIN (<https://psychosocialinnovation.net/>) is engaged in the realization of various goals in the field of psychological science and practice. PIN advocates for an integrative model of work that includes research and scientific work, provision of mental health and psychosocial support services, public advocacy, capacity building, and education. This model provides a comprehensive approach to mental health care for vulnerable populations that is effective and in line with their needs. The services provided are: individual, group, and family counseling and psychotherapy, psychoeducational and psychosocial programs, psychological first aid and crisis intervention, and psychological assessment.

The Red Cross of Serbia (<https://www.redcross.org.rs/>) is a humanitarian, independent, and partially volunteer-staffed organization and is the national chapter of the global organization in our country. According to the Law on the Red Cross of Serbia (2005), one of the goals of this organization is cooperation with health institutions, the promotion of health, promotion of healthy lifestyles, prevention of addiction, and psychosocial support. There are 183 Red Cross organizations in different cities and municipalities on the territory of our country.

The biggest problem with the services provided by these organizations is that they have still not been licensed. A comprehensive reporting system for civilian mental health

services is difficult to establish when services are not licensed. According to data from the social welfare system, not a single provider was licensed to provide services to users battling addiction (alcohol or psychoactive substances) in the period from 2016 to 2021 (the Republic Institute for Social Protection 2022).

An integral part of a comprehensive and inclusive mental health support system, in addition to professional associations, are user associations aimed at reducing stigma, (self)empowerment, advocacy, and better mental health services, systems, and policies. The first associations of this type in the Republic of Serbia were formed in 2009 (Božović & Dimitrijević, 2011) and today they are part of the Mental Health Network (NaUM) (<https://mrezanaum.org/>) of more than 12 related associations in which between 15 and 150 people are currently active. However, service users and their organizations face obstacles in the form of financing as they receive mostly project-based funding, discrimination in the community of experts, and the marginalization of their experiential knowledge.

6. MENTAL HEALTH PROTECTION SERVICES PROVISION CHALLENGES IN THE REPUBLIC OF SERBIA

The reform of the mental health system, which began in the Republic of Serbia a decade ago, has brought some progress, but there are still some challenges (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026).

Mental health policy documents have been drafted and adopted, but there is a lack of their implementation in practice (Sjeničić, 2021). The new Action Plan for the implementation of the Mental Health Protection Program in the Republic of Serbia for the period from 2019 to 2026, in article 2.3.2. outlines the following as the biggest obstacles to implementation: the absence of services in the community, insufficient cooperation of public institutions and civil society organizations, and the insufficient allocation of funds from the budget for activities in the community (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026).

A small number of patients – only 39% of the total number of registered persons with mental health problems – are treated at the primary care level. Tertiary services are dominant in the provision of services. In addition, patients have the right to choose and use several providers at the same time, and accordingly, patients often use the same services from several different providers (Lečić Toševski et al. 2005). Primary healthcare institutions should take over the operations of one of the leading entities for the care of persons in the community in the field of mental health care (Sjeničić 2021).

When it comes to the provision of mental health care services, the role of the public sector is emphasized because some aspects of mental health care services are best financed through the public sector. The main argument for the involvement of the state in this context is the need to preserve minimum universal standards and only the state has the capacity to enact legislation that would apply equally to all. In the state's corner is also the argument that it can intervene in those areas where other actors cannot. On the other hand, the theoretician Paul Spicker (2014) believes that this argument can also be used to provide more support to other sectors, rather than eliminating them, potentially leading to a greater number of services and their providers, i.e., welfare pluralism. The existence of diversity, in terms of a sufficiently large range of services offered, is certainly wider when there is a contribution from different actors and sectors (Spicker,

2014). In our country, we still do not have a pluralism of services in the true sense and its full extent, as evidenced by the data presented above. For the realization of pluralism in the provision of services, there is a lack of means and experience for regulating contracts between the state and other actors that could provide mental health services, as well as mechanisms for the implementation of services and their monitoring and evaluation. The sources of financing for services are closely related to their sustainability, and in addition to the national and local self-government budgets, civil sector services are most often financed through various projects. Allocating greater financial resources for mental health services and securing stable funding would ensure their sustainability and reduce the negative effects of unintended and unnecessary spending of resources. Therefore, any situation where non-governmental organizations and citizen' associations are able to take over the provision of services is really worth considering, particularly when there is sufficient capacity to control their quality. By establishing a service licensing system, quality would be ensured, users would be able to choose services and their providers depending on their needs, and thus greater coverage would be ensured alongside the greater availability of services throughout the country.

The systems providing mental health care services in the Republic of Serbia are not well connected with each other and therefore in practice cannot provide a timely and appropriate response, nor referral to other services, thereby preventing minor mental health problems from growing into bigger and more risky ones. Communication and multi-sectoral cooperation between service providers is poor or non-existent (Mental Health Protection Program in the Republic of Serbia for the period 2019-2026). If mental health is defined as a state of well-being and welfare both for the individual and for the community, then the protection of mental health requires a multisectoral approach that appears more often in documents than in practice (Mehić & Bodnaruk 2014).

When it comes to deinstitutionalization and the transformation of institutions into community services, it is important to emphasize that a small number of mental health centers have been opened in the Republic of Serbia, mostly within special psychiatric hospitals, and some are not operational in practice. These centers for mental health should have a key role in ensuring the promotion of mental health and the prevention of mental disorders (Jović, Palibrk & Mirkov 2016). They should also participate in reorienting the provision of services from tertiary health care institutions to services in the community tasked with providing treatment to and protection of patients (Jović, Palibrk & Mirkov 2016).

The implementation of processes related to service provision is impossible without users and the whole process can hardly be understood without taking into account their activities (Spicker 2014). Mental health professionals can sometimes get “stuck” in the assumption that people with mental health problems cannot make decisions for themselves. However, services cannot be provided if the service users are not present. In this context, it is important to emphasize user participation in the choice of services and even in the provision of services. A large number of local user associations, movements, and organizations are a significant resource and can be mobilized to democratize public policies and services, especially within health and social services, which could have a great impact on the quality of life of the users of these services.

Besides the provision of services in the community, the quality of life of people with mental health problems depends on very present levels of stigmatization. The participation of people with mental health problems in the community is accompanied by stereotypes and it is most often the community that excludes users of mental health services from participating in

social life (Beresford 2009). People with mental health problems in the Republic of Serbia represent one of the most marginalized groups in Serbia (Jović, Palibrk & Mirkov 2016). Examples from practice indicate that users of psychiatric services often live on the margins of society, are socially isolated, lonely, discriminated against – first by their family, and then by their community – they find it difficult to find employment, do not have basic support for recovery in the community and reintegration, and often do not have even their basic human rights guaranteed (Stojadinović et al. 2022). This all speaks to the low quality of life of this group of users. There is still not a sufficiently developed awareness in society about the importance of mental health and people still have strong prejudices against mental health problems, people who suffer from them, and the types of treatment they receive, which further complicates the path to reform.

In our country, few studies have dealt with the quality of life of people with mental health problems. A review of the professional literature from the region found that in the last two decades, research in this field mainly analyzed the medical and pharmacological aspects of certain disorders (Jerotić & Marić 2018; Ćosović et al. 2022). On the one hand, literature on the quality of life of people with mental health problems is difficult to find and summarize due to differences in the definitions researchers use to operationalize the concepts (Chaudhury et al. 2018), while on the other hand, we can say that this group of people is less popular even among researchers.

7. CONCLUSION

Mental health is a fundamental aspect of a nation's prosperity. It is, therefore, of central importance and an integral part of individual health and well-being, as well as the health and well-being of the community, its development and renewal. Furthermore, quality mental health care is a fundamental human right. Nonetheless, the dominant culture of neglect and marginalization of people with mental health problems persists and is most obviously expressed in the continued existence of large psychiatric institutions that do not meet the needs of patients, leading to the violation of their rights and requiring a transformation towards deinstitutionalization.

In the Republic of Serbia, important steps have been taken towards deinstitutionalization, but according to the latest official data, the end goals have not yet been achieved. Certain services have been created and measures to improve mental health care have been implemented. Due to the lack of data transparency and comprehensive service registries, this paper presents a large – although not comprehensive – number of public, civil, and private sector mental health care services for adults. This paper was limited by it being impossible to review all the existing mental health care services within a reasonable time frame, and so it lacks a private sector service provision overview.

In the future, mental health protection in the Republic of Serbia should be aimed at overcoming the gap between mental health policy documents and legislation and practice, promoting deinstitutionalization, establishing health and social services and support systems in the community (community care model), and seeking out models of protection that will allow people with mental health problems better social inclusion and fulfillment of social, economic, and all other rights. In addition, mental health care should not be exclusively limited to vulnerable groups and people with mental health problems but should refer to the prevention of mental health problems for the entire population.

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PRUŽANJE USLUGA ZAŠTITE MENTALNOG ZDRAVLJA KROZ JAVNI I CIVILNI SEKTOR U REPUBLICI SRBIJI

Reforma zaštite mentalnog zdravlja je dugotrajan proces i predstavlja važan deo razvoja i napretka celokupnog društva. Cilj ovog rada je prikaz i analiza usluga zaštite mentalnog zdravlja u okviru javnog i civilnog sektora u Republici Srbiji. Osnovni primenjeni metod je analiza sadržaja. Rezultati pokazuju da su do sada kreirane i realizovane određene usluge i mere unapređenja zaštite mentalnog zdravlja, ali ciljevi još uvek nisu ostvareni. Najveći izazovi pružanja usluga zaštite mentalnog zdravlja pored nedostataka finansijskih resursa su i dalje neusaglašenost normativnih dokumenata iz ove oblasti i prakse, dominacija tercijarnih zdravstvenih službi u pružanju tretmana osobama sa mentalnim zdravljem, nedostatak usluga u zajednici, slaba uključenost civilnog sektora i slaba međusektorska saradnja između različitih sistema. Usled nedostataka sveobuhvatnih registara usluga i transparentnosti podataka, u ovom radu prikazan je veliki broj usluga, ali ne i sve postojeće usluge zaštite mentalnog zdravlja javnog i civilnog sektora koje se odnose na odrasle osobe sa problemima mentalnog zdravlja. Uz nemogućnost da se sagledaju sve postojeće usluge zaštite mentalnog zdravlja, ograničenje ovog rada je i nedostatak prikaza pružanja usluga kroz privatni sektor. Zaštite mentalnog zdravlja u Republici Srbiji bi trebalo u budućnosti da bude usmerena na prevazilaženje jaza između dokumenata politike mentalnog zdravlja, legislative i prakse, promociju deinstitucionalizacije, uspostavljanje zdravstveno-socijalnih usluga i sistema podrške u zajednici, kao i potragu za modelima zaštite koji će osobama sa problemima mentalnog zdravlja omogućiti bolju socijalnu inkluziju i ispunjenje socijalnih, ekonomskih i svih drugih ljudskih prava.

Ključne reči: *mentalno zdravlje, usluge, javni sektor, civilni sektor.*