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MASTER'S THESIS

ASSESSMENT OF THE PUBLIC MENTAL HEALTH CARE SYSTEM REFORM IN BOSNIA AND HERZEGOVINA

Ljubljana, July 2019 ADNAN MEHMEDBAŠIĆ

AUTHORSHIP STATEMENT

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INTRODUCTION

The central issue in the focus of this thesis is to assess public mental health care system reform from traditionally organized services to community based services in Bosnia and Herzegovina (hereinafter: B&H). Community mental health care system is a special way of providing assistance to the public mental health care system users. This way is fundamentally different from the traditional system of organization and provision of mental help in large and specialized institutions because this system essentially represents the idea of deinstitutionalization and turning to the community as the main provider of assistance to mental health care system users.

Reform of mental health system in B&H from the organization based on large institutions to the organization of services with emphasis on the community is a continuation of the global process which began in the United States of America (hereinafter: USA) and extended to the European Union (hereinafter: EU). Deinstitutionalization is also the main feature of new psychiatric care organization in the EU and USA, this implies replacement of psychiatric hospitals for long-term stays with less isolated, community based service alternatives (Popović, Salčić, Bravo-Mehmedbašić, Kučukalić, & Arcel, 2003*).* The goal of community mental health services often includes much more than simply providing outpatient psychiatric treatment (Bentley, 1994). This new system of psychiatric care organization involves the development of infrastructure in the community in terms of alternative organizational forms which are used for the service user's treatment. These community services include supported housing with full or partial supervision (including half-way houses), psychiatric wards in general hospitals (including partial hospitalization), local primary care medical services, day centers or clubhouses, community mental health centers, and self-help groups for mental health (Sinanović et al., 2003, p. 27).

The main organizational structure of community based psychiatry is the community mental health center (hereinafter: CMHC). The CMHC is located on the secondary health care level and it is usually responsible for a geographical sector inhabited by a population of 25,000 to 50,000. The basic principle of operating involves working in patient's home, within his/her family and wider community instead of traditional institutional based treatment of patients. The underlying assumptions of community mental health concept is that patients who are treated within a community have a place to live, a caring family or supportive social circle that does not inhibit their rehabilitation. In fact, these assumptions are often wrong. Many people with mental illnesses, when discharged, have no family to return to and eventually end up homeless or in jails (Treatment advocacy center, 2010). While there is much to be said for the benefits that community mental health offers, on the other hand, many communities as a whole often express negative attitudes toward those with mental illnesses.

Aggression on B&H and devastating war as a result of this aggression caused large percentage of psycho-traumatized people in the population and also the devastation of hospitals and health care

institutions in addition to the destructive impact of the war on the mental health system. Modern trends of psychiatric service organization have had a crucial impact on initiating the implementation of community concept of psychiatric service organization in B&H. Mental health reform from the traditional system based on large clinics (asylum) to a community based mental health care in B&H started in 1994 with the help of World Health Organization (hereinafter: WHO). Because it started during the wartime the reform of the mental health system in B&H follows a special dynamics and the analysis of this progress during the last 20 years is the main task of this thesis. At the beginning of the reform process, local and international experts together with representatives of the state authorities have set clear reform goals and time-frames, evaluation of the implementation degree of these set goals and time-frames is the central issue of this thesis. The purpose of this thesis is to analyse to what degree the concept of community mental health care has been implemented in B&H, to evaluate success level of the community mental health care system reform and to analyse the structure of the mental health system and conclude whether it is in accordance with the principles of service-based community. In order to adequately analyse the degree of mental health system reform I have conducted the research study. In this research I have asked 50 patients to complete a questionnaire tailored for system users and 35 staff members to provide answers to the questionnaire tailored for staff members. In order to achieve a realistic representation of the situation throughout B&H and provide a vertical display of multi-level public mental health system, the research was carried out in four different locations: in Sarajevo, Mostar, Banja Luka and Brčko District and it was conducted on two levels of mental health care. Two levels of public mental health system on which this research was carried out where second and third level. Community mental health centres represent second level of care and psychiatric clinics represent the third. The first level of the public mental health system is the level of family doctors in local ambulance of family medicine. The role of the family doctor is to provide a referral for people with mental health problems so that the service can be provided on the second or third level. For this reason, my study did not imply research on the first level of public health system. A special goal of this thesis is reflected in the hope that this research can serve as useful base for further, more thorough research to be conducted in this sector and that the proposals on ways of improving services in the public mental health sector listed in the last chapter will find a way to realization in practice.

This thesis is presented in three chapters. In the first chapter, basic concepts relating to the different ways of organizing public mental health system are explained, including the historical context and examples from some developed countries. In the second chapter, current situation and the specific social environment in which the reform of a system based on a community mental health care in B&H started are presented together with basic principles and goals of the community mental health care system. In the third chapter, two research questions are set, research methodology is defined and research results together with recommendation for improving mental health care system are presented. The first research question refers to the

implementation success of community mental health care system reform in B&H and second research question refers to the quality of the current mental health system in B&H by comparing current situation with universal WHO recommendations regarding the community mental health care system. Also in this chapter critical weak points of public mental health system in B&H are pointed out and also, based on the research results and secondary data used in the study it proposals for improvements are presented.

1 COMMUNITY MENTAL HEALT CARE

Psychiatric services reform is primarily focused on closing the large psychiatric hospitals. These large asylum type hospitals are characteristic of the institutional health care. One of important effects of this process is the large decrease of public health care costs. Therefore deinstitutionalization is main feature of new psychiatric care organization. Breakey (1996, p. 21) defined deinstitutionalization as a "replacement of psychiatric hospitals for long-term stays with less isolated, community based service alternatives to protect mentally impaired individuals". This definition suggests that the reform of psychiatric services in addition to reduction of beds in psychiatric hospitals also involves the development of infrastructure in the community in terms of alternative organizational forms by which service users (patients) are treated.

Psychiatry reform has been a central topic in health planning and care in the most industrialized countries for the last 60 years. This reforming process was driven by the search for solutions in solving the growing mental health care needs, which became more and more apparent after the end of the Second World War. The criticism of the mental hospitals became stronger in spite of the increasing number of beds and some progress in treatment possibilities. The criticism emphasized the risks of institutionalization, the repressive and extremely paternalistic way of treating the patients, the slow progress in development of diagnostic and therapeutic skills and the neglect often followed by abuse of patients in many of the closed milieus of mental hospitals (Lars, 2003, p. 15). According to Mermann (1999, p. 55) the isolation also delayed the development of psychiatry specialty as it was isolated from the general care system and also from the university milieu.

The modern organization of psychiatric services consists of shifting psychiatric care from psychiatric hospitals to the community - a place where people live. Sanders (in Bloom, 1999, p. 174) gives a definition of community, according to this definition "community is territorially organized system with a certain forms of accommodation in which: /1/ efficient network communication functions, /2/ people use shared services and services that are distributed within the model of accommodation and /3/ people develop a psychological identification with the local symbol (name)". Mental health care services are primarily focused on a small number of its members, but, as pointed out by Sartorius (2010, p. 110), system services are planned and organized to meet the needs of targeted population. According to Flaker (2000, pp. 8-11)

community mental health is interdisciplinary field of science that developed in the field of psychiatry with the intent of following the emancipation goals, while respecting the principles of community work. In addition to mental health professionals, community also participates in the treatment process in this type of psychiatric services organization. This participation includes different community structures, families and other population members. Implementation of community concept of mental health care implies full application of technologies that provide cost-effective ways to realize treatment objectives. To fully utilize benefits of community mental health care concept it is necessary to set realistic goals, based primarily on the population needs.

Based on the experience of countries that went through this process of mental health care system reform fifty years ago, we can conclude that implementation of the reform goals is a quite long and painstaking process. This process, in most countries, is characterized by ups and downs, satisfaction, but also by many dilemmas shared by professionals, service users and their families. According to Thornicroft, Boocock, and Strathdee (1991, pp. 217-223), in order to avoid the appearance of "transfer syndrome", or mental disorders symptoms in patients getting worse, a good preliminary preparation of patients is necessary in the process of deinstitutionalization. In order to monitor the implementation dynamics and effects of this organizational concept, it is necessary to implement a continuous evaluation.

The main organizational structures of community based psychiatry set by WHO standards are CMHC (Caladas & Killaspy, p. 12). These centers are located on the primary health care level and they are responsible for a geographical sector inhabited by a population of approximately twenty-five to fifty thousand. The size of the sectors population should be large enough for the CMHC activities to be effective to their full potential, but it also needs to be small enough to enable a smooth functioning. It should have strong connections with all primary health care services and family medicine in particular. Functional connections are also established with in-patient psychiatric institutions, as well as social and other institutions and areas of work in the given sector. According to Čerkez, Čardaklija and Cerić (2003), close cooperation with the third sector of non-governmental organizations and certain associations of service users and volunteers are of the fundamental importance for proper functioning of the CMHC. The basic principle of work is the work in the patient’s home, within his/her family and the wider community. The partial hospitalization within CMHC represents day care where a clients with special needs stay in the facility for a time period varying from two to twelve hours. During this period system users are provided with specialized individual or group therapeutic programs. If the CMHC are functioning optimally and in full co-operation with other institutions and authorities, they might organize special care for certain risk groups of the general population such as children, adolescents, addicts or elderly. Optimally functioning CMHC, together with primary health care services, should take the responsibility for resolving up to 80% of all mental health problems within a certain territory (Mehić-Basara et al., 2011, p. 21).

1.1 Outline of approaches to the provision of mental health care

During the dominance of Christian theology in the Middle Ages, mental illness were explained as action of supernatural forces and in order to "cure" mental illness exorcism was used (Cockerham, 2000). During the 16-th century in France mental patients were forcibly detained in cells that have been used previously for people affected by leprosy and later the King commanded the opening of compulsory residence institutions for mental sufferers. In reality mentally ill persons were detained in these institutions together with criminals, thefts, poor people and other undesirables who were excluded from society (Foucault, 1980, p. 17). In Germany mental patients were expelled from the cities and forcibly detained in large ships that sailed rivers. Equally difficult, humiliating position and inhuman treatment of mental patients continued throughout Europe in the period of classicism. Mentally impaired were forcibly detained and segregated in so-called general shelters (Salčić, 2002, p. 15)

Universal Declaration of Human Rights adopted in 1948 by the United Nations General Assembly specified who and in which cases can be enclosed in specially designated institutions. These were asylum type hospitals for treatment of mentally impaired persons. Names of two professionals stand out in the mental health reform process in this period; these professionals are Philippe Pinel in France and William Tuke in England. Pinel and Tuke, in fact, began a new era in the history of psychiatry – era of asylum (Wing, 1990, pp. 822-827). Era of asylums dominated in the protection and treatment of mental patients until the 1960's. This treatment is referred to (in this master thesis and in the general literature) as traditional way of treating or traditional method. Asylum is a typical example of so-called total institutionalization where mentally impaired were detained and placed away from the eyes of public (Goffman, 1986, p. 38). In this way, mental patients were completely removed from the society, being controlled and eliminated as a possible danger for society (Scull, 1996, pp. 7-18). By entering into the institution of asylum, including a psychiatric hospital, a person with mental disorder is stigmatized. Stigma involves the acceptance of stereotype that mental patients are "unreliable", "unacceptable" and can be "violent," that they are someone who is "not right" and who is supposed to be excluded from normal society. People who once receive a diagnosis of mental disorders face a long and arduous struggle to liberate themselves from this stigma. Because of this continuing stigmatization, there is a danger that a person who gets the label of a mental patient remains mentally ill for the rest of his life (Scheff, 1999, p. 50). According to Keane, Caddell and Taylor (1998, p. 10), traditionally organized support and treatment of mental patients implied isolating and separating these people from the community with the use of often very cruel methods that had no effect. It is easy to understand people's resistance to psychiatric treatment in light of stigmatization and labelling theory.

The development of modern psychiatric practice, the invention of neuroleptics and various psychotherapeutic techniques with an increasing emphasis on the human rights of persons with

mental disorders significantly contributed to increasing the sense of the necessity for reform of psychiatric services to a new more modern and humane concept of mental health in the community (Stefan & Slade, 2005, p. 55). This reform was based on modern organization of psychiatric services that implied gradual shifting of psychiatric care from psychiatric hospitals to the community. Mosher and Burti (1989, p. 35) defined the concept of mental health in the community as "providing rapid, appropriate and consistent response to real social, psychological and medical needs of defined population." According to Brechin, Brown, and Maureen (2000, p. 275), community approach to organization of psychiatric services is based on bio-psycho-social model of mental disorders. The implication is that this organizational concept is supposed to meet a range of different bio-psycho-social needs of people with mental health problems in the area where these people live. This process must be followed by the establishment of whole spectrum of different organizational forms where, in accordance with their needs, patients can be treated in collaboration with other sectors of the community and supported also by other individuals who suffer from mental disorders.

This change in organization of psychiatric care began in Europe spontaneously as a result of the World War II aftermath (Guimon & Sartorius, 2005). Due to the scale of destruction and the large number of wounded soldiers and civilians, the existing hospital capacities and internal surgical wards were not enough to accept such a large number of wounded individuals. Large psychiatric asylum type hospitals released mental patients to their homes because these hospitals were needed for treating the wounded soldiers and civilians. This situation provided an opportunity for those who advocated changes in psychiatric services organization and gave them the right to present their views, to demand publicly treatment of mental patients outside of the asylums as well as treatments without stigma. Adolf Meyer in year 1913 contributed to the idea of reforming psychiatric services in America by shifting the focus of care to the community (Wallace & Edwin, 2007, p. 23). Meyer can be considered as a visionary who invented new way of organizing mental health care that considers the influence of community in treatment process. He advocated the establishment of centers for mental health emphasizing the need for greater involvement of family physicians in the treatment to ensure the continuity of care. His activities aimed at reducing stigma of mental patients are significant in this period.

1.2 The organization of community mental health care in selected developed countries

Psychiatric care in the USA and EU countries has undergone remarkable changes during the last four decades. The mental hospitals have been replaced by small psychiatric clinics at the general hospitals and a number of outpatient units located in the community. Teamwork has replaced the traditional set up of doctors and nursing staff in the old mental hospitals. Remarkable development in the diagnostics, pathogenesis and treatment for a widening scope of mental disorders led to the organization of sub-specializations within the psychiatric care. Treatment

programs have been developed for different disorders, pharmacological and psychotherapeutic methods have developed and a psychosocial approach to treatment and rehabilitation of mental disorders has emerged. There has been a remarkable shift from inpatient care in big mental hospitals and nursing homes to community care of patients in their own homes or in small sheltered housing supported by psychiatric specialist care. According to Wallace and Edwin (2007), early intervention, prevention and promotion in the mental health field will certainly continue to represent a challenge in the coming decades.

Historically observed, process of reforming public mental health system to system based on community began in United States during 1948 with publication of the Deutch Albert's book (1948), "Shame of the States". In this book, the author presented appalling conditions that characterized the local psychiatric hospitals in America. Disclosure of conditions in the hospitals for the mentally impaired to the public in the United States resulted in general astonishment and in formation of the Joint commission on mental health. This Commission investigated the situation of psychiatric services and presented its report to U.S. president J.F. Kennedy. President Kennedy responded to the report promptly and addressed the U.S. Congress in 1963 giving recommendations for urgent reform of psychiatric services organization. This was also the first time in U.S. history that the President spoke on the topic of mental health. Legislation has been accepted followed by the organization of American psychiatric service under the concept of mental health care in the community. These factors led to the emergence of community mental health movement in the USA. This movement reached its peak in 1960's and early 1970's. In the community mental health approach, the emphasis is on outpatient care, family involvement, support in society, teamwork involving not only psychiatrists or nursing staff, but also psychologists, social workers, occupational therapists and other professionals forming interdisciplinary treatment approach. The community mental health movement was dominated by a psychodynamic and social psychiatric perspective and sometimes underestimated the medical-biological aspects of mental disorders. There were 750 active community mental health centers CMHC in 1985 in the USA which is significantly less than 2,000 centers that had been planned. National Institute of Mental Health was established in accordance with "The National Mental Health Act". This Institute had the responsibility to implement a new organizational policy (Castel, Castel, & Lovell, 1982, p. 54). The National Institute of Mental Health (NIMH) initiated its Community Support Program (C.S.P.) in 1977. The C.S.P.'s goal was to shift the focus from psychiatric institutions and the services they offer to networks of support for individual clients (Mitchell, Jucha, & Chell, 2011, p. 94). The C.S.P. established ten elements of a community support system listed below (Sriram & Sai, 2016):

- "responsible team,
- residential care,
- emergency care,

- medicare care,
- half-way house,
- supervised (supported) apartments,
- outpatient therapy,
- vocational training and opportunities,
- social and recreational opportunities,
- family and network attention".

According to Kornblum (2002), this conceptualization of what makes a good community program has come to serve as a theoretical guideline for community mental health service development throughout the modern-day USA psychiatric community. In 1986, USA Congress passed the Mental Health Planning Act of 1986, a federal law requiring that, all states must have plans for establishing case management at the state government level, which will be under the USA health program improving mental health coverage of community mental health services, adding rehabilitative services, and expanding clinical services to the homeless population as well (Szasz, 2007, p. 34). To be more specific, community mental health providers could now receive reimbursement for services from USA health program (Medicaid) and national social insurance (Medicare). This enabled for many centers to expand their range of treatment options and services. Despite these advancements, there were many issues associated with the increasing cost of health care. Community mental health services moved toward a system more similar to managed care as the 1990's progressed. Managed care as a system focuses on limiting costs either by keeping the total number of patients using services low or by reducing the cost of the service itself. Despite the drive for community mental health, many physicians, mental health specialists, and even patients have come to question its effectiveness as a treatment (Koekkoek, Van Meiel, & Hutsdhemaekers, 2009). According to the article published by Szabo Liz in the magazine US Today entitled “The financial and human toll for neglecting the mentally ill” (2014) nearly 40% of adults with "severe" mental illness, such as schizophrenia or bipolar disorder, received no treatment in the year of 2015, and according to the 2012 “National survey on drug use and health” among adults with any mental illness, 60% were untreated.

In Europe process of introducing and establishing community mental health care was slower than in the United States. During 1978 the new law, called “Law 180”, was introduced in Italy. It governed the new organization of psychiatric care. This law prohibited new admissions to mental hospitals and encouraged the development of small psychiatric units in general hospitals (Tansella, De-Valvia, & Williams, 1987, p 37). Behind this law was an evident political force named „Psychiatria Democratica“. This policy aimed to introduce morality in to the process of mental health provision as well as provision of treatment in the community. This moral treatment era during the last century could best be described as understanding, kindness, justness and work. Many of the basic principles of this movement are now practiced in the modern psychosocial

rehabilitation models. The reform in Italy has been very successful but process of reform has been a little slower in the southern, more traditional and poorer parts of the country. Italy has been considered as one of the few countries in Europe and beyond in which the implementation of a new organizational concept yielded expected results. However, research in the field of mental health care in Italy shows certain problems. According to research done by De Girolamo and others (De Girolamo et al., 2018) in some regions of Italy there is a tendency for patients who require long-term treatment to be transferred to a clinic accommodation that provides 24 hours treatment for indefinite time. In fact, this practice represents an alternative to psychiatric long-term stay hospitals. Nation-wide network of Departments for mental health in Italy presently deliver outpatient and inpatient care. Hospital care is delivered through small psychiatric units (with no more than 15 beds). In conclusion, the Italian mental health reform led to the establishment of a broad network of facilities to meet diverse care needs. Further efforts are required to improve quality of care and to develop a more effectively integrated system. Greater attention must be paid to topics such as quality of care and outcomes, public and private sector balance, and the coordination of various resources and agencies (Masillo et al., 2016, p. 34).

Right after the reform in Italy emerged, the process of psychiatric care reorganization started in the United Kingdom as well. Francis and Smith (1991, pp. 92-94) point out that the population of long-term psychiatric patients hospitalized in England in the 1960's was reduced by more than 50%. The same authors noted that there was no significant deterioration in their mental disorders due to the release, despite the fact that patients had not been sufficiently informed about the reasons and circumstances of discharge from a psychiatric hospital. In the year 2015/2016 England's National Health Service (hereinafter: NHS) formed the independent taskforce of experts to assess the state of national health care system. This taskforce has published its findings during this year in the report entitled "The five year forward view for mental health" (NHS, 2016a). This report has shown that there has been a significant expansion in access to psychological therapies, but still only 15% of people who need psychological therapies currently can get help. It is stated that more action is also needed to help people with anxiety and depression to find or keep a job, as well as to ensure that people with long-term conditions have their physical and mental health care needs met. Also, only minorities of accident and emergency services departments currently provide 24/7 mental health services, even though peak hours for people presenting to accident and emergency services departments with mental health crises are 11pm-7am. As a result of this report the NHS in England committed to the biggest transformation of mental health care across the NHS in a generation, pledging to help more than a million extra people and investing more than a billion pounds a year by 2020/21 (NHS, 2016b).

Reform in Germany started some 15-20 years later, but its pace was satisfactory, considering that until the end of 2001 the number of psychiatric beds decreased by 50% synchronously with the establishment of community services (Taft, King, King, Leskin, & Riggs, 1999). Other western

countries gradually accepted new experiences implementing the concept of mental health care in the community. However, based on research that was conducted during 1997 in 22 European countries, Jenkins (2001, pp. 165-168) quoting Goldberg points out that psychiatric hospitals are still dominant in mental health care in France, Austria, Portugal and Ireland. It was concluded in the same study that in Spain, Portugal, Greece and Ireland there are regional disparities in availability of mental health care services.

The Economist Intelligence Unit conducted a study tasked to assess the state of mental health care in Europe and published the results in 2014 on their official web site. They have created the "Mental Health Integration Index" scouring 30 European countries. The comparison of countries in the index is achieved by compiling a score for each country based on a set of indicators applied uniformly across all 30 countries. The index has a total of 18 unique indicators which focus on the degree of government's commitment to integrating people with mental illness in to their community, and seven additional background indicators on each country. Some of the 18 unique indicators are composites consisting of several sub-indicators. The individual categories forming this index have the following approximate weights within the index (Economist Intelligence Unit, 2014):

- "Environment (5 indicators) 28%
- Access (5 indicators) 28%
- Opportunities (3 indicators) 17%
- Governance (5 indicators) 28%"

Countries that have been evaluated using this index in order from the country with the highest to the country with the lowest score are: "Germany (score: 85.6), United Kingdom (score: 84.1), Denmark (score: 82), Norway (score: 79.6), Luxembourg (score: 79.5), Sweden (score: 74.1), Netherlands (score: 72.8), Estonia (score: 71.4), Slovenia (score: 71.1), Belgium (score: 70.7), Finland (score: 70), Spain (score: 68.8), France (score: 68.4), Ireland (score: 68), Poland (score: 64.1), Italy (score: 59.9), Malta (score: 59.7), Czech Republic (score: 59.4), Austria (score: 57.9), Lithuania (score: 53.5), Latvia (score: 51.9), Slovakia (score: 46.8), Cyprus (score: 46.6), Switzerland (score: 45.7), Hungary (score: 43.9), Croatia(score: 40.1), Portugal (score: 38.1), Greece (score: 38), Rumania (score: 34.7), Bulgaria (score: 25)".

In the conclusion of the study five areas on which many European countries need to focus to provide better integration of people living with mental illness into society where detected (Economist Intelligence Unit, 2014):

- "obtaining better data in all areas of medical and service provision and outcomes,
- backing up mental health policies with better funding,

- finishing the now decades-old task of deinstitutionalization,
- focusing on the hard task of providing integrated, community-based services and
- including integrate employment services provision in treatment process".

The index has showed that Germany is most able to respond to the needs of people who suffer from mental illness as its strong healthcare system and generous social welfare programs have helped better integration into society. Those countries at the top of the index have moved treatment and support for mental illness away from hospital-based care to care which includes integration within society. But the first lesson from the index is that even those near the top still are far from perfect in delivering care and integrating those with mental health problems. In Germany, over half of those with a serious mental illness still receive no targeted medical treatment. The UK was ranked in second place, followed by Denmark, Norway and Luxemburg. The UK's high placing is largely down to a long-term, progressive commitment at a policy level to mental health care and enhancing the position of people with mental health problems in society. Overall, the index found that scores correlate strongly with the proportion of GDP spent on mental health (Economist Intelligence Unit, 2014).

The community mental health movement in the USA and the Italian psychiatric reform had a strong impact on the development of psychiatry in most parts of the world. However, this process, in two countries of origin, has not been interruptedly successful due to the economic, political and professional reasons (Knapp, 1995). The reduction of mental hospital beds in the USA was not followed up by alternative care and housing facilities (which was assumed). That resulted in a serious and shameful increase of homeless former psychiatric patients living in the streets as so called "bagmen" and "bag-ladies". A large number of severely mentally ill persons have also been imprisoned because of more or less severe criminal acts committed due to the lack of proper psychiatric care. The reform in Italy was initially realized only in the northern part of the country where the movement started (Torrey, 1995, p. 1611). Also more recent studies such as the one by the Economist Intelligence Unit (2014) shown above confirm that despite the notable progress that has been achieved in the treatment of mental disorders, there are still challenges that European health care systems are facing and many improvement possibilities are still to be realised.

1.3 The global role of WHO in the promotion and development of community mental health care in transition countries including B&H

The role of WHO is dominant in the field of psychiatric services reform all around the world including the progress in EU and USA. WHO is also the most responsible for the development and reform of the mental health system in B&H. In the last thirty years, as a part of integration processes with Europe and with WHO support, the EU has taken the initiative to support the

beginning of the psychiatric services reform in the transition countries (Rutz, 2001). Process of integration and the reform of public health care in the sector of mental health care in B&H is influenced and motivated by the EU as a part of this initiative. This support includes the reorganization of psychiatric services by adopting a community-based mental health care, improving the level of protection, mental health promotion and mental disorders prevention, the acceptance of standards related to the level of professionals education, as well as highlighting the human rights of people suffering from mental disorder.

The efforts of WHO in B&H are consistent with the goal for this organization to develop mental health systems in the transition countries. In the last 30 years, the WHO is leader in efforts for developing systems of mental health at the global level. The WHO has had a special interest in mental health issues worldwide which is illustrated by the fact that they have special mental health advisers at each regional office. During the last two decades, there has emerged a renewed interest in this field and in 2001 the WHO's world health report was devoted to mental health issues. This report was entitled "Mental health - new understanding, new hope". This extensive report on the development of our knowledge about mental health and treatment of behavioural disorders puts the public health approach in its focus (World Health Organization, 2001). One chapter deals with mental health policy and service provision. It presents a comprehensive discussions about different important issues such as the financing the health care systems including mental health care. That is a serious problem in most developing countries but also in countries with great economic problems, especially in new independent countries in Central and Eastern Europe, with B&H included. The lack of clear mental health policies in many countries is also addressed in the report (World Health Organization, 2001). WHO has also published a project atlas in which they have collected basic information on mental health resources from 181 countries all over the globe. In this atlas it is noted that one third of the countries do not report a specific mental health budget at all. Half of the countries allocate less than 1% of their public health budget to mental health issues. This information should be presented in the context showing that psychiatric problems represent 12% of the total global diseases. Four out of ten countries have no explicit mental health policy. WHO with the cooperation of the European Commission has formed a task force that investigate the situation regarding stigmatization and discrimination of the people with mental illnesses in Europe and its findings indicate that mentally impaired do not receive proper treatment in many countries (European Commission, 2016).

According to the 2001 WHO report mental health legislation is one of the important tools to guarantee the protection of fundamental human rights for mentally impaired persons. Nearly a quarter of countries all over the world have no legislation on mental health and quite a lot of those that do exist are very out-dated. Regarding the provision of services WHO has worked hard for many years in order to stimulate a reform of the mental health care system based on a shift

from mental hospital based system to a community based care system. Evidence based treatment strategies are now set as the standard in the mental health care development. This, however, creates the need to train the health workers and, not only the psychiatric specialists, but also general practitioners and primary health care workers of different professions such as nurses, occupational therapists, psychologists and social workers. Mental disorders prevention and mental health promotion is another important issue that WHO has been actively proclaiming. However, this is not an easy task, especially when working with the poorly developed mental health services. In the world health report on mental health WHO makes ten fallowing recommendations regarding the development of mental health services these recommendations serve as a blueprint for development off mental health care in the community (World Health Organization, 2001, pp. 11-13):

1. "Provide treatment in primary care. This is seen as a fundamental step to enable the large number of people to get access to basic mental health services.
2. Make psychotropic drugs available. In many countries, there is a serious lack of the modern effective drugs.
3. Give care in the community. Shifting patients from mental hospitals to care in the community is more effective and less discriminating.
4. Educate the public. WHO recommends that public education campaigns on mental health issues should be launched in all countries.
5. Involve community, families and consumers. Families and consumer/patient organization are very powerful agents of changes in the society, often more influential than professional organizations.
6. Establish national policies, programs and legislation. This is necessary for a long lasting and stable development.
7. Develop human resources. Teaching and training of mental health professionals at all levels is a precondition for a positive development.
8. Link mental health with other sectors such as education, labour and social welfare authorities and non-governmental organizations.
9. Mental Health in the society should be monitored for example by including mental health indicators in to the heath information and reporting systems.
10. More research into the epidemiology of mental disorders and into biological and psychosocial aspects of mental health is an important tool in the further development of mental health issues".

In the report, WHO also presents different scenarios for a possible development depending on the fact that levels of resources in different countries are very different. They present a scenario for countries with A. low level of resources, B. medium level of resources and C. high level of resources (World Health Organization, 2001). Taking into account the post-war circumstances

during the beginning of the mental health system reform B&H could be classified during this period as a state with low level of resources.

2 MENTAL HEALTH CARE SYSTEM IN B&H

2.1 Mental health care system in B&H prior to the 1992-1995 war

Before the war (1992-95) psychiatric services in B&H was organized with primary, secondary and tertiary care of patients. Treatment of the mentally impaired patients did not differ much from the treatment of such patients in other European countries. The basis of the whole system of psychiatric services were psychiatric hospitals and small neuropsychiatric wards within general hospitals accompanied by specialized psychiatric services at "houses of health" („domovi zdravlja"). "Houses of health" are hospitals on the county level. This type of psychiatric service implied a treatment of people with mental health problems in large mental hospitals and asylums. Patients with mental illnesses where treated in isolation from the rest of the community and often completely separated from their local area. With the development of pharmacology, they started receiving adequate treatment, but social context of the treatment was ignored. In general, psychiatric services in B&H as a whole were based on the following principles before April 1992 (Loga & Cerić, 1999, p. 9):

1. "Psychiatric services were staffed by neuro-psychiatrists and nurses with psychologists and social workers as consultants in the majority of hospitals at municipal level. These psychiatric services were closely related to the primary health care services and they dealt with treating the patients with psychotic and non-psychotic disorders. Activities aimed at these disorders prevention were given little attention, whereas the role of the community in promotion of mental health was almost completely neglected.
2. Within general hospitals there was a trend to establish small neuro-psychiatric wards that treated people with acute psychotic and other mental disorders within a short period of time.
3. Big psychiatric hospitals were operating, these hospital were Sokolac, Jagomir and Domanovići, and one psychiatric colony Jake near Modriča. This was a classic psychiatric hospital for hospitalization of chronic psychiatry patients with qualitative occupational, work therapy and accommodation for patients and families who could find accommodation in households based in surrounding villages Garevac and Jake. Each psychiatric hospital had the average of about 300 severely disturbed chronic patients, while Jake near Modriča cared for 1.000 clients.
4. The treatment of alcoholism and drug addiction was organized through the Institute for the treatment of alcoholism and other addictions and the Center for treatment of drug abuse at the Psychiatric Hospital in Sarajevo. The primary and tertiary prevention of alcoholism was performed within 120 clubs of treated alcoholics.

5. Persons with more severe mental retardation were treated in special institutions within the system of social welfare, whereas those with mild retardation were treated and rehabilitated within their families. Children with mild retardation were educated in numerous specialized schools".

According to data from the Republic institute for public health during the year 1,991 there were 237 specialists (neuro-psychiatrists), 56 residents to become specialists, 100 employees with two-year post-secondary school qualifications (senior nurses), 896 employees with secondary school qualifications (nurses) and 36 employees with lower educational background employed at the neuro-psychiatric services in B&H. The total number of beds in all in-patient facilities was 2,822 for a population of about four million (Loga & Cerić, 1999, p. 10).

During the first months of aggression on B&H the devastation and destruction affected all spheres of life including the psychiatric hospitals and services which had to be closed. After the war there was a large number of people who have survived a variety of psychological war trauma (combat operations, war time torture in camps and different places of detention, exile, living in cities under siege, regular bombarding of civilians, sniper killing of civilians, witnessing the torture and killing of their family members, relatives and close persons, etc.). According to the official data, some 200,000 civilians have been detained in torture camps during the war (Center for Democracy and Transitional Justice, 2014).War and torture survivors are particularly vulnerable part of the population. They have survived the most difficult experience of psychological trauma and intentional torture with pre-planned goals. These goals included pre-planned strategy of ethnic cleansing, genocide and territory occupation. Sarajevo, the capital city of B&H, is the city that was under the longest siege in recent history, longer than siege of St. Petersburg in World War II. The citizens were attacked with modern and more destructive weapons of the former Yugoslavian National Army in relation to the former arms of the German Reich (Salčić, 2004, p. 5). The effects on mental and physical health of the war-trauma survivors are large. There is a high percentage of post-traumatic stress disorder (hereinafter: PTSD) in B&H. According to some studies, up to 40% and up to 80% of the population have some symptoms of PTSD without meeting criteria for the PTSD diagnosis (Arcel, Popović, Kučukalić, & Bravo-Mehmedbašić, 2003).This high percentage of PTSD in the population is the important factor to trigger the start of a new psychiatric care organization. Defining the PTSD, Stain and Hollander (2002, p. 19) concluded that it “begins by definition in the aftermath of a serious traumatic event, and is characterized by three symptom clusters: re-experiencing symptoms, avoidant/numbing symptoms and hyper-arousal symptoms. A range of symptoms in PTSD is not part of diagnostic criteria, but it is crucial for full understanding of certain patients and for appropriate intervention. These include symptoms such as shame, guilt and social mistrust. There may also be impulsivity, hostility, dissociation and somatic symptoms. When traumas begin early in development and occur multiple times, PTSD may take a complex form with negative effects

on personal relationships and on affect and impulse modulation. ”In post war period there were great adaptive difficulties in everyday functioning of B&H society. Reappearance of symptoms related to war trauma was present in dealing with actual life frustrations and conflicts. Due to weak mechanisms of coping with every day stressors citizens of B&H are largely affected to all secondary stressors they are faced with”(Bravo-Mehmedbašić, 2004). Psychiatric hospitals such as Jagomir and Domanovići were closed. Severely ill chronic mental patients were expelled from the Jake Mental Hospital. Many patients that had spent up to 20 years or more in hospitals until that time were suddenly left on their own without any support. Some of them disappeared and were never found and many were killed or wounded.

War in B&H had catastrophic and far-reaching consequences of various dimensions and rather varied duration. Some of these consequences can be identified and expressed in terms of numbers, whereas many others cannot. According to Sinanović and others (2003, p. 22) there are still 601,900 refugees from B&H around the world and the total of 487,700 are displaced persons within the country who are, due to various reasons, unable to return to their homes. Also according to the same source over 300,000 citizens are persons with disabilities. There was a decline in birth rate from 17.2 in 1981 to 9.0 in 2001. At the same time, the mortality rate increased from 6.3 in 1981 to 6.8 in 2001 (Sinanović et al., 2003, p. 22). Although it may be possible to establish how many people were killed or permanently physically disabled, there is no simple way to estimate the prevalence of psychological disorders that will deeply affect the present and future generations and influence their future lives. WHO estimates that only in Federation of B&H there are over one million people suffering from war stress related mental disorders. The biological defense mechanisms of persons that survived psychological traumas are severely impaired (Hyer, Davis, Boudewyns, & Woods, 1991). The catastrophic war events brought the turbulent and devastating disorders to general population, and their severe repercussions have affected the whole health care system, including the system of psychiatric services (Cerić & Oruć, 1999). According to Jensen and Cerić (1994), the consequences of war can, if simplified, be divided into two focus areas that are mutually intertwined. First focus area is war-induced traumatization of a significant portion of the population. Second is war-induced effect on the traditional system of psychiatric services such as destruction of mental health institutions, deterioration of the quality of mental health protection due to the lack of material resources, decline in the number of available health care professionals, as well as the destruction of social and family network. The latter limited the possibilities to discharge patients and their treatment both at psychiatric institutions and outside of them.

After the end of the war in B&H traditionally organized system of providing assistance to the mentally ill could not satisfy the need for this type of service in B&H. We can separate several factors causing this problem. First was that the system itself was seriously damaged by the war. The second was that there was an enormous increase in the number of population needing the

treatment, and the third, system has previously been primarily focused on providing treatment to the mental patients suffering from illnesses that are characteristic for peacetime conditions such as schizophrenia, psychosis, depressive disorders and other illnesses. The fourth reason is the same as in other countries where the reform of public health sector was conducted and it refers to the limitations and inadequacies of the traditional system versus a system that is based on the involvement of the community rather than isolation of patients (Bravo-Mehmedbašić, 2004, p. 24).

The very concept of community mental health is based on providing a wide range of services within the community, in which the person suffering from mental health disorder is situated. The goal of such organization is to maximize the other capabilities of the person, who is to a lesser or greater extent disabled by the disorder, to keep such a person within his/her own social network, and for the person to contribute to the network according to his/her capabilities. In this new organizational concept the emphasis is put on human rights of the persons suffering from mental health disorders, and in the treatment which is characterized as a multidisciplinary by its features. Community mental health care is especially important from the perspective of those persons suffering from severe mental illness, and for that reason this concept emphasizes care and help for that particular population group. The concept implies good cooperation of all sections within the community, accessibility, continuity of care, equality for all the beneficiaries of the services, as well as its comprehensiveness. Within system of community mental health care monitoring of services, evaluations and related researches are looked upon as an integral part of implementation process (Salčić, 2002, p.34).

In B&H, severe war circumstances have motivated local experts, in cooperation with the WHO, to initiate reform of psychiatric services by implementing the concept of mental health in the community. Unlike the circumstances of the beginning and gradual reform of psychiatric services in the U.S. and Western Europe, reform in B&H had specific characteristic of being conducted and started during the war. Because of this characteristic, reform of the mental health system in B&H has unique dynamics of implementation. The initiative to reform psychiatric services comes in a way from the experience of international organizations that have established their own check points to provide psychosocial support to war-affected population in B&H during and after the war. These international organizations are Health Net International, WHO, MSF (Doctors without borders) and others (Salčić, 2004).

2.2 Start of the mental health care system reform in B&H

Concept of community mental health care implementation program in B&H began in 1994 by drafting the so called “Regional model on new mental health organization” (World Health Organization, 2002). Taking into account the fact that this is a long term process, the goals of the psychiatric service reform have been set (and this relates to both B&H entities) in the

“Development program for mental health protection of adults in Federation of B&H” (Loga, 1994) and in the “Draft program on mental rehabilitation of adults in the Federation of B&H” (Health Net International, 1998) which was supposed to be realized until the year 2010. Implementation analysis of the community mental health system together with the strategies and policies for the future are exhibited by local and international experts in the official document of the Federal ministry of health (2013) under the title “The new policy and strategy for the protection and improvement of mental health in the Federation of Bosnia and Herzegovina (2012-2020)”. The reform process began by establishment of five regional centers in the territory of the Federation. These regional centers had a task of collecting psychosocial information, coordinating and presenting the new ways in which psychiatric services will be organized (World Health Organization, 2008, p. 17). All the activities of professionals involved in the reorganization of psychiatric services from the very beginning where supported by the Federal ministry of health. This ministry also formed the Project implementation unit (PIU) to coordinate project implementation. Given the necessity for financial resources to conduct such extensive changes, Federal ministry of health in the year 1996 concluded agreement in the amount of five million US dollars with the World Bank for the project implementation. This project was entitled "Physical and psychosocial protection of war victims in Bosnia and Herzegovina". The money was mainly spent on opening and equipping CMHC while small funds where set aside for repairing war-damaged hospital facilities (Sinanović et al., 2003, p. 24). After setting the standards and defining the locations where the centers would be built Federal ministry of health had to implement the reform in three phases. First phase was infrastructure adjustment to the objectives of the reform, the second phase was establishing a critical mass of professionals to support the reform processes, and a third was initiative to strengthen the newly established system through promotion, management, reforms and legislation processes (Salčić, 2002, p. 22). The first phase of infrastructural adjustment was implemented by PIU, this phase implied the adjustment of the public mental health system for the formation and proper functioning of the CMHC. The second phase was practically simultaneously carried out by the PIU in collaboration with the expert group, and it was supported by Swedish International Development Cooperation Agency (SIDA) and Health Net International (HNI) (Čerkez et al., 2003, p. 33). International and local experts organized short training for 150 professionals in the field of community mental health. They became the promoters of the reform and of new approach to mental health issues. The strength of international experience and local experts in partnership has contributed to an already strong support of the reform provided by the professionals working with mental health issues. After finishing the first and second phase, the Federal ministry of health has moved on to the third phase - strengthening of legislation and the regulations that would contribute to the development of the reform. Standards for work at the CMHC and job description of the employees were developed. Federal ministry of health has adopted the Law on protection of persons with mental illness, which is harmonized with the UN declarations, with the Stockholm, the Hawaii and the Madrid declarations and with the European Human Rights Convention. That was

another important step towards respecting human rights of people with mental problems and toward strengthening the centers for mental health (Čerkez et al., 2003, p. 33).

The basic strategy of the mental health promotion, mental disorders prevention, acute psychiatric disorders treatment, psychosocial rehabilitation and chronic mental patients protection can be set out in simple terms through the following principles (Sinanović et al., 2003, p. 21):

1. "Comprehensive psychiatric care is provided by primary health care physicians, and CMHC, and psychiatric wards of general hospitals and in-patient institutions providing acute short-term hospitalization.
2. Primary mental health protection is provided by family medicine physicians (primary health care physicians) and their teams.
3. Specialized psychiatric care in the community is provided by teams of professionals specialized in mental health problems working at CMHC responsible for a defined geographical sector.
4. Great importance is given to establishing a network of trust between teams of family medicine physicians and specialized teams at CMHC and psychiatric institutions for acute hospitalization.
5. Psychiatric wards within general cantonal hospitals, wards of psychiatric hospitals in Sarajevo, Tuzla and Mostar, as well as the Sarajevo Cantonal Psychiatric Hospital (Jagomir) will provide hospitalization for patients with acute disorders, and for those with chronic disorders in case of deterioration. The treatment in these wards will be of short duration and the patients discharged to receive continuous treatment from the family medicine physician or the CMHC.
6. Clients with a chronic disorder, i.e. persons with severe defects of social, psychological or somatic dimension of their personality resulting from mental illness, will, as a rule, live on their own or within their families in the community. Those clients that do not have families, economic or other necessary conditions to live on their own, will be accommodated in special, supervised houses located in the town where they live. These supportive living arrangements can be organized in various ways. The most common examples of the supportive living organizational forms are Nursing homes, Half-way houses and Group homes. Nursing homes are intended for clients with serious, severe and permanent dysfunction, with around-the-clock available supervision by nurses. There would be beds for permanent stay of such clients. Half-way houses are intended for clients recovering from acute psychotic episodes resulting in psychosocial breakdown of the personality of the patient. These houses are, as a rule, situated next to the hospitals and are run and supervised by nurses. Patients stay in them for a long time, but the period of their stay is limited. Group homes are intended for permanent accommodation of clients suffering from chronic

psychiatric disorders. Patients live in such homes independently, although their autonomy is limited".

Sinanović and others (2003, p. 24) have summarized that the focus of mental health care reform in B&H is to move the psychiatric activities from hospitals to communities, replace individual activities with collective ones, introduce inter-disciplinary approach by means of which values and potentials of the patient can be mobilized, increase efforts to educate general population about mental health problems, establish co-operation with non-professionals as well as users of mental health services and also co-operation of mental health services with other sectors, especially social services, educational institutions and other important institutions in the community.

2.2.1 Principles of mental health policy in B&H

Policy of mental health community in B&H is based on the recommendations presented in the WHO World Health Report of 2001. Basis of mental health policy consist of following values (Cerić et al., 2001, pp. 5-23):

- "Decentralization - as political guideline decentralization shift the focus of mental health to the community directly, clearly defining territory and population that inhabits it, and the environment in which people live and work by developing range of services for mental health.
- Intersectorization - this principle entails working closely with other sectors in the community like social sector, education sector, police and judicial authorities, but also non-government sector in order to meet the bio-psycho-social needs of the population in the community.
- Comprehensiveness - to develop good organizational structure for the new system of providing mental health care from family medicine teams of doctors and teams of mental health centers on the primary care level to psychiatric ward of general hospitals and psychiatric hospitals on the secondary level, and clinical psychiatric treatment on the third level of health care. Comprehensiveness implies cooperation of health and social sectors and also the establishment of several other organizational forms for protection. These organizational forms are supposed to be alternative to hospital treatment and thus allow the treatment of individuals with mental illness in the community.
- Equality - organized mental health care should facilitate meeting the needs of the mental health of all individuals in the community regardless of their socio-economic status, gender, age, nationality or religious affiliation.
- Availability - each individual in the community have equal rights in terms of accessibility and quality of mental health care services in the community.

- Continuity - one of the advantages of this organizational concept is ability to provide continuity of care within various levels of the health care system and the use of different sectors in the community.
- The active participation of the community - the new concept of mental health actively involve community members, service users their families in planning services, their functioning and relevant legislation".

2.2.2 Objectives of the mental health care reform in B&H

The basis for the psychiatric services reform in B&H is implantation of the community mental health concept and the reform of public health care system. Implementation of this organizational principle should provide quality psychiatric care that will reduce the incidence and prevalence of mental disorders, and also allow a greater number of people with mental health problems to be treated in the community where they live, reducing their isolation, stimulating socialization, improving quality of life and respect for their human rights (Cerić, Loga, Sinanović, Oruć, & Čerkez, 2000).

As part of her doctoral thesis Salčić (2002) has presented the necessary objectives in the sector of community mental health separately for Federation of B&H and Serbian Republic Entity of B&H. According to Salčić (2002, pp. 38-40) the necessary objectives to meet in the Federation of B&H are:

- "Reduce the incidence and prevalence of certain mental disorders and suicide particularly those related to stress caused by war
- Reduce the level of dysfunction that results in mental disorders, improving treatment and care to persons with mental disorders
- Improve the psychological well-being of people suffering from mental health problems by organizing comprehensive and accessible services in community mental health system
- Strengthen the respect for fundamental human rights of persons suffering from mental illness
- Improve detection of mental disorders in early stage and ensure appropriate care and treatment
- Direct the attention towards the promotion of mental health and the fight against mental illness, especially in socially and economically disadvantaged population groups
- Organize a further development of the living and working environments to help people of all ages to develop a sense of closeness, connectedness and coherence, to build and maintain social relationships and to successfully face the stressful situations and unpleasant life experiences
- Provide care and all forms of treatment with adequate quality, organize the work of mental health centers in the community and balance the number of services provided in the centers

and number of services provided at the hospital level, with special emphasis on the services provided to individuals in crisis situations, as well as minorities and vulnerable population groups

- Reduce and mitigate other circumstances related to mental disorders (somatic illnesses, impaired psychosocial functioning, low social status, family problems and concerns)
- Work towards establishing a positive social climate
- Change negative attitudes toward mental illness and people who suffer from them
- Improve quality of life for people suffering from mental illness
- Rehabilitate people suffering from mental illness to achieve their optimal level of social reintegration
- Provide basic and continuing education of health professionals who work in institutions that provide services in the field of mental health
- Establish an information system and a system of registration of patients
- Stimulate research in the field of mental health with special emphasis on research in the area of mental health service provision
- Ensure monitoring and program evaluation in a systematic and periodic manner".

For the successful implementation of the new psychiatric services concept it is necessary to achieve following objectives in the Serbian Republic Entity of B&H (Salčić, 2002, p. 41-42):

- "Improve the situation and psycho-social status of the population and establish a health system that will ensure full and effective mental health services to all persons suffering from mental health disorders
- Reduce of all the factors that contribute to the development of mental health disorders such as unemployment, migration, social tensions, alcohol, drugs and other risk factors
- Define the programs to improve the mental health care for vulnerable population groups (children, adolescents, elderly and other vulnerable groups)
- Assure further development of CMHC in the community and further development of human resources in mental health
- Strengthen promotional activities to educate the public, revise education curricula of institutions educating health workers and implement additional training in the field of mental health for health care workers who work in primary care
- Develop clinical guidelines in the field of mental health
- Develop and increase accessibility to continued education of health professionals in the field of mental health
- Establish additional 10 to existing 8 CMHC (the planned network of health institutions in the Serbian Republic Entity)
- Adopt the mental health policy/strategy

- Review and update lists of essential drugs in the Serbian Republic Entity and "positive" list of medicaments that are reimbursed from public funds and provided free of charge for patients
- Develop and implement campaigns to educate and sensitize the public towards the mentally ill".

2.3 The current organization of community mental health care in B&H

Ambulances of family medicine represent the primary level of general health services in both entities and in Brčko District. Services of mental health in B&H on the secondary level are provided through a network of 50 CMHC, 31 in the Federation of B&H, 18 in the Serbian Republic Entity and one in Brčko District (Federal ministry of health and Serbian Republic Entity ministry of health and social welfare, 2009).

Each CMHC in the Federation of B&H includes 10 psychiatric beds intended for acute hospitalization. These beds are located in the Psychiatric wards of general hospitals located in the same region. This network of 31 CMHC represents secondary level of mental health services. On the tertiary level services are provided in the University hospitals in Sarajevo, Tuzla and Mostar, and psychiatric wards in general hospitals in other major cities of the Federation. In the Serbian Republic Entity secondary level of services is provided by 18 CMHC and tertiary level is provided by two University hospitals: Psychiatric Clinical Center in Banja Luka and Sokolac Psychiatric Clinic, and in the Institute for treatment, rehabilitation and social protection of chronic mental patients Jakes (Mental health in B&H, 2016).

In 2016 in B&H there were 14 psychiatric clinics or psychiatric wards at the general/cantonal hospitals representing tertiary level of services (Mental health in B&H, 2016):

1. "Clinical Center of Sarajevo University- Psychiatric Clinic
2. Cantonal Psychiatric Hospital “Jagomir” in Sarajevo
3. Zenica Cantonal Hospital- Psychiatric Ward
4. Travnik Cantonal Hospital- Psychiatric Ward
5. Clinical Center of Tuzla University- Psychiatric Clinic
6. Clinical Center of Mostar University- Psychiatric Clinic
7. Bihać Cantonal Hospital- Psychiatric Ward
8. Clinical Center of Banja-Luka University- Psychiatric Clinic
9. Doboj Cantonal Hospital- Psychiatric Ward
10. General Hospital of Brčko District- Psychiatric Ward
11. General Hospital in Prijedor- Psychiatric Ward
12. General Hospital in Gradiška- Psychiatric Ward
13. General Hospital in Doboj - Psychiatric Ward
14. General Hospital in Trebinje- Psychiatric Ward".

In 2014 three safe houses were opened, to provide safe environment for victims of family valiance, and also several associations of service users become active (Zagorac, 2014). In 2015 Centers for social work in local communities began to open day canters for people with mental health problems, and day canters for the elderly. These canters operate in coordination with CMHC and this cooperation enhances system services and expands mental health services (Canter for dementia, 2016).

In the areas of country where CMHC are operating positive developments where achieved in the rehabilitation and treatment, in reduction of number of patients and the length of hospitalization, in establishing interdisciplinary collaboration within the health system including teams of general/family medicine and teams in hospital services. Also cross-sectorial cooperation at the local level with the social welfare centres, schools, non-governmental associations, local authorities and others is evident (Mental health in B&H, 2016).

2.3.1 Illustration of established intra and inter-organizational processes of care for three types of users

Based on the analysis of the mental health system in B&H and the information obtained during the research for this master's thesis I have constructed a description of the treatment processes by observing three different types of patients called patients "XY," "AB" and "BC". The cases of these three types of patients does not reflect the treatment of three specific patients but rather represents all patients of the mental health system that can be treated in one of three ways described by using this example. I have also constructed Figure 1. shown below to clearly show the three levels of mental health service in B&H (primary, secondary and tertiary level of services).

Any person who has public health insurance in B&H has a doctor of family medicine assigned to them at the local community level (ambulances of family medicine) according to the place of residence, usually for one county there are several ambulances of family medicine. Below we follow patients from admission to discharge from the mental health system:

- Patients XY and AB came to an appointment with their family doctor in ambulance of family medicine. Family doctor concluded that patients XY and AB require review by an expert psychiatrist and referred both patients for specialist treatment. This represents the primary level of mental health services. In the future family doctor will be involved in the treatment process because all referrals for future treatment are carried out through ambulance of family medicine.
- Family doctor referred patients XY and AB to CMHC at the municipal level (within the municipal health centre). This represents the secondary level of mental health services.

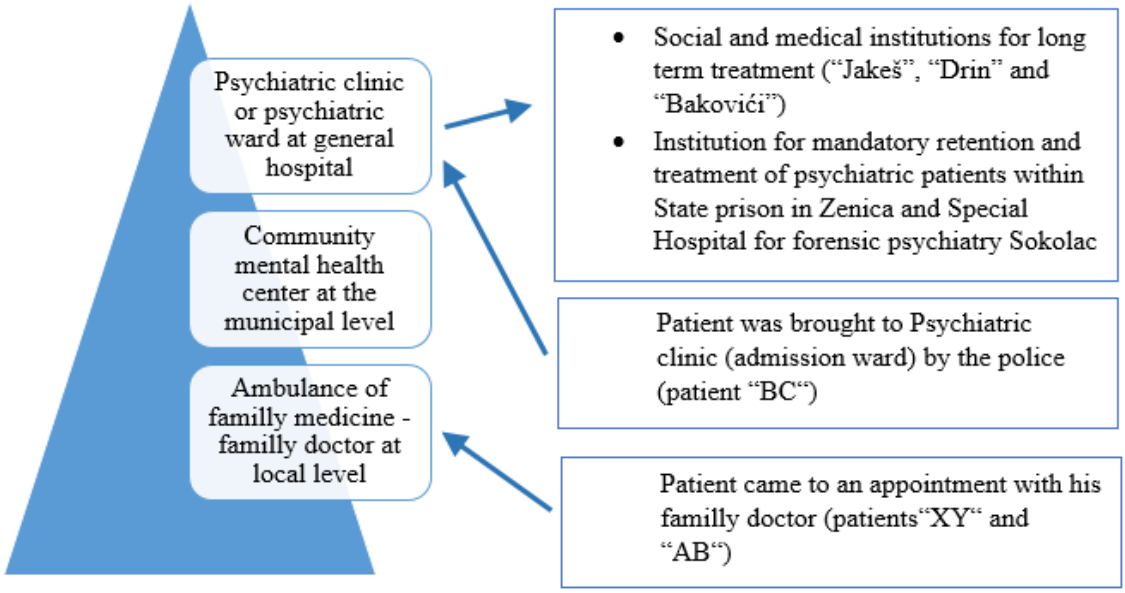
Specialists and the teams of CMHC provide therapy and treatment to mental health patients, but CMHC does not provide hospitalization and all-day stay for severe patients. The CMHC team includes social workers that are trained to provide socio-therapy to the patients and see to their social needs.

- Specialist in the CMHC has concluded that patients XY and AB require hospitalization because of their acute mental condition. These patients were referred to a psychiatric clinic or psychiatric ward of general hospital at the cantonal or entity level for future treatment. This represents tertiary level of services.
- Patients are received in the admission ward of the psychiatric clinic or psychiatric ward of general hospitals by the psychiatric. If the patient is conscious of his/her condition, psychiatrist will explain to the patient the existing treatment methods and ask the patient to sign "voluntary consent for treatment form". In case of the underage patient or a patient who is declared by the Court as legally incompetent signature will be provided by their guardian. Patient XY has signed "voluntary consent for treatment form" and after psychiatrist review in the admission ward patient is referred to the department of psychotherapy and stress management where the patient will be treated.
- Patient AB refused to sign "voluntary consent for treatment form" in the admission ward. The psychiatrist in the admission ward has estimated that a person AB has no insight into the nature of his disorder and shows psychopathological symptoms that endanger his wellbeing and cause suicidal and/or homicidal ideas. In this case, a psychiatrist in the admission ward starts the process of admission against the patient's will (Compulsory hospitalization). Person AB came to admission ward of the psychiatric clinic or psychiatric ward by referral of psychiatrist from the CMHC, but person can be brought to the psychiatric clinic forcibly by the police if this person was involved in a criminal act and the police officer concluded that this person is in need of psychiatric help. Process of forced hospitalization was initiated in the case of patient AB in order to provide necessary treatment and protection. The patient was admitted to the intensive care department of the psychiatric clinic. Psychiatric clinic or psychiatric ward of the general hospital, which initiated the process of compulsory hospitalization, is required under the article 27 of the Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13) to notify Municipal Court about the compulsory hospitalization of AB person within 24 hours. Municipal Court is bound to send an external expert psychiatrist from another institution to assess the patient's condition and the justification for compulsory hospitalization. Patients can be hospitalized in a psychiatric clinic or psychiatric ward for period of 45 to 60 days under the mentioned low. If the responsible psychiatrist decides that it is necessary to extend the compulsory hospitalization, Municipal Court must be notified. Municipal Court will re-send an expert psychiatrist from another institution to assess the need for renewal of hospitalization and inform the Municipal Court of their findings. Under the Law on protection of persons with mental illness patients who are voluntarily treated at the

psychiatric clinic or psychiatric ward can be hospitalized for up to 50 days. After this time they are released and referred to the CMHC in their community for further treatment. After the discharge from the psychiatric clinic or psychiatric ward, the patient returns to the community. Control and continued treatment is done within the CMHC with assistance of social services. If a patient is still considered dangerous to himself and to others after discharge from psychiatric clinic, psychiatrist will state in his discharge papers that this patient should be placed in the social and medical institution rather then released into the community, but the final decision is up to the social services and CMHC team. Social and medical institutions are closed type institutions for mental patients who are unable to live alone or who do not have family that can help them. Patients can be placed in these institutions for a longer period. The problem is that a large number of patients who are discharged from the psychiatric clinic after 50 days are not able to return to the community and the capacities of the social and medical institutions are limited. In B&H there are only three institutions of this type, i.e., "Social and medical institution Jakeš-Modriča" in the Serbian Republic Entity , "Public institution for care of invalid persons-Drin" and "Institution for care of mentally invalid persons- Bakovići" in the Federation of B&H.

- Patient BC is a criminal offender who was arrested by the police and who was relieved of liability due to his mental insanity by the Municipal Court after an expert psychiatrist gave his opinion. The expert psychiatrist also gives the recommendation on the continuation of the patient's treatment. In the case of a patient who continues to pose a threat to himself and others, the expert may propose to the Court that a patient is placed in the institution for mandatory retention and treatment of psychiatric patients. There are only two institutions of this type in B&H; one is a separate unit within Zenica state prison and another is Special hospital for forensic psychiatry-Sokolac. Perpetrators of criminal acts that are declared mentally incompetent and innocent of the offense committed can be placed for longer period of time in these institutions. If the opinion of the expert psychiatrist is that patient BC no longer represents a danger to himself and to the community he is immediately released by the Court with a recommendation that the patient is subjected to a weekly treatment in the CMHC. If the patient who is acquitted due to the insanity does not regularly report to the CMHC, the Court may initiate the process of detention.

Figure1. Primary secondary and tertiary levels of the mental health system in B&H participating in the treatment of patient types XY, AB and BC



2.3.2 Legislative framework of the mental health system in B&H

B&H is structurally and jurisdictionally complex country in which protection of persons with mental illness is regulated by a specific law on the cantonal end entity level and by series of general laws governing the right to health care at the state level (Horvat, Popović, Salčić, Bravo-Mehmedbašić, & Kučukalić, 2004). The health care system in the FB&H is governed by the principle of decentralization with a high degree of autonomy of 10 cantons in FB&H, while in the Serbian Republic Entity health system is centralized and Brčko District (BD) has its own health care system.

In accordance with Dayton Peace Agreement (Annex IV - Constitution of B&H) health care in B&H is under direct jurisdiction of the entity level and is regulated under Constitution of Federation of B&H, Constitution of the Serbian Republic Entity, constitutions of the cantons and by Statute of Brčko District. In these documents right to health care is considered as one of basic human rights and state institutions at all levels of government are officially committed to ensure the highest level of internationally recognized human rights and fundamental freedoms (European Commission, 2012).

According to Article 15 of the Law on ministries and other administrative bodies of B&H (Official gazette of Bosnia and Herzegovina, No. 19/16) Ministry of civil affairs is responsible for carrying out activities and tasks that are the responsibility of B&H (State level). These activities are limited to determination of the basic principles of coordinating activities and harmonizing plans of the entity authorities and defining strategies at the international level in the

areas of health and social care, pensions, science and education, labour and employment, culture and sports, geodetic, geological and meteorological affair. B&H has also ratified UN Convention on the rights of the Child (1989) and European convention for the protection of human rights and fundamental freedoms (1950). By ratifying these documents B&H has stated its determination to protect basic human rights including the rights of mentally ill population. In the list below laws regulating mental health sector and rights of mental health patients in the Federation of B&H are presented (Federal ministry of health, 2016):

1. Constitution of the Federation of Bosnia and Herzegovina (Official gazette of the Federation of Bosnia and Herzegovina, No. 1/94, 13/97, 16/02, 22/02, 52/02, 63/03, 9/04, 20/04, 33/04, 71/05, 72/05 and 88/08)
2. Law on health protection (Official gazette of the Federation of Bosnia and Herzegovina, No. 46/10 and 75/13)
3. Law on health insurance (Official Gazette of the Federation of Bosnia and Herzegovina, No. 30/97, 7/02, 70/08 and 48/11)
4. Law on the rights, obligations and responsibilities of patients (Official Gazette of the Federation of Bosnia and Herzegovina, No. 40/10)
5. Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13)
6. Law on pharmacy (Official Gazette of the Federation of Bosnia and Herzegovina, No. 40/10)
7. Law on the system to improve the quality, safety and accreditation in health sector (Official Gazette of the Federation of Bosnia and Herzegovina, No.59/05 and 52/11)
8. Law on social protection, protection of civilian victims of war and protection of families with children (Official Gazette of the Federation of Bosnia and Herzegovina, No.36/99, 54/04, 39/06 and 14/09)

In the Serbian Republic Entity following laws are regulating mental health sector and rights of mental health patients (Health insurance fund of Serbian Republic Entity, 2016):

1. Constitution of the Serbian Republic Entity (Official Gazette of Serbian Republic Entity, No.21/92, 28/94, 8/96, 13/96, 15/96, 16/96, 21/96, 21/02, 26/02, 30/02, 31/03, 98/03 and 115/05)
2. Law on the protection of persons with mental disorders (Official Gazette of Serbian Republic Entity, No. 46/04)
3. Law on health protection (Official Gazette of Serbian Republic Entity, No. 106/09 and 44/15)
4. Law on Health Insurance (Official Gazette of Serbian Republic Entity, No.18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09 and106/09)

In Brčko District laws listed below are regulating mental health sector and rights of mental health patients (Department of health insurance of Brčko Distric, 2016):

1. Statute of Brčko District (Official Gazette of Brčko District, No. 1/00 and 24/05)
2. Health care act of Brčko District, (Official Gazette of Brčko District, No. 38/11)
3. The law on the protection of persons with mental disorders (Official Gazette of Brčko Distric No. 12/06)
3. Health insurance act of Brčko District (Official Gazette of Brčko District, No. 1/02, 7/02, 19/07, 2/08 and 34/08).

In addition to these laws this sector is regulated by a series of under-legislative acts (Federal ministry of health, 2016):

1. The agreement on the manner and procedure of using health care services to insure persons on B&H territory, outside the domain of entities and Brčko Distric (Official Gazette of B&H, No. 30/01)
2. The agreement on the procedure for the use of health care outside the area of canton where insured person lives (Official Gazette of B&H, No. 41/01)
3. Order on the manner of exercising the right of compulsory health insurance (Official Gazette of B&H, No. 31/02)
4. Decision on determining the priority of vertical health care programs of interest to the Federation and the priority of the most complex forms of health care for certain specialist activities that will be provided to insured persons in the territory of FB&H (Official Gazette of FB&H, No. 8 / 05, 11/07, 44/07, 97a/07, 33/08 and 52/ 08)
5. Decision on establishing the basic package of health care rights (Official Gazette of FB&H, No. 21/09)
6. Decision on criteria and ways to use the Federal Solidarity Fund (Official Gazette of B&H, No. 22/02 and 11/05).

In Bosnia and Herzegovina there are specific laws on entity level and district level regulating rights and obligations of persons with mental illness. Legislative solutions regulating rights and obligations of persons with mental illness are regulated by separate laws but these laws are similar in content. According to the article 5 of the Federation of B&H Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13) “any person with mental disabilities is entitled to the protection and improvement of his health. Persons with mental disabilities are entitled to equal treatment conditions as any other person who seeks treatment in the health care system. Freedoms and rights of persons with mental disorders may be restricted only by law if necessary to protect health or safety of this person or others. Treatment of people with mental disorders will be

organized so that their freedoms and rights, physical and psychological discomfort, insult to their personality and human dignity is restricted to the minimum“. Republic of Srpska Low on the protection of persons with mental disorders (Official Gazette of Republic of Srpska, No. 46/04) regulates rights of persons with mental disorders by articles 4 and 5, and in Brčko District Low on the protection of persons with mental disorders (Official Gazette of Brčko Distric No. 12/06) regulates the protection of persons with mental disorders by article 4.

In accordance with the article 52 Federation of B&H Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13) controlling and protecting of the persons who are placed in mental institutions is managed by a special commission. According to this article Commission for the protection of persons with mental disorders has following tasks:

- Take measures to prevent the occurrence of mental illness and other mental disorders,
- Improve the treatment of people with mental disorders,
- Monitor the implementation of the procedures prescribed by this law and proposes to health institution and responsible authorities measures for elimination of irregularities,
- Monitor the observance of human rights and freedoms and the dignity of persons with mental disorders,
- In its sole discretion or on the recommendation by a third party to examine individual cases of restraint or involuntary placement in a health facility (forcible hospitalization) or accommodation for children, minors, persons deprived of their business skills, and adults who are notable to consent,
- Receive complaints and grievances from persons with mental disorders, their legal representatives, family members, attorneys, third party, or social welfare centers and to take necessary measures,
- Propose to the competent Court to decide on the revocation of health institutions.

In Serbian Republic Entity and in Brčko district formation and operation of Commission for the protection of persons with mental disorders is also regulated by legislation in Serbian Republic Entity by article 52 of the Low on the protection of persons with mental disorders (Official Gazette of Serbian Republic Entity, No. 46/04) and in Brčko Distric by article 37 and 38 of the Low on the protection of persons with mental disorders (Official Gazette of Brčko Distric No. 12/06).

Treatment and care of persons with mental illness in B&H is well defined by laws and under-legislative acts mentioned above. However, according to experts, the existing legislation has certain limitations. In the process of involuntary hospitalization, which is carried out according to the Law on the protection of persons with mental disorders of FB&H, experts have

indicated five key shortcomings of current legislation (Čemalović, Begić, Kezunović, & Smitran-Mavlić, 2004).

1. The first shortcoming refers to 24 hour deadline for informing the court about reasons for involuntary hospitalization. In practice this proved to be impractical because a large number of forcibly hospitalized patients become willing to sign a voluntary consent for treatment in psychiatric institution within 72 hours. For this reason experts have suggested for this deadline to be prolonged from 24 to 72 hours. This extension of the deadline would give time to acute patients to calm themselves down and maybe sign a voluntary consent for treatment after all.
2. Second shortcoming of the legislation has to do with 15 day deadline for the arrival of an expert from the other psychiatric institutions sent by the court to visit a patient who was forcibly hospitalized. The problem is that by then, as a rule, clinical condition of the patient is significantly altered in comparison to the condition during the involuntary admission. Experts suggest the change in deadline to appeal the involuntary hospitalization from current 8 to 3 days and also that the court issues an order to experts from other institutions to visit the patient in the beginning of the process, not after 15 days. A much better effect would be achieved this way. The Appeal Court would have expert's opinion from another institution during an appeal, the duration of the process would be shortened and simplified and an expert from another institution would have a better insight into the patient's condition.
3. Third shortcoming of the legislation deals with disharmony of the present legislation in the process of extending the duration of the involuntary hospitalization with the nature of a mental disorder. Under the current legislation the psychiatric institution is supposed to inform a local court about the necessity for extension of the involuntary hospitalization 30 days before the end of the involuntary hospitalization. Experts believe that this deadline should be shortened to 72 hours instead of 30 days.
4. The fourth shortcoming is that the current legislation does not address the possibility of early release for persons who have been forcibly hospitalized in case when a psychiatrist that is treating the person determines that the person should be early released. Experts suggest changing the Law on protection of persons with mental disorders to allow an early release for persons who have been forcibly hospitalized if the psychiatrist that is treating this person believes that they should be discharged earlier.
5. The fifth issue of legislation is related to a discrepancy between Article 27 of the Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13) and Article 410 of the Law on criminal procedure of Federation of Bosnia and Herzegovina (Official Gazette of Federation of Bosnia and Herzegovina, no 35/03, 37/03, 56/03). Both articles of these two laws describe the procedure of informing the Court on initiating the process of involuntary hospitalization, but by the Law on protection of persons with mental disorders this is done by psychiatric

institutions, and according to the Law on criminal procedure this is done by the office of the public prosecutor.

The real problem of the mental sector reform lies in limited resources, primarily financial resources that should provide an adequate support for the community mental health system. This support system should be composed of multiple dependent vertical links including families, the wider community, CMHC and psychiatric clinics at the very top (Sheehan et al., 1999). Previous research has shown that the development of community mental health is characterized by the lack of a coherent policy, legislation solutions, proper financial mechanisms, management of health institutions and relation with other health services (Health Net International, 2000).

After release from psychiatric clinics care, treatment and control of severe mental patients in remission is conducted in the family with assistance of municipal social welfare services. But the problem of caring for patients who are unable to function in society or those who do not have a family is not systematically resolved. Also, families often hide the fact that the state of a patient who is a family member has deteriorated. When psychiatrist treating the patient requires in the release paper from the psychiatric clinic for patient who poses a threat to himself and others to be placed in the Institution for mandatory retention and treatment of psychiatric patients the cost of placing the patient in such an institution should be covered by the municipal social services who are usually reluctant to pay. Thus, the patient is placed into their homes with their families and they are required to report to CMHC periodically.

Furthermore, protection of persons with mental disorders is a very ambitious project but it only treats people with mental disabilities who are placed in a public institution. Commission for the protection of persons with mental disorders controls and regulates treatment of institutionalized mental patients. However, there is very large number of persons with mental disorders and other different mentally vulnerable conditions who are not encompassed by existing legislative framework. They are usually situated in a variety of social and medical institutions and families without any adequate supervision or treatment. According to the experts, it is necessary to harmonize the legal solutions and to provide help and treatment to persons who are outside the system (Čemalović, Begić, Kezunović, & Smitran-Mavlić, 2004).

3 ASSESSMENT OF THE PUBLIC MENTAL HEALTH CARE SYSTEM REFORM IN BOSNIA AND HERZEGOVINA

3.1 Formulation of the research problem and research objectives

The main task and research problem of this master thesis is to analyze the state of public mental health care system and to assess the implementation level of the new community-based mental health care. Kučukalić and others (2005, pp. 1455-1457) point out that there is a lack of research

tradition in the field of mental health services in the community, not only in B&H but also in a wider region. Particular challenge of this master thesis work is to adequately assess to what degree the concept of community mental health care has been implemented in selected areas of B&H. It is a purpose of this master thesis to propose the recommendations relating to the mental health care improvement in B&H by analysing the research data and also by using data from the previous research.

The goal of community mental health care development is an extremely difficult to define as social focus continues to struggle against changing social priorities, funding deficits, and increasing needs of population. Community mental health services would ideally provide quality care at a low cost for those who need it the most. In case of deinstitutionalization of the system, experts have pointed out that as the number of patients treated increases the quality and availability of care decreases (Salčić, 2004). In order to adequately analyse to what degree the concept of community mental health care has been implemented in selected areas of B&H it will be necessary to answer the following research questions:

- Is the reform of public mental health system in B&H successfully implemented on the principles of community based services?
- What is the current structure of the mental health system in B&H and is this structure in accordance with World Health Organization (WHO) recommendations?

3.2 Research methodology and data

The aim of this thesis is to analyse whether the mental health system reform was successful in implementing the principles of community-based mental health care in B&H. In order to achieve this task I have conducted research specifically conducted for the purpose of this thesis and in addition I have used secondary data from previous research conducted in this filed. Also, to provide clear picture of multi-level system of mental health care provision in B&H I have constructed a graph in Chapter 2 showing the treatment process of three system user's types named "AB", "BC" and "XY". By descriptively explaining their treatment process a clear picture is created of the ways in which service is provided and three levels of service (primary, secondary and tertiary) are presented.

The research study conducted for the purpose of this study was prospective, comparative, analytical and descriptive and it was performed at the Clinical Center of Sarajevo University, Clinical Center of Banja Luka University and three CMHC in the regions of Sarajevo, Banja Luka and Brčko Distric. The study has required 50 patients to complete a questionnaire tailored for system users and 35 staff members to provide answers to the questionnaire tailored for staff members in the form of interview with open questions. In this way they shared their insight in the

progress of community mental health care reform in B&H. Out of the 50 patients that where included in the study, 10 were treated at the Clinical Center of Sarajevo University, 10 at Clinical Center of Banja Luka University and 30 at three CMHC in the regions of Sarajevo, Banja Luka and Brčko Distric. Out of 35 staff members that were interviewed, 10 are employees of the Psychiatric Clinic at the Clinical Center of Sarajevo University, 10 are employees of the Psychiatric Clinic at the Clinical Center of Banja Luka University, and 15 are employees in three CMHC in the regions of Sarajevo, Banja Luka and Brčko Distric (5 for each CMHC). The questionnaires tailored for system users and staff members were designed specifically for purpose of this thesis using the findings and information's from previous research listed below and by direct consultation with experts from this field whose insight was crucial in formation of research questions. Statistical analysis for selected questions from both questionnaires is performed by using Mann-Whitney U test and Spearman correlation coefficient.

Age of the first group of subjects/system users was between 18 and 65.Criteria for inclusion in the first study group were:

- patients who had used mental health services at least once,
- aged between 18 and 65,
- at least four grades of elementary school,

Criteria for exclusion from the study for the first group were:

- organic, including symptomatic mental disorder,
- mental sub-normality,
- mental disorder and conduct disorder caused by the use of psychoactive substances,
- chronic somatic illness,
- under the four grades of elementary school,

The only criteria for inclusion of subjects for second group/system employees was that they are employees or volunteers of public mental health sector in B&H, and that their job description refers to the assessment and treatment of patients in the public mental health system. This group included psychiatrists, psychologists, social workers, nurses, technicians and other persons that are involved in treatment process like for example special work therapists (like musicians, and artist). System employees who do not work directly with patients like cleaners, kitchen staff and administrative staff were not included in the study.

In this thesis information and data from following previous researches in the field of mental health care was used:

1. "Assessment – community mental health care in The Federation of Bosnia and Herzegovina", this research was conducted in July 2000 by Health Net International (HNI) and Swedish International Development Cooperation Agency (SIDA) in cooperation with the B&H Federal ministry of health and local expert group.
2. "Analysis of the situation and need assessment of mental health services in the community", this research was also conducted by Health Net International in cooperation with the Federation of B&H Ministry of Health and Serbian Republic Ministry of Health and Social Policy in 2002.
3. Research by Dr. Dubravka Salčić conducted as part of hers doctoral thesis (2002) entilted *"Procjena implementacije koncepta zaštite u zajednici primjenom evropskih instrumenata"* [Evaluation of the implementation of the concept of community care by application of European instruments].

3.3 Research results

3.3.1 Analysis of the system users and staff member views

Results of the two questionnaires are presented in groups for different topics. Results and statistical analysis for selected questions from two questionnaires are presented in the tables and text below, while the results for all the questions are presented in the appendix B and appendix C of this master thesis.

Answers for the first questionnaire are presented in five sections. The first section of selected questions refers to the general system user information, the second section refers to the treatment of patients by staff members, the third section consists of questions about treatment in psychiatric institutions, the fourth section contains questions regarding the support of the community and the fifth section is related to treatment accessibility.

For the second questionnaire answers are presented in three sections of selected questions. The first section of selected questions refers to the general staff member information, the second section of selected questions provides information about the support to patients by the community and third section of selected questions consists of questions regarding the conditions in psychiatric institutions and cooperation with other institutions.

Sections of selected questions specially refer to this master thesis two research questions providing information about implementation success of community based services and providing clear picture of mental health system structure from the perspective of both staff members and system users. Statistical analysis for selected questions is performed using Mann-Whitney U test and Spearman correlation coefficient.

3.3.1.1 Results for patient satisfaction questionnaire

As a part of this master thesis research two groups of mental health system users were included in the research. The first group consisted of system users who were during this research treated at one of the community mental health centers and the second group of system users consisted of those system users who were treated in one of the psychiatric clinics during this research. These two groups of system users were asked to answer system user questionnaire.

The results of this master thesis research are presented in tables below for selected questions and complete results are presented in tables in two appendixes off this paper. Tables consist of two columns, the first column refers to subjects of the study from the community mental health centers and the second column refers to subjects from psychiatric clinics.

Table 1. General responder information

1. The age of the respondents					
Answers	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
16-24 years old	2	6.7	0	0	4
25-44 years old	4	13.3	5	25	18
45-64 years old	22	73.3	14	70	72
65 and older	2	6.7	1	5	6

2. The gender of the respondents					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Male	10	33.3	11	55	42
Female	20	66.7	9	45	58

(table continues)

(continued)

3. Duration of the treatment					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
one visit	8	26.7	1	5	18
1-3 months	0	0	2	10	4
3-6 months	2	6.7	0	0	4
6-12 months	4	13.3	1	5	10
for more than one year	16	53.3	16	80	64

Results for first question show the disparity of system user age, the most prevalent group of respondents in both groups are persons between 45-64 years old. Also, answers for the question number two show that the genders are relatively equally represented in CMHC and psychiatric clinics. In the CMHC 10 men and 20 women were tested, while in the psychiatric clinics 11 men and 9 women were tested. The aim of third question was to show the extent to which service users are continuous in using the mental health system services. In the CMHC 53.3% (16 respondents) have been using the system services for more than a year. In psychiatric clinics 80% (16 respondents) have been using the system services for more than one year. These results show that a large number of system users are using the public mental health system services continuously.

Table 2. Attitude of and communication with the staff

8. Staff has shown concern and understanding for my situation.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Never	1	3.3	0	0	2
Usually	6	20	4	20	20
Always	23	76.7	16	80	78

(table continues)

(continued)

9. Professionals who are treating me spend enough time talking to me.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Never	1	3.3	0	0	2
Sometimes	0	0	1	5	2
Usually	7	23.3	7	35	28
Always	22	73.3	12	60	68

13. I trust the information about various treatment options that I have received by the staff of public mental health institutions that I am currently treated in.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I completely disagree	1	3.3	0	0	2
I somewhat disagree	3	10	0	0	6.1
I neither agree/nor disagree	1	3.3	0	0	20
I somewhat agree	4	13.3	3	15.8	14.3
I completely agree	21	70	16	84.2	75.5

18. Did you ever feel discriminated by the center staff on any religious, ethnic or health grounds during the treatment?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Yes	0	0	0	0	0
No	28	100	17	100	100

The results for the question number 8 show that most system users believe that the staff members always show concern and understanding for their situation. 76.7% of respondents in CMHC chose this answer, and 80% of respondents in psychiatric clinics offered the same answer as well. Statistical analysis using Mann-Whitney U test indicate that the difference in responses between system users treated in the CMHC and system users treated in the psychiatric clinics is not statistically significant ($U=288.000$; $Z=-0.330$; $p=0.741$; $p>0.05$). Correlation analysis between answers for question 8 and questions 9, 10, 12, 13, 14 and 16 was calculated by using Spearman correlation coefficient. There is statistically significant and moderately positive correlation between answers for question 8 (concern and understanding shown by the staff) and answers for questions 9 (time spend talking to patients) indicating more concern from the staff treating the patient is associated with more time professionals spend talking to patient ($rho=0.570$; $p=0.0001$). There is statistically significant but only weak positive correlation between answers for question 8 (concern and understanding shown by the staff) and questions 10 (patients opinion about services and conditions in institution they are treated in) indicating that more concern from the staff treating the patient is only weakly associated with patients perception about sufficiency of treatment facilities ($rho=0.372$; $p=0.008$). Correlation between answers for question 8 (concern and understanding shown by the staff) and question 12 (trust in the information received about psychiatric condition) is also statistically significant but only weak positive correlation ($rho=0.290$; $p=0.043$) indicating that more concern from the staff treating the patient is only weakly associated with trust patients have in the information received about their psychiatric condition. Correlation between answers for question 8 (concern and understanding shown by the staff) and question 13 (trust in the information received about various treatment options) is statistically significant and moderately positive correlation ($rho=0.524$; $p=0.0001$) indicating that more concern from the staff treating the patient is associated with patients trust in the information received about various treatment options. Correlation between answers for question 8 (concern and understanding shown by the staff) and question 14 (opinion about effect off prescribed medication) is statistically significant but only weakly positive correlation ($rho=0.293$; $p=0.041$) indicating that more concern from the staff treating the patient is only weakly associated with patients perception about positive effects of the medicaments prescribed. Correlation between answers for question 8 (concern and understanding shown by the staff) and question 16 (opinion about possibilities to entertainment during the stay in psychiatric institution) is statistically significant and moderately positive correlation ($rho= 0.530$; $p=0.001$) indicating more concern from the staff treating the patient is moderately associated with patients perception about possibility of entertainment during the stay in the public psychiatric institution.

In the question 9 respondents were asked to provide their opinion about validity of statement that the professionals treating the patient spend enough time talking to them. Most system users responded that staff members always spend enough time talking to them; 73.3% of respondents in CMHC, and 60% of respondents in psychiatric clinic chose this answer. Statistical analysis

using Mann-Whitney U test indicate that the difference in responses to question 9 between system users treated in the CMHC and system users treated in the psychiatric clinics is not statistically significant indicating that time spend talking to patients is not statistically significantly different in the CMHC group of respondents to those in psychiatric clinics (U=260.5; Z=-0.960; p=0.337; p>0.05). Correlation analysis between answers for question 9 and questions 10, 12 and 13 was calculated by using Spearman correlation coefficient. There is statistically significant but only weakly positive correlation between answers for question 9 (time spend talking to patients) and questions 10 (patients opinion about services and conditions in institution they are treated in) indicating that the amount of time spent talking to patients is only weakly associated with patients perception about sufficiency of treatment facilities (rho=0.323; p=0.022). There is statistically significant and moderately positive correlation between answers for question 9 (time spend talking to patients) and questions 12 (trust in the information received about psychiatric condition) indicating that amount of time spent talking to patients by the staff is moderately associated with patients trust in the information they receive about their condition (rho=0.410; p=0.003). There is statistically significant but only weakly positive correlation between answers for question 9 (time spend talking to patients) and questions 13 (trust in the information received about various treatment options) indicating that amount of time spent talking to patients by the staff is only weakly associated with trust in the information that patients receive about various treatment options (rho=0.368; p=0.009).

In the question number 18 respondents were asked to provide an answer about discrimination level in the institution they are treated in. Results show that all of the respondents that have provided the answer (100%) never felt discriminated by the staff on any religious, ethnic or health grounds during their treatment. Two respondents in CMHC and three respondents in psychiatric clinics did not provide answer to this question.

Table 3. Conditions in the public mental health institution

6. a. From one to five, how do you rate help that you've received at the CMHC?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Fair	0	0	1	12.4	4.5
Average	2	14.3	3	37.5	22.7
Good	5	35.7	2	25	31.8
Very good	7	50	2	25	40.9

(table continues)

(continued)

6. b. From one to five, how do you rate help that you've received at the psychiatric ward of general hospital?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Poor	0	0	1	14.3	7.7
Average	0	0	1	14.3	7.7
Good	3	50	3	42.9	46.2
Very good	3	50	2	28.6	38.5

6. c. From one to five, how do you rate help that you've received at the psychiatric clinics?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Poor	1	0.55	0	0	0.29
Fair	0	0	1	0.66	0.29
Average	1	0.55	1	0.66	0.58
Good	4	22.2	5	33.3	26.4
Very good	12	66.6	8	53.3	58.8

6. d. From one to five, how do you rate help that you've received at the half-way house?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Average	1	25	0	0	20
Good	1	25	1	100	40
Very good	2	50	0	0	40

(table continues)

(continued)

6. e. From one to five, how do you rate help that you've received at the special social and medical institutions?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Good	1	100	1	100	100

10. The services and conditions in the public psychiatric institution that I am currently treated in are sufficient considering my condition.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I completely disagree	1	3.3	0	0	2
I somewhat disagree	1	3.3	1	5	4
I neither agree/nor disagree	1	3.3	0	0	2
I somewhat agree	6	20	2	10	16
I completely agree	21	70	17	85	76

11. I feel much better now compared to my condition during the first visit.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I completely disagree	1	3.3	0	0	2
I somewhat disagree	3	10	1	5	8
I neither agree/nor disagree	1	3.3	2	10	6
I somewhat agree	6	20	4	20	20
I completely agree	14	46.7	13	65	54
This is my first visit	4	13.3	0	0	8

(table continues)

(continued)

12. I trust the information I have received about my psychiatric condition in the institution I am currently treated in.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I completely disagree	1	3.4	0	0	2
I somewhat disagree	1	3.4	1	5	4.1
I neither agree/nor disagree	1	3.4	0	0	2
I somewhat agree	3	10.3	2	10	10.2
I completely agree	23	79.3	17	85	81.6

14. The medicaments that were prescribed to me have positive effect on my treatment.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Never	1	3.4	0	0	2
Rarely (less than 20%)	1	3.4	0	0	2
Sometimes (up to 40%)	1	3.4	2	10	6.1
Usually (up to 80%)	14	48.3	9	45	46.9
Always (100%)	12	41.4	9	45	42.9

15. Considering the medications that were prescribed to me and the therapeutic effects of these drugs, I trust (have confidence in) the staff of public mental health institutions.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I completely disagree	1	3.3	0	0	2
I somewhat disagree	3	10	0	0	6.1

*(table continue*s)

(continued)

15. Considering the medications that were prescribed to me and the therapeutic effects of these drugs, I trust (have confidence in) the staff of public mental health institutions that you are currently treated in.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I neither agree/nor disagree	1	3.3	0	0	2
I somewhat agree	4	13.3	3	15.8	14.3
I completely agree	21	70	16	84.2	75.5

16. If you are supposed to stay in the public psychiatric institution you are currently treated in for a longer period, are there possibilities for you to entertain yourself during your stay?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Never	1	4.3	1	7.1	5.4
Sometimes (up to 40%)	2	8.7	0	0	5.4
Usually (up to 80%)	9	39.1	5	35.7	37.8
Always (100%)	11	47.8	8	57.1	51.4

Results for the question number 6 show that out of 22 respondents from both groups who rated the help they received in CMHC, 40.9% of them rated this help as very good. Out of 13 respondents that answered the same question for psychiatric ward of general hospital, 38.5% of them rated this help as very good. 34 of respondents provided the answer for psychiatric clinics and 58.8% of them rated the help they received in psychiatric clinics as very good. Only five respondents provided the answer for half-way house and one provided the answer for special social and medical institution. We can conclude that when it comes to the level of satisfaction with the service for different institutions within the system, respondents mainly chose average ratings on a scale. This implies that there is space for development of services and treatment.

In the question number 10 the respondents were asked to assess the validity of statement that the services and conditions in the public psychiatric institution they are treated in are sufficient considering their conditions. Results show that all of the respondents have provided the answer to this question. 70% of respondents in CMHC and 85% of respondents in psychiatric clinics think that conditions in the public psychiatric institution they are treated in are sufficient. Results for Mann-Whitney U test show that the difference in responses to this question between system users treated in the CMHC and system users treated in the psychiatric clinics is not statistically significant ($U=255.0$; $Z=-1.194$; $p=0.232$; $p>0.05$).

Correlation analysis between answers for question 10 and questions 12, 13 and 15 was calculated by using Spearman correlation coefficient. There is statistically significant correlation between answers for question 10 (services and conditions in the public psychiatric institution are sufficient) and question 12 (trust in the information received about psychiatric condition) indicating that there is statistically significant correlation between better conditions in the public psychiatric institution patients are treated in and the trust in the information patients receive about their condition ($rho=0.281$; $p=0.005$). There is statistically significant but only weakly positive correlation between answers for question 10 (services and conditions in the public psychiatric institution are sufficient) and question 13 (trust in the information received about various treatment options) indicating that patents perception about sufficiency of services and conditions in the public psychiatric institution is only weekly associated with patients trust in the information received about various treatment options ($rho=0.305$; $p=0.032$). There is statistically significant and moderately positive correlation between answers for question 10 (services and conditions in the public psychiatric institution are sufficient) and question 15 (information about confidence in the staff of public mental health institutions regarding the proscribed medicaments) indicating that patients perception about sufficiency of services and conditions in the public psychiatric institution is moderately associated with patients trust in the information received about prescribed medicaments ($rho=0.496$; $p=0.0001$).

Table 4. Community support

23. Did you ever feel discriminated by your community members because of your health problems and because you are being treated in the psychiatric institutions?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Yes	6	21.4	3	17.6	20
No	22	78.6	14	82.4	80

24. If yes, who made you feel discriminated most often?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Your family	3	42.8	2	100	55.6
Local community officials	1	14.3	0	0	11.1
Neighbors	1	14.3	0	0	11.1
Your employer	2	28.6	0	0	22.2

26.a. How do you rate the importance of mental health institution and staff?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Of little importance	2	10	0	0	5.7
Moderately important	1	5	0	0	2.9
Important	2	10	2	13.3	11.4
Very important	15	75	13	86.7	80

(table continues)

(continued)

26. b. How do you rate the importance of your family in your treatment process?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Important	2	10.5	0	0	6.3
Very important	17	89.5	13	100	93.8

26. c. How do you rate the importance of your community in your treatment process?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Not important	2	12.5	2	18.2	14.8
Of little importance	2	12.5	1	9.1	11.1
Moderately important	1	6.3	1	9.1	7.4
Important	2	12.5	2	18.2	14.8
Very important	9	56.3	5	45.5	51.9

26. d. How do you rate the importance of local community institutions in your treatment process?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Not important	2	14.3	3	33.3	21.7
Of little importance	1	7.1	0	0	4.3
Moderately important	2	14.3	0	0	8.7
Important	2	14.3	1	11.1	13
Very important	7	50	5	55.6	52.2

(table continues)

(continued)

26. e. How do you rate the importance of other informal groups in your treatment?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Not important	1	5.6	2	22.2	11.1
Of little importance	2	11.1	0	0	7.4
Moderately important	1	5.6	1	11.1	7.4
Important	7	38.9	1	11.1	29.6
Very important	7	38.9	5	55.6	44.4

30. Do you feel that you have good cooperation with the local community institutions?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
No answer	18	60	10	50	56
Cooperation is satisfactory	3	10	2	10	10
Cooperation is good	2	6.7	0	0	4
I don't cooperate	6	20	7	35	26
I cooperate	1	3.3	1	5	4

Questions number 23 and 24 were aimed at providing information about the discrimination level and discriminatory factors in the community. Results show that out of 28 responders from CMHC and 17 respondents from the psychiatric clinics that have provided the answer to this question 78.6 % of them in CMHC and 82.4 % in psychiatric clinics never felt discriminated by their community members because they are being treated in the psychiatric institutions.

Out of those respondents who answered that they were discriminated by their community 55.6 % of them from both groups answered that they were discriminated by their family members. Two of the respondents (one from CMHC and one from psychiatric clinic) provided the answer to question 23 by stating that they never felt discriminated by community members because of their health problems or because they were treated in the psychiatric institutions but nevertheless

provided the answer to the question 24. Respondent from psychiatric clinic answered that he was discriminated by his family and responded from the CMHC answered that he was discriminated by someone else. Answers of these two respondents to questions 23 and 24 were excluded from the study because these two respondents in the question 23 stated that they never felt discriminated by community members because of their health problems or because they were treated in the psychiatric institutions but nevertheless provided the answers to question 24.

In question number 26 respondents were asked to rate the importance of various social elements in their treatment like mental health institution, staff, their family, community that they live in, local community institutions and other informal groups (friends, neighbours, etc.). Results show that the high percentage of respondents believe that all of these social elements have very important influence on the successful outcome of their treatment. The highest percentage of respondents, which is 89.5% of those that have provided the answer to this question from CMHC and 100% of those that have provided the answer to this question from psychiatric clinics believe that their family has a very important impact to their treatment.

In the question 30 respondents were asked about cooperation with local community institutions. 28 respondents chose not to answer this question. Only 22 respondents provided the answer and 13 of them answered that they do not cooperate with the local community institutions. These results show an incredibly bad situation for a system that aims to provide long-term treatment in the community when it comes to cooperation between patients and local community after discharge from the mental health institution.

Table 5. Questions regarding accessibility and affordability of services

21. Approximately how far is the psychiatric institution you are currently treated in located from your home?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
No answer	4	13.3	2	10	12
1 kilometres	2	6.7	3	15	10
10 kilometres	6	20	2	10	8

(table continues)

(continued)

21. Approximately how far is the psychiatric institution you are currently treated in located from your home?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
100 kilometres	1	3.3	0	0	2
12 kilometres	0	0	1	5	2
15 kilometres	1	3.3	0	0	2
17 kilometres	0	0	1	5	2
2 kilometres	0	0	1	5	2
20 kilometres	2	6.7	0	0	4
30 kilometres	4	13.3	0	0	8
5 kilometres	2	6.7	4	20	12
50-60 kilometres	1	3.3	1	5	4
6 kilometres	0	0	1	5	2
30 min	0	0	1	5	2
In the same city	0	0	1	5	2
Not far	7	23.3	2	10	18

28. Do you have a medical insurance as a part of the mandatory insurance?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Yes	25	100	19	100	100
No	0	0	0	0	0

(table continues)

(continued)

29. Are the expenses for the drugs prescribed for your treatment covered by your insurance?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
Yes	18	72	14	73.7	72.7
No	7	28	5	26.3	27.3

Questions number 21, 28 and 29 were aimed at providing information about accessibility and affordability of services for system users (patients). When it comes to accessibility of services, results show that, with the exception of two respondents, all of them live within the 50 kilometres from the psychiatric institution they are treated in. And when asked about the insurance, all of respondents that answered this question stated that they are medically insured. Six respondents did not answer this question. Also, according to the results majority of respondents answered that costs of their medicaments are covered by their insurance.

3.3.1.2 Results for staff members of public mental health facilities questionnaire

As a part of this master thesis research two groups off staff members employed at public mental health institutions were included in the research. The first groups off staff members were those employed at one of the community mental health centers and second group off staff members where those employed at one of the psychiatric clinics. These two groups of staff members were asked to answer staff member questionnaire.

Table 6. General staff member information

1. Your profession?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Psychiatrist	4	26.7	8	40	34.3
Psychologist	2	13.3	2	10	11.4

(table continues)

(continued)

1. Your profession?					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Medical technician	2	13.3	8	40	28.6
Nurse	4	26.7	1	5	14.3
Social worker	3	20	0	0	8.6
Other	0	0	1	5	2.9

3. Participation in training about community mental health and methods of treating					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Yes	13	86.7	7	35	57.1
No	2	13.3	13	65	42.9

Question number one of the second questionnaire was aimed at providing information about disparity of professions for two groups off respondents. Results show that the majority of respondents in both groups are respondents with higher education mainly psychiatrist, nurses and psychologist.

In the third question of the second questionnaire respondents were asked to answer whether they've ever participated in any specific training regarding the community mental health care and methods of treatment in the CMHC. Results show that high percentage of employees in the community mental health sector did not participate in any specific training regarding the community mental health care and methods of treating a patient in community mental health centers (CMHC). 13.3% of respondents in CMHC and 65% in psychiatric clinics answered the question this way. Also, 86.7% of respondents in CMHC answer that they've participated in a training of this kind. Statistical analysis using Mann-Whitney U test indicates that the difference in responses to question three between system users treated in the CMHC and system users

treated in the psychiatric clinics is statistically significant indicating that statistically significantly higher number of staff members from CMHC have participated in specific training regarding the community mental health care than staff members from psychiatric clinics (U=72.5; Z=-3.013; p=0.009; p<0.05).

Table 7. Questions regarding the community support.

4. Family members of the patients have an objective view about the patient's condition/diagnosis at the discharge from the mental health facility.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Rarely (less than 20%)	0	0	3	15	8.6
Sometimes (up to 40%)	8	53.3	6	30	40
Usually (up to 80%)	7	46.7	10	50	48.6
Always (100%)	0	0	1	5	2.9

5. Patients have an adequate support from their families after discharge from mental health facility.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Sometimes (up to 40%)	9	60	9	45	51.4
Usually (up to 80%)	5	33.3	10	50	42.9
Always (100%)	1	6.7	1	5	5.7

(table continues)

(continued)

6. After discharge from the mental health facility, patients have an adequate support from their community, public health system, municipal services and social welfare centers at the local level.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Rarely (less than 20%)	1	6.7	4	20	14.3
Sometimes (up to 40%)	5	33.3	11	55	45.7
Usually (up to 80%)	9	60	5	25	40

7. After discharge from the mental health facility, patients have an adequate access to care and treatment they need.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of responders	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
Rarely (less than 20%)	0	0	3	15	8.6
Sometimes (up to 40%)	5	33.3	6	30	31.4
Usually (up to 80%)	10	66.7	9	45	54.3
Always (100%)	0	0	2	10	5.7

Questions number four, five, six and seven were aimed at providing information about the objectivity of family members in regards to patient's condition, availability of community support for patients and patient's access to treatment after discharge from a mental institution. Regarding the objectivity of family members about the patient's condition, results show that the majority of the respondents (staff members) answered that family members are sometimes or usually objective, 40% of the respondents answered that family members are sometimes objective and 48.8% answered that family members are usually objective. When we consider the importance of family members in the treatment process, such responses imply the importance of educating family members to be a more active factor in the treatment process and to have a more realistic picture about the condition of the patients. Also, results for the question number 5 show that 51.4% of respondents (staff members) believe that patients sometimes have an adequate support from their families after discharge from mental health facility and 42.9% believe that patients usually have an adequate support from their families after discharge. Statistical analysis using Mann-Whitney U test show that the difference in responses to question five between staff

members in CMHC and staff members in psychiatric clinics is not statistically significant (U=130.0; Z=-0.752; p=0.452; p>0.05).

Results for the question number six show that 45.7% of respondents (staff members) believe that patients have an adequate support from their community, public health system, municipal services and social welfare centers after discharge from mental health facility, while 40% of respondents (staff members) believe that patients usually have an adequate support from their community, public health system, municipal services and social welfare centers after discharge. Statistical analysis using Mann-Whitney U test indicates that the difference in responses to question 6 between system users treated in the CMHC and system users treated in the psychiatric clinics is not statistically significant (U=93.0; Z=-2.075; p=0.059; p>0.05).

Correlation analysis using Spearman coefficient indicates that there are statistically significant and positively moderate correlation between answers for question six (after discharge from the mental health facility, patients have an adequate support from their community, public health system, municipal services and social welfare centers) and answers for question seven (after discharge from the mental health facility, patients have an adequate access to care and treatment they need) indicating that staff members perception about existence of adequate support from patients community, public health system, municipal services and social welfare centers after discharge is moderately associated with their perception abut existence of adequate access to care and treatment for patients after discharge (rho=0.591; p=0.0001).

Table 8. Questions regarding the conditions in the public mental health sector and cooperation with other institutions.

8. The cooperation between public mental health facilities and social services or other municipal services is good.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of responders**	**Share (in%) of all who responded**	
I completely disagree	0	0	2	10	5.7
I somewhat disagree	0	0	6	30	17.1
I neither agree/nor disagree	2	13.3	4	20	17.1
I somewhat agree	13	86.7	6	30	54.3
I completely agree	0	0	2	10	5.7

(table continues)

(continued)

9. The cooperation between public mental health facilities and social services or other municipal services is good.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I completely disagree	0	0	2	10	5.7
I somewhat disagree	0	0	6	30	17.1
I neither agree/nor disagree	2	13.3	4	20	17.1
I somewhat agree	13	86.7	6	30	54.3
I completely agree	0	0	2	10	5.7

10. The cooperation between public mental health facilities and non-governmental organizations in the field of mental health is good.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I completely disagree	0	0	4	20	11.4
I somewhat disagree	0	0	5	25	14.3
I neither agree/nor disagree	6	40	5	25	31.4
I somewhat agree	9	60	6	30	42.9

11. The public mental health system can satisfy the needs of patients for long-term treatment.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I completely disagree	0	0	2	10	5.7
I somewhat disagree	1	6.7	6	30	20
I neither agree/nor disagree	3	20	3	15	17.1
I somewhat agree	11	73.3	8	40	54.3
I completely agree	0	0	1	5	2.9

(table continues)

(continued)

13. Mental health care reform from the traditional to the community based mental health system is completed successfully in B&H.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I completely disagree	0	0	3	15	8.6
I somewhat disagree	1	6.7	9	45	28.6
I neither agree/nor disagree	3	20	2	10	14.3
I somewhat agree	9	60	4	20	37.1
I completely agree	2	13.3	2	10	11.4

12. The community provides an adequate support system that can take care of the patients and provide them with relief after discharge from public mental health institutions.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I completely disagree	0	0	1	5	2.9
I somewhat disagree	0	0	9	45	25.7
I neither agree/nor disagree	8	53.3	4	20	34.3
I somewhat agree	7	46.7	6	30	37.1

16. The legislation that addresses the rights and obligations of persons with mental illness reflect the real needs of this population.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I somewhat disagree	0	0	3	15	8.6
I neither agree/nor disagree	3	20	5	25	22.9
I somewhat agree	6	40	5	25	31.4
I completely agree	6	40	7	35	37.1

(table continues)

(continued)

20. The concept of community based mental health system is superior to the traditional system of providing mental health care based on a large psychiatric hospitals and asylums.					
Answer	**Community mental health center**		**Psychiatric clinic**		**Total %**
	Number of respondents	**Share (in%) of all who responded**	**Number of respondents**	**Share (in%) of all who responded**	
I somewhat disagree	0	0	3	15	8.6
I neither agree/nor disagree	5	33.3	2	10	20
I somewhat agree	8	53.3	6	30	40
I completely agree	2	13.3	9	45	31.4

The selection of questions from the second questionnaire shown in Table eight was aimed at providing information about cooperation of mental health facilities with state and private sector institutions, possibility of public mental health system to provide long-term treatment to patients, community support, legal framework and superiority of this new community support system to traditionally organized psychiatric sector.

Results show that 48.6% of the respondents (staff members) somewhat agree that cooperation between community mental health centers (CMHC) and psychiatric clinics or psychiatric wards at general hospitals is adequate while 25.7% of respondents neither agree/nor disagree with this statement. When it comes to the cooperation between public mental health facilities and social services or other municipal services, results show that 54.3% of the respondents somewhat agree that cooperation between public mental health facilities and social services or other municipal services is good and 17.1% of the respondents neither agree nor disagree with this statement.

Correlation analysis using Spearman coefficient indicates that there is statistically significant and moderately positive correlation between answers to question 9 (the cooperation between public mental health facilities and social services or other municipal services is good) and answers for question 11 (the public mental health system can satisfy the needs of patients for long-term treatment) indicating that good cooperation between public mental health facilities and social services or other municipal services is moderately associated with better ability of the public mental health system to satisfy the needs of patients for long-term treatment (rho=0.484; p=0.003).

Results show that 54.3% of respondents somewhat agree that public mental health system can satisfy the needs of patients for long-term treatment and 20% of respondents somewhat disagree

with this statement. Correlation analysis using Spearman coefficient was conducted between answers for question 11 from the second questionnaire (the public mental health system can satisfy the needs of patients for long-term treatment) and question 10 from the first questionnaire (patients opinion about services and conditions in institution they are treated in). Results show that there is no statistically significant correlation between answers for these two questions (rho=-0.102; p=0.561).

Results show that 70% of respondents in CMHC and 85% of respondents in psychiatric clinics think that conditions in the public psychiatric institution they are treated in are sufficient. These results indicate that professionals treating the patients have more reserved opinion about the ability of the public mental health system to satisfy the needs of patients for long-term treatment while most of the patients have positive opinion about the services and conditions in the public psychiatric institution they are that treated in.

In the question number 13 responders (staff members) were asked to assess the statement that the mental health care reform from the traditional to the community based mental health system is completed successfully in B&H. Results show that only 11.4% of respondents completely agree with this statement, 37.1 % of respondents somewhat agree, and 28.6 % of respondents somewhat disagree with this statement. Correlation analysis was conducted by using Spearman correlation coefficient between answers for question 13 and questions 9, 10, 11, 12 and 20 from the same questionnaire and questions 10 and 12 from the first questionnaire.

There is statistically significant and strong positive correlation between answers for question 13 (opinion about the success of the reform from the traditional to the community based mental health system) and questions 9 (opinion about cooperation between public mental health facilities and social services or other municipal services) indicating better opinion about the success of the reform is strongly associated with the more positive opinion about cooperation between public mental health facilities and social services or other municipal services (rho=0.628; p=0.0001). Correlation between answers for question 13 (opinion about the success of the reform from the traditional to the community based mental health system) and question 20 (Superiority of the community based mental health system to the traditional system of providing mental health care) is not statistically significant indicating that better opinion about the success of the reform is not associated with opinion about the superiority of the community based mental health system to the traditional system of providing mental health care based on a large psychiatric hospitals and asylums (rho=0.063; p=0.718).

There is statistically significant and moderately positive correlation between question 13 (opinion about the success of the reform from the traditional to the community based mental health system) and questions 10 (opinion about cooperation between public mental health facilities and

non-governmental organizations in the field of mental health), 11 (opinion about ability of public mental health system to satisfy the needs of patients for long-term treatment), and 12 (opinion about community's ability to provide an adequate support system that can take care of the patients and provide them with relief after discharge from public mental health institutions) indicating better opinion about the success of the reform is moderately associated with better opinion about cooperation between public mental health facilities and non-governmental organizations (rho=0.539; p=0.001), perception about the ability of public mental health system to satisfy the needs of patients for long-term treatment (rho=0.569; p=0.0001) and perception about the ability of community to provide an adequate support system that can take care of the patients and provide them with relief after discharge from public mental health institutions (rho=0.542; p=0.001).

There is statistically significant but only weakly positive correlation between answers for question 13 (opinion about the success of the reform from the traditional to the community based mental health system) and questions 10 (impact of the services and conditions in the public psychiatric institution patient is are treated in) and 12 (trust in the information patients received about psychiatric condition) from the first questionnaire indicating that better opinion from the professional about the success of the reform is weakly associated with positive assessment of patients on the impact of the services and conditions in the public psychiatric institution they are treated in (rho=0.291; p=0.046) and trust of the patients in the information they received regarding theirs psychiatric condition (rho=0.293; p=0.043).

In the question number 16 from the second questionnaire respondents were asked to give their opinion about legal framework regarding protection off mental health sufferers. Results show that 37.1% of respondents believe that the legislation that addresses rights and obligations of persons with mental illness reflects the real needs of this population, while 31.4% somewhat agrees with this statement. Only 8.6% of respondents somewhat disagree that legislation that addresses the rights and obligations of persons with mental illness reflect the real needs of this population.

In the question number 20 from the second questionnaire respondents were asked to give their opinion whether community based mental health system is superior to the traditional system of providing mental health care based on a large psychiatric hospitals and asylums. Results show that 40% of respondents somewhat agree with the statement that the concept of community based mental health system is superior to the traditional system of providing mental health care based on a large psychiatric hospitals and asylums while 20% of the respondents neither agree/nor disagree with this statement.

3.3.2 Assessment of the mental health system in B&H in view of World Health Organization (WHO) recommendations

In the previous part of this master thesis the first research question of this master's thesis care was addressed, i.e. whether the public mental health system in B&H was successfully implemented on the principles of community-based mental health care. In this part of master thesis second research question is going to be addressed, i.e. whether community mental health system in B&H is in line with WHO recommendations regarding organization of community mental health. WHO made ten recommendations listed previously in Chapter 1, Sub-chapter 3 of this thesis. These recommendations were included in "The world health report of 2001 - Mental Health: New Understanding, New Hope" (World Health Organization, pp. 110-115, 2001) and were presented in the Chapter five of this report. In order to carry out a detailed assessment of the mental health system in B&H in this thesis along with results of own research I have used information and findings from previous research listed in Chapter 3, Sub-chapter 2, together with review of materials that were used as references in introductory chapters.

Provision of treatment in primary care is the first recommendation by WHO and it is a fundamental step in enabling the large number of people to access the basic mental health services. The public health care system in B&H is in line with this recommendation as it is organized in three levels; primary care provided by family doctor on the first level, specialist care provided on the second level in the local hospitals (CMHC) and also specialist care provided on the third level in general hospitals.

The second recommendation by WHO refers to availability of medications prescribed by professionals. Research results show that most respondents answered that costs of their medicaments are covered by mandatory insurance (Chapter 3, Table 5, question 29). In CMHC, 72% of the respondents and almost the same percentage in psychiatric clinics (73.7%) answered this way and only 6 respondents chose not to provide answer to this question. When it comes to the effects of prescribed medicaments, results show that most system users, 48.3% of respondents in CMHC and 45% of respondents in psychiatric clinics, believe that medicaments that were prescribed to them usually have positive effect on their treatment (Chapter 3, Table 3, question 14). Also, 41.3 % of respondents in CMHC and 45% of respondents in psychiatric clinics think that medicaments that were prescribed to them always have a positive effect on their condition.

The third recommendation by WHO deals with the care provision in community. The treatment of patients in community care (CMHC) rather than in mental hospitals is considered to be more effective and less discriminating. Mehić-Basara and others point out (2011) that since 2006, there are thirty nine CMHC in the Federation of B&H, fourteen CMHC in the Serbian Republic Entity and one CMHC in Brčko District providing treatment on the local level. The results of my own research shown that, with the exception of two respondents, all of them live within the 50 kilometres from the psychiatric institution they are treated in (Chapter 3, Table 5, question 21). Also, the results show that 42 % of respondents visit CMHC once a month, 20% of respondents

visit CMHC several times a month, 14% visit psychiatric ward of general hospital once a month and 48% visit psychiatric clinics same number of times. Two respondents visited half-way house, and only one respondent visited special social and medical institution (Appendix 1, Table 5, question 5). These results show that provision of psychiatric care in B&H to a large extent is provided on the local level.

The fourth and fifth recommendation by WHO refer to education of stakeholders and involvement of the community and family in treatment process. Research results show (Chapter 3, Table 6, question 3) that the high percentage of employees, that is 13.3% of respondents in CMHC and 65% of respondents in psychiatric clinics, did not participate in any specific training regarding the community mental health care and methods of treating a patient in community mental health centers (CMHC). In the study done by Health Net International (2002), education of the staff members was one of the most important goals for the future. Educating the staff members was continuously planed in the psychiatric institutions; also specific training was planned for different professionals (social workers, nursing staff, etc.) and for staff in other departments of public health care. The development of the education system remains to be a task for the future. When it comes to involvement of community and family in treatment process, research results show that the opinion of respondents (system users) is in accordance with the WHO's recommendation. A high percentage of respondents believe that all of the social elements have very important influence on their successful treatment. Almost all of the respondents, 89.5% respondents from CMHC and 100% of respondents from psychiatric clinics, believe that their families have a very important impact on their treatment (Chapter 3, Table 4, question 26). These results confirm the attitude that families and consumer/patient organization are very powerful agents of changes in the society, often more influential than professional organizations and also that education of public about mental health process is crucial element of successful community mental health system.

The sixth recommendations of WHO refers to the establishment of national policies, programs and legislation in order to achieve long lasting and stable development. Results of this thesis research show that 60% of respondents from second group (staff members) feel that the public mental health institutions and state authority institutions haven't provided a good system, legislations and procedures in order to protect the community from severe mental health patients (Appendix 2, Table 56, question 22). Local experts believe that treatment and care of persons with mental illness in B&H is well defined by existing laws, but this legislation according to experts has also certain limitations (Čemalović, Begić, Kezunović, & Smitran-Mavlić, 2004). As it was pointed out in previously in this thesis, the biggest problem is in the slow process and bureaucratic obstacles and incoherence of legal procedures. In the previous study done by Helth Net International in 2000, the lack of coherent policy was one of the biggest issues raised and now, 15 years later, this is still a lasting problem.

The seventh and the eighth recommendations of WHO refers to the human resources development, teaching and training of mental health professionals at all levels and linking of mental health with other sectors such as education, labour and social welfare authorities and non-governmental organizations. It was already stated that overall results show that high percentage of employees in the community mental health sector did not participate in any specific training regarding the community mental health care and methods of treating a patient in Community mental health centers (CMHC), 13.3% of respondents in CMHC and 65% in psychiatric clinics answered in this way (Chapter 3, Table 6, question 3). These results show alarming conditions regarding the training staff in methods of community mental health car especially when we consider that this is primary goal stated in the reform statement by local and international experts together with state authority experts. When it comes to linking the mental health with other sectors, staff members where asked this question and results show that 54.3% of respondents somewhat agree that cooperation between public mental health facilities and social services or other municipal services is good and 17.1% of respondents neither agree/nor disagree with this statement. Also, results show that 42.9% of respondents somewhat agree that cooperation between public mental health facilities and non-governmental organizations in the field of mental health is good and 31.4% of respondents neither agree/nor disagree with this statement (Chapter 3, Table 8, questions 8, 9, 10). When system users were asked to answer the question about cooperation with the local community institutions (municipal social welfare centers), out of 50 respondents only 22 respondents provided the answer and 13 of these respondents answered that they do not cooperate with the local community institutions; 5 have described this cooperation as satisfactory; 2 have described this cooperation as good and 2 have just confirmed that they have cooperation with the local community institutions (Chapter 3, Table 4, question 30). The achievement of good cooperation level has been an important point in all reform directives as it is pointed out by Sinanović and others (2003): “In order for any of the above stated goals and intentions to be realized, we are attempting to enable a broad co-operation of mental health services with other sectors, especially social services, educational institutions and other important institutions in the community. Mental health services are going through a very slow but steady process of recovery, on a new basis, supported by the international community”. In the Health Net International study conducted in 2000 the need for cooperation with other institutions is observed in two ways; firstly, as cooperation between CMHC and other health institutions and secondly as cooperation between CMHC and other structures in society, such as social welfare centers, education centers, police stations, NGO`s and other institutions. When it comes to cooperation within the system results of this study indicate that certain progress has been made but that it is also necessary to increase efforts to improve the existing situation.

The ninth and tenth recommendations set by WHO refer to the developing and promoting research of community-based mental health. The mental health system monitoring in B&H is

under jurisdiction of Federal ministry of health and Serbian Republic Entity ministry of health. In the beginning of the reform this role was performed by PIU (Project implementation unit) within the ministries and after monitoring is done regularly by respected ministries in FB&H and RS. When it comes to research in this sector, experts have stated that there is a lack of research tradition in the field of services for mental health in the community not only in B&H but also in the wider region (Kučukalić et al., 2005, pp. 1455-1457). These claims follow the conclusions which experts expressed on the international level, as Accordino, Porter and Morse (2001) point out: "Despite the field's movement toward community mental health services, currently insufficient empirical research exists regarding the effectiveness of community treatment programs, and the evidence that does exist does not generalize to all types of community treatment. In addition to the fact that community mental health's overall success must be further evaluated, in the times when it has proved effective, very little research exists to help in understanding what exact aspects make it effective". For the fully successful reform implementation, it is necessary for state authorities to fund research in this field with special attention on the younger generations of health workers.

There is a realistic demand and necessity for development of community mental health and this demand is driving public mental health system into the future. Also, when it comes to the cost efficiency in the old types of psychiatric clinics and replacing these with community based alternatives, this system provides a hope for the future. But is the current mental health system in B&H in accordance with the community based principals? Results show that 28.6% of staff members that participated in the study assessed community mental health care in B&H as average while 14.3% believe community mental health care system in B&H is good but could be better, especially in the aspect of cooperation between the institutions of the system (Appendix 2, Table 62, question 28). Also 31.4 % of respondents believe that main constraints of the public mental health system in B&H exist due to lack of communication and cooperation between elements of community mental health system, while 25.7 % of the respondents believe the problem lies in poor financial situation and lack of staff in the mental health institutions (Appendix 2, Table 61, question 27). When assessing the accordance of mental health system structure in B&H with the principles of community based mental health system it can be concluded that the structure follows the community based principles. Problem is that some institutional forms that support the community based principles, such as Supported living houses or Group homes, were never implemented. Also, legal protection of persons with mental disorders is relevant primarily for people with mental disabilities who are placed in some public institution because these persons are registered as system users. Commission for the protection of persons with mental disorders controls and regulates treatment of institutionalized mental patients. However, outside of this system there remain a very large number of persons with mental disorders that are situated in a variety of social and medical institutions, families who are never officially registered as persons with mental disorders. There are also many of those who are

in different mentally vulnerable conditions and who are not subjected to an adequate supervision and treatment. It will be crucial endeavour for the future to include all persons suffering from some mental disorder in the system, especially those whose diagnosis is never established officially. Solution to this problem lays in continual application, development and research of community based mental health principals with the involvement of wide spectre of community including experts, state authority at all levels, local community, family members, university milieu, NGO sector and general population.

Based on the research that was conducted and research from similar studies done in this field, it can be stated that public mental health system in B&H is in accordance with WHO recommendations and community based principals, but that improvements should be made in many aspects. In the second questionnaire developed for the purpose of this master's thesis, staff members in community mental health system were asked to assess the affirmative statement about the success of the transition of mental health care from the traditional to the community based mental health system in B&H. Results show that only 11.4% of respondents completely agree with this statement, 37.1 % of respondents somewhat agree, and 28.6 % of respondents somewhat disagree (Chapter 3, Table 8, question 13). These results confirm that the reform of the mental health system has been successful to a large extent, but there is an evident need for additional efforts to achieve the full potential of community mental health care. A special challenge for the future will be attaining financial resources necessary for system development as it is necessary to enable system users with assistance from whole range of institutions with an emphasis on work in the community.

3.4 Proposed improvements of the mental health system in B&H

Future development of the public mental health system community based services is going to be on-going challenge for the B&H community especially when we consider the prevalence of persons with psychiatric conditions relating to post-traumatic stress disorder PTSD in the community. Research conducted in this thesis has scientific importance because the results can be used in further research on improving the mental health services. Also, methodology of this study can be applied to a larger sample of subjects in a similar type of research. In evaluation of research results and secondary data, several weak points of the mental health care system in B&H become apparent. With the intention of providing solutions for these weak points, I suggest four recommendations for improving the mental health care system in B&H.

First weak point as it was pointed out by experts is lack of research in this field (Kučukalić et al., 2005, pp. 1455-1457). Regular organizing of seminars and trainings as well as providing funds for a continuous research in this field is my first recommendation. Importance of research and development in community mental health care is in special focus considering high prevalence of PTSD in B&H. PTSD is a major public health problem and significantly affects the quality of life

for patients, their general function and work and their treatment has large economic costs (Popović, 1999). War trauma is transmitted from one generation to another and it damages the next generation of society in case society fails to adapt and conduct adequate rehabilitation programs (Nutt, Davidson, & Zohar, 2000). Effective and insightful research will be crucial in not only evaluating, but also improving the techniques community mental health utilizes (Accordino, Porter, & Morse, 2001). As this proves to be long lasting issue for B&H society, it is necessary to involve and educate entire population using public campaigns aimed at all spheres of society in order to increase awareness and reduce the stigmatization of people with a diagnosis of PTSD and this can be achieved only with continues education and research.

Lack of the continuous training for the public mental health staff in terms of providing assistance in the community is the second weak point detected in this thesis. Results of my research show that high percentage of employees, precisely 13.3% of respondents in CMHC and 65% of respondents in psychiatric clinics, did not participate in any specific training regarding the community mental health care and methods of treating a patient in CMHC (Chapter 3, Table 6, question 3). Statistical analysis using Mann-Whitney U test indicates that significantly more staff members from CMHC have participated in specific training regarding the community mental health care than staff members from psychiatric clinics. There is a need for further development and improvement of mental health services because of the evident needs of this population for these types of services. Also, an adequate implementation of mental health care is based on full implementation of the principles of evidence-based medicine and clinical experience and training of staff (Herman, 2000). In order to increase continuity of services emphasis should be on the development of community based psychiatric service including organization of continues training for the staff in public mental health institutions on the new methods of treatment. Also, organization of regular work-shops with participants from all three levels of public mental health system is necessary to achieve adequate level of services and better cooperation between different health care providers.

Third weak point of the mental health system is related to discrepancies in the jurisdictional solutions. It would be necessary to modify the legal framework to meet the actual needs of system users and all stakeholders. Results show that 37.1% of respondents believe that the legislation that addresses rights and obligations of persons with mental illness reflects the real needs of this population while 31.4% somewhat agree with this statement (Chapter 3., Table 8., question 16.). Only 8.6% of respondents somewhat disagree that legislation that addresses the rights and obligations of persons with mental illness reflect the real needs of this population (Table 8, question 16.). When it comes to the jurisdictional solutions in this field, necessary laws have been passed but certain limitations are present, especially concerning the limitations of the psychiatrists in treating the patient. It would be necessary to introduce jurisdictional framework which enables bigger discretion to experts/psychiatrists in determining the length and type of

treatment for patients. My recommendations regarding jurisdictional solutions referring to mental health care follow those of experts who analysed the existing legal solutions (Čemalović, Begić, Kezunović, & Smitran-Mavlić, 2004). Experts have pointed out that according to the Article 27 of the Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13) deadline for informing the court about reasons for involuntary hospitalization is 24 hours. In the experts opinion this deadline is to short and it should be prolonged from 24 to 72 hours. In the experts opinion during first 72 hours after admission most patients calmed down and willingly sign "Voluntary consent for treatment form". In this way the whole process of involuntary hospitalization could be avoided. Experts have also pointed out that according to Law on protection of persons with mental illness (Official Gazette of the Federation of Bosnia and Herzegovina, No. 37/01, 40/02, 52/11 and 14/13) deadline for appealing the involuntary hospitalization is not defined and the Court applies 8 day period in their opinion this period should be shorted from current eight to three days. According to Article 34 of the same law psychiatric institution is supposed to inform a local Court about the necessity to extend the involuntary hospitalization 30 days before the end of the involuntary hospitalization. In the experts opinion during this 30 days patient can calm dawn to the extent that there is no need to prolong involuntary hospitalization. It is the experts opinion that this period should be shorten from 30 days to 72 hours. Early release of patients from involuntary hospitalized should be possible if the psychiatrist who is treating this person believes that person should be discharged early. Procedure of informing the Court on initiating the process of involuntary hospitalization should be simplified and uniformed in all legislation. In this thesis I have adopted expert's recommendations regarding their opinion on discrepancies in the jurisdictional shortcomings.

Fourth weak point of the mental health system is reflected in the fact that some organizational solutions characteristic of community based services, primarily supported living houses and half-way houses, were never established in B&H. Results of this thesis (Chapter 3., Table 7., question 5.) show that 51.4% of respondents in the second group (staff members) believe that patients sometimes have an adequate support from their families after discharge from mental health facility and 42.9% believe that patients usually have an adequate support from their families after discharge. These results show that about 10% of patients do not have adequate support from their families, so in this thesis we strongly recommend the establishment of the institutions like supported living houses and half-way houses in order to provide support to this part of our population. These structural solutions support patients who do not have a strong support from their families and communities and they are essential for the functioning of community based services. It should be noted that one half-way house in the area of Sarajevo was operating but it was closed eventually due to lack of funds. The opening of institutions of this type could be possible with high involvement of local community which would provide economical and philological support.

Mental health and social care systems have undergone a rapid change in the last 20 years. These changes offer the opportunities to develop new solutions. However, there are certain risks as it is unknown how changes in the community based system might impact vulnerable groups. In such periods of flux, understanding the real needs of system users and staff members in public health sector is of a great value. It was the motivation of this thesis to offer at least a small step toward the functional and adequate system of mental health care in the community.

CONCLUSION

The primary focus of this thesis was the analysis of mental health system in B&H and the assessment of the degree to which the principles of community-based mental health care have been implemented in B&H together with comparison of this system with WHO recommendations related to the provision of mental health care in the community. The main reason why I chose this topic was to analyse the mental health system in B&H from management prospective and to identify shortcomings in the process of providing assistance to patients and also, based on the results of the research, to suggest proposals for improvement. As it was previously mentioned, experts from the field have pointed out that there is a lack of research tradition in the field of mental health services in the community, not only in B&H but also in a wider region (Kučukalić et al., 2005, pp. 1455-1457). For this reason it is my modest desire for this research to serve as a basic and useful tool for the researchers within this field. It is my hope that researchers can apply methodology of this study to a larger sample of respondents in a similar type of research.

This thesis is composed of three chapters. Each chapter is dealing with different aspects of public mental health system reform from traditionally based services providing treatment in large asylum-type psychiatric hospitals in which patients lived and were treated in most of their lives to public mental health system based on provision of services in the community.

In the first chapter of this thesis I have presented basic concepts related to the different ways of organizing public mental health system including the historical context and examples from selected developed countries. In the first part of this chapter I have described main approaches to the provision of mental health care. In the second part I have provided information about the reform process in the selected developed countries and in the third part I have introduced the role of the WHO in the development of community based mental health services in transition countries including B&H.

In the second chapter I have described organization of public mental health system in B&H. In the first part of this chapter I have described mental health system in B&H prior to the reform and in the second part I have described start of the reform process including principles and the objectives of the reform set by state authorities and experts from the field. In the third part of this

chapter I have presented current organization of community mental health system in B&H including the description of the CMHC network on the secondary level of mental health care system and also I have presented a list of all psychiatric clinics and psychiatric wards at general hospitals on the tertiary level of mental health care. In this chapter I have presented a chart constructed for the purpose of this thesis showing provision of mental health care on three levels by introducing three fictitious users called "XY", "AB" and "BC" conceived on the basis of three types of real-life patients in the mental health system. Also in this chapter I have presented legislative framework in the field of mental health care for both entities in B&H.

In the third and the last chapter of this thesis I have defined two research questions, I have set research methodology and I have presented research results together with recommendation for improving mental health care system. In the first research question I have asked whether the reform of public mental health system with its structure and services in B&H is successfully implemented on principles of community based services. In the second question I have asked to what extent is community mental health system in B&H implemented on WHO recommendations regarding community mental health services. To adequately answer research questions I have conducted analysis of secondary data that included previous research by the experts in this field together with results from my research conducted using two questionnaires created for the purpose of this thesis. The research was carried out on a group of 50 patients and group of 35 staff members. Group of patients provided answers to questionnaire for system users and group of staff members provided answers to the questionnaire for staff members in the form of interview with open questions. Using open questions staff members contributed to the study with their insight in the progress of community mental health care reform in B&H. In the third part of this chapter I have presented research results. Assessment of the patient and staff member views were presented by introducing research results for two questionnaires together with commentary and statistical analysis using Mann-Whitney U test and Spearman correlation coefficient. Also in this chapter I have conducted an assessment of the implemented degree of WHO recommendations regarding community mental health services in B&H mental health sector. In the last part of this chapter I have pointed out critical weak points of public mental health system in B&H and I have also made proposals for improvements. I have constructed these proposals based on the analysis of answers and opinions from both groups of respondents in my research and also by analysing information from the secondary data. It is my hope that proposed improvements of the community mental health sector in B&H presented in this paper will serve as a basis for future exploratory works by students and experts in order to explore all aspects of the improvement possibilities of the community mental health sector.

In my opinion, it is particularly important to emphasize the fact that there is a realistic demand and necessity for development of community mental health and this demand is driving public mental health system in to the future. Also, when it comes to the cost efficiency in the old types

of psychiatric clinics and replacing these with community based alternatives, this system provides hope for the future. But is the current mental health system in B&H in accordance with the community based principals? Results show that 28.6% of staff members that participated in the study and that have provided an answer to this question assessed community mental health care in B&H as average while 14.3% believe community mental health care system in B&H is good but could be better, especially in the aspect of cooperation between the institutions of the system (Appendix 2, Table 62, question 28). Also, 31.4 % of respondents believe that main constraints of the public mental health system in B&H exist due to lack of communication and cooperation between elements of community mental health system, while 25.7 % of the respondents believe the problem lies in poor financial situation and lack of staff in the mental health institutions (Appendix 2, Table 61, question 27). When assessing the accordance of mental health system structure in B&H with the principles of community based mental health system it can be noted that the structure follows the community based principles. Problem is that some institutional forms of community based principals, such as supported living houses or group homes, were never implemented. Also, legal protection of persons with mental disorders is primarily relevant for people with mental disabilities who are placed in some public institution. Commission for the Protection of persons with mental disorders controls and regulates treatment of institutionalized mental patients. However, outside of this system remains a very large number of persons with mental disorders that are situated in a variety of social and medical institutions. There are also many of those who are in different mentally vulnerable conditions and who are not subjected to an adequate supervision and treatment. In my opinion it will be crucial endeavour for the future to include all persons suffering from some mental disorder in the system, especially those whose diagnosis is never established officially. Solution to this problem lays in continual application, development and research of community based mental health principals with the involvement of wide spectre of community including experts, state authority at all levels, local community, family members, university milieu, NGO sector and general population.

Based on the research conducted and research from similar studies done in this field, it can be concluded that public mental health system in B&H is in accordance with WHO recommendations and community based principals but in many aspects improvements should be made. In the second questionnaire staff members in community mental health system were asked to assess the affirmative statement about the success of the transition from the traditional mental health care to the community based mental health system in B&H (Chapter 3, Table 8, question 13). Results show that only 11.4% of respondents completely agree with this statement, 37.1 % of respondents somewhat agree, and 28.6 % of respondents somewhat disagree. These results confirm that the reform of the mental health system can be considered as successful but there is an evident need for additional efforts to achieve the full potential of the new system of providing mental health care. A special challenge for the future will be attaining financial resources

necessary for system development as it is necessary to enable system users with assistance from whole range of institutions with an emphasis on work in the community.

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APPENDIXES

TABLE OF APPENDICES

Appendix A: Master thesis summery n the Slovenian language

Temeljno vprašanje v fokusu tega magistrskega dela je ocena reforme javnega sistema mentalnega zdravja v BiH, od tradicionalno organizirane storitve ka storitvi ki temelji na skupnosti. Sistem metalnega zdravja utemeljen na skupnosti je specifičen sistem zagotavljanja psihiatrične zdravstvene storitve, ki je označen z deinstitucionalizacijo velikih psihiatričnih klinik, tipa azila in obračanje k skupnosti kot glavnem faktorju v širjenju storitve za uporabnike javnega sistema mentalnega zdravja.

Reforma sistema mentalnega zdravja v BiH je sledila specifični dinamiki in je analiza tega procesa osnovna problematika tega magistrskega dela. Na začetku procesa reforme so lokalni in mednarodni eksperti, skupaj s predstavniki državnih inštitucij, postavili jasne cilje in časovne okvirje reforme. Cilj tega magistrskega dela je, da se analizira stopnja in kvaliteta implementacije sistema mentalnega zdravja, ki temelji na skupnosti, v BiH.

Magistrsko delo sestavljajo tri poglavja. Vsako poglavje obravnava poseben aspekt reforme javnega sistema mentalnega zdravja. V prvem poglavju sem predstavil osnovne koncepte različnih sistemov organizacije javnega sistema mentalnega zdravja, skupaj z zgodovinskim kontekstom in primeri iz izbranih držav v razvoju. V drugem poglavju sem opisal javni sistem mentalnega zdravja v BiH. V tretjem poglavju sem definiral dva raziskovalna vprašanja, predstavil sem metodologijo raziskave in podal rezultate raziskave skupaj s priporočili za izboljšanje javnega sistema mentalnega zdravja v BiH.

S prvim raziskovalnim vprašanjem sem postavil vprašanje, ali je reforma javnega sistema mentalnega zdravja v BiH uspešno vzpostavljena po principih opravljanja storitve ki temelji na skupnosti. Z drugim raziskovalnim vprašanjem sem postavil vprašanje do katere stopnje je vzpostavljen javni sistem mentalnega zdravja v BiH, glede na priporočila Svetovne zdravstvene organizacije (v nadaljevanju: SZO).

Da bi zagotovil ustrezne odgovore na postavljena raziskovalna vprašanja, analiziral sem sekundarne podatke, ki obsegajo relevantne raziskave ekspertov na tem področju, dodatno pa sem opravil raziskavo na podlagi dveh vprašanj, ki sem ju ustvaril izključno v ta namen. Raziskava je opravljena na vzorcu 50 uporabnikov storitev in 35 članov osebja v inštitucijah javnega sistema mentalnega zdravja v BiH. Uporabniki sistema so odgovarjali na vprašanja iz vprašalnika za uporabnike sistema, medtem pa so člani osebja odgovarjali na vprašanja iz vprašalnika za člane osebja, ki je, poleg vprašanj z več ponujenimi odgovori, vseboval tudi odprta vprašanja. Raziskava je bila komparativna, analitična in deskriptivna ter je objavljena v Kliničnem centru Univerze v Sarajevu, v Kliničnem centru Univerze v Banja Luki in v treh centrih za mentalno zdravje (v nadaljevanju: CMZ), ki so locirani na področju Sarajeva, Banja Luke in Distrikta

Brčko. Da bi slika sistema izvajanja storitve mentalnega v treh stopnjah bila jasna, v drugem poglavju tega dela, sem pripravil grafikon, ki prikazuje sistem izvajanja storitev mentalnega zdravja za tri skupine uporabnikov poimenovanih »AB« , »BC« in »XY«. Opisujoč sistem izvajanja storitve mentalnega zdravja za te tri skupine uporabnikov na deskriptiven in ilustrativen način, se prikaže jasna slika sistema v treh stopnjah (v primarni, sekundarni in terciarni). Rezultati raziskav sugerirajo, da je reforma javnega sistema mentalnega zdravja v BiH v veliki meri opravljena uspešno, vendar je tudi evidentno, da je potrebno precejšnje prizadevanje, da bi se dosegel popolni potencial in pozitivni aspekti sistema organizacije mentalnega zdravja v skupnosti. Rezultati kažejo, da 28,6% članov osebja, ki je sodelovalo v raziskavi, ocenjujejo sistem mentalnega zdravja v BiH kot povprečen, medtem ko 14,3 % meni, da je isti dobro organiziran oz. bi lahko bil še bolj organiziran, posebno v aspektu sodelovanja različnih inštitucijah v sistemu (Dodatek 2, Tabela 61, vprašanje 28). Dodatno, 31,4 % vprašanih iz skupine članov osebja meni, da se osnovne pomanjkljivosti sistema odražajo prav v slabi povezanosti med različnimi elementi sistema mentalnega zdravja, medtem ko 25,7% vprašanih iz iste skupine meni, da se osnovne pomanjkljivosti sistema kažejo v slabi finančni situaciji in pomanjkanju osebja v psihiatričnih inštitucijah.

Važna točka tega magistrskega dela je bila tudi to, da se izmerijo stopnja in dejavniki diskriminacije uporabnikov storitev javnega sistema mentalnega zdravja v BiH. Vprašanja 23. in 24. v anketi za merjenje zadovoljstva uporabnikov storitev javnega sistema mentalnega zdravja sta postavljena, da bi dala takšno informacijo. Rezultati kažejo, da od 28 vprašanih uporabnikov storitev CMZ in od 17 vprašanih uporabnikov storitev psihiatričnih klinik, ki so odgovorili na 23. vprašanje – 78 % v CMZ in 82,4 % v psihiatričnih klinikah menijo, da nikoli niso bili diskriminirani od članov njihove skupnosti zaradi dejstva, da so zdravljeni v neki od psihiatričnih inštitucij. Od vprašanih oseb, ki so odgovorile, da so jih diskriminirale njihove skupnosti, 55,6 % vprašanih iz obe skupine so na 24. vprašanje odgovorili, da so jih diskriminirali člani njihove družine. Upoštevajoč takšne rezultate raziskave, eden od bistvenih ciljev celotne družbe, posebno pa inštitucij znotraj javnega sistema mentalnega zdravja, bi bil večje sodelovanje na zmanjšanju stopnje diskriminacije uporabnikov storitev javnega sistema mentalnega zdravja.

Na koncu bi, na podlagi rezultatov razskave, zaključil, da je javni sistem mentalnega zdravja v BiH v skladu s priporočili SZO za to področje ter v skladu s principi pomoči ki temelji na skupnosti, vendar je v mnogih aspektih veliko prostora za izboljšanje. Osnovni problem je, da nekatere od organizacijskih oblik sistema, ki nudijo psihiatrično pomoč na temelju skupnosti kot Hiša za dnevno bivanje in Hiša za skupno življenje, nikoli niso implementirane v BiH. Ravno tako zakonodajni okvir, ki definira pravice oseb z mentalnimi motnjami, obravnava samo registrirane uporabnike storitev javnega sistema mentalnega zdravja, medtem ko dejansko obstaja veliko število neregistriranih oseb in oseb brez postavljene diagnoze s psihičnimi boleznimi.

V prihodnosti, poseben izziv bo zagotovitev finančnih sredstev ob pomoči inštitucij iz tega sektorja, s poudarkom na zagotavljanje psihijatrijske pomoči utemeljene na skupnosti.

Appendix B: Results or patient satisfaction questionnaire on customer service of public mental health system

The research results are presented in tables below for two groups of mental health system users. The first group consists of system users treated at the second level of the public mental health system during the research (CMHC) and the second group consists of system users treated at the third level of the public mental health system during the research (Psychiatric Clinics).

1. Your age?

Results show the disparity of respondents (system users) for CMHC and the Psychiatric Clinics. The most prevalent group in both cases are people between 45-64 years of age.

Table1. The age of the respondents

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Between 16 and 24	Number of responders	2	0	2
	Share (in%) of all who responded	6.7	0	4
Between 25 and 44	Number of responders	4	5	9
	Share (in%) of all who responded	13.3	25	18
Between 45 and 64	Number of responders	22	14	36
	Share (in%) of all who responded	73.3	70	72
65 or more	Number of responders	2	1	3
	Share (in%) of all who responded	6.7	5	6
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

2. Your gender?

Results show gender of the service users. We can conclude that the sexes are equally represented in CMHC and Psychiatric clinics. In the CMHC 10 men and 20 women were tested, and in Psychiatric clinics 11 men and 9 women were tested.

Table 2. The gender of the respondents

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Male	Number of responders	10	11	21
	Share (in%) of all who responded	33.3	55	42
Female	Number of responders	20	9	29
	Share (in%) of all who responded	66.7	45	58
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

3. How long have you been visiting public psychiatric institutions?

The aim of this question was to show the extent to which service users are continuous in using the mental health system services. Results show that most responders have been visiting mental health institutions for more than one year, 53.3 % of system users answered this way in Community mental health centers and 80 % answered this way in Psychiatric clinics.

Table 3.The length of the treatment period

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
This is my first visit to psychiatric institution.	Number of responders	8	1	9
	Share (in%) of all who responded	26.7	5	18
1-3 months	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	4
3-6 months	Number of responders	2	0	2
	Share (in%) of all who responded	6.7	0	4

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
6-12 months	Number of responders	4	1	5
	Share (in%) of all who responded	13.3	5	10
for more than one year Total	Number of responders	16	16	32
	Share (in%) of all who responded	53.3	80	64
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

4. How frequent are your visits to the psychiatric institutions?

Table 4.The frequency of visits to the psychiatric institutions

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
No answer	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
Once a month	Number of responders	7	11	18
	Share (in%) of all who responded	23.3	55	36
Twice a month	Number of responders	4	1	5
	Share (in%) of all who responded	13.3	5	10
Once a year	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
Twice a year	Number of responders	3	1	4
	Share (in%) of all who responded	10	5	8
Several times a month	Number of responders	11	2	13
	Share (in%) of all who responded	36.7	10	26
Several times a year	Number of responders	5	3	8
	Share (in%) of all who responded	16.7	15	16
Total	Share (in%) of all who responded	30	20	50
	Number of responders	100	100	100

6. Which of the following mental health institutions have you been treated in and how many times?

Table 5.The frequency of visits to specific mental health institutions

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Community mental health center	No answer	Number of responders	4	15	19
		Share (in%) of all who responded	13.3	75	38
	Once a month	Number of responders	18	3	21
		Share (in%) of all who responded	60	15	42
	Several times	Number of responders	8	2	10
		Share (in%) of all who responded	26.7	10	20
Total		Number of responders	30	20	50
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Psychiatric ward of general hospital	No answer	Number of responders	23	14	37
		Share (in%) of all who responded	76.7	70	74
	Once a month	Number of responders	3	4	7
		Share (in%) of all who responded	10	20	14
	Several times	Number of responders	4	2	6
		Share (in%) of all who responded	13.3	10	12
Total		Number of responders	30	20	50
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Psychiatric clinics	No answer	Number of responders	10	4	14
		Share (in%) of all who responded	33.3	20	28
	Once a month	Number of responders	11	13	24
		Share (in%) of all who responded	36.7	65	48
	Twice a month	Number of responders	4	1	5
		Share (in%) of all who responded	13.3	5	10
	Once a year	Number of responders	1	0	1
		Share (in%) of all who responded	3.3	0	2
	Several times	Number of responders	4	2	6
		Share (in%) of all who responded	13.3	10	12
Total		Number of responders	30	20	50
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution	Total
			Community mental health center	
Half-way house	Once a month	Number of responders	1	1
		Share (in%) of all who responded	50	50
	Twice a month	Number of responders	1	1
		Share (in%) of all who responded	50	50
Total		Number of responders	2	2
		Share (in%) of all who responded	100	100

Visited institution	Answer		Institution	Total
			Psychiatric clinic	
Special social and medical institution	Once a month	Number of responders	1	1
		Share (in%) of all who responded	100	100
Total		Number of responders	1	1
		Share (in%) of all who responded	100	100

6. From one to five (1=poor, 2=fair, 3=average, 4=good, 5=very good), how do you rate help that you've received at the psychiatric institutions?

Table 6.The valorization of assistance at the psychiatric institutions

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Community mental health center	Fair	Number of responders	0	1	1
		Share (in%) of all who responded	0	12.5	4.5
	Average	Number of responders	2	3	5
		Share (in%) of all who responded	14.3	37.5	22.7
	Good	Number of responders	5	2	7
		Share (in%) of all who responded	35.7	25	31.8
	Very good	Number of responders	7	2	9
		Share (in%) of all who responded	50	25	40.9
Total		Number of responders	14	8	22
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Psychiatric ward of general hospital	Poor	Number of responders	0	1	1
		Share (in%) of all who responded	0	14.3	7.7
	Average	Number of responders	0	1	1
		Share (in%) of all who responded	0	14.3	7.7
	Good	Number of responders	3	3	6
		Share (in%) of all who responded	50	42.9	46.2
	Very good	Number of responders	3	2	5
		Share (in%) of all who responded	50	28.6	38.5
Total		Number of responders	6	7	13
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Psychiatric clinics	Poor	Number of responders	1	0	1
		Share (in%) of all who responded	0.55	0	0.29
	Fair	Number of responders	0	1	1
		Share (in%) of all who responded	0	0.66	0.29
	Average	Number of responders	1	1	2
		Share (in%) of all who responded	0.55	0.66	0.58

(table continues)

(continued)

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Psychiatric clinics	Good	Number of responders	4	5	9
		Share (in%) of all who responded	22.2	33.3	26.4
	Very good	Number of responders	12	8	20
		Share (in%) of all who responded	66.6	53.3	58.8
Total		Number of responders	18	15	34
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Half-way house	Average	Number of responders	1	0	1
		Share (in%) of all who responded	25	0	20
	Good	Number of responders	1	1	2
		Share (in%) of all who responded	25	100	40
	Very good	Number of responders	2	0	2
		Share (in%) of all who responded	50	0	40
Total		Number of responders	4	1	5
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Special social and medical institutions	Good	Number of responders	1	1	2
		Share (in%) of all who responded	100	100	100
Total		Number of responders	1	1	2
		Share (in%) of all who responded	100	100	100

7. Which psychiatric institutions are you currently treated in?

This question was asked to test whether responders understand where they are treated. The results show that 20 system users in psychiatric clinics and 30 system users in the CMHC where tested and all understand where they are treated.

Table 7.The institutions where subjects are treated during the study

Answer	Institution		Total
	Community mental health center	Psychiatric clinic	
Number of responders	30	0	30
Share (in%) of all who responded	100	0	100
Number of responders	0	20	20
Share (in%) of all who responded	0	100	100
Number of responders	30	20	50
Share (in%) of all who responded	60	40	100

8. The staff of the public mental health institution I am currently treated in shows concern and understanding for my situation.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always. Most system users responded that staff members always show concern and understanding for their situation. The results show that 76.7% of respondents in CMHC chose this option as their answer, and 80% of respondents in Clinics offered the same answer as well.

Table 8.Scale of satisfaction with treatment by staff

Answer			Never	Usually (up to 80%)	Always (100%)	Total
Institution	**CMHC**	Number of responders	1	6	23	30
		Share (in%) of all who responded	3.3	20	76.7	100
	Psychiatric clinic	Number of responders	0	4	16	20
		Share (in%) of all who responded	0	20	80	100
Total		Number of responders	1	10	39	50
		Share (in%) of all who responded	2	20	78	100

9. Professionals who are treating me spend enough time talking to me.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes D. Usually; E. Always. Most system users responded that staff members always spend enough time talking to them; 73.3% of respondents in CMHC chose this answer, and 60% of in Clinics chose this answer as well.

Table 9.Scale of satisfaction with the communication with professionals

Answer			Never	Sometimes (up to 40%)	Usually (up to 80%)	Always (100%)	Total
Institution	**Community mental health center**	N	1	0	7	22	30
		%	3.3	0	23.3	73.3	100
	Psychiatric clinic	N	0	1	7	12	20
		%	0	5	35	60	100
Total		N	1	1	14	34	50
		%	2	2	28	68	100

10. The services and conditions in the public psychiatric institution that I am currently treated in are sufficient considering my condition.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree. Results show that 70% of respondents in CMHC and 85% of respondents in Clinics think that conditions in the public psychiatric institution they are treated in are sufficient.

Table 10. Scale of satisfaction with the conditions and service in the public psychiatric institution

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
I completely disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I somewhat disagree	Number of responders	1	1	2
	Share (in%) of all who responded	3.3	5	4
I neither agree/nor disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I somewhat agree	Number of responders	6	2	8
	Share (in%) of all who responded	20	10	16
I completely agree	Number of responders	21	17	38
	Share (in%) of all who responded	70	85	76
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

11. Considering my problem, I feel much better now compared to my condition during the first visit to this psychiatric institution.

Respondents could choose between 6 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree, I completely agree and this is my first visit to this psychiatric institution.

Table 11.Satisfaction with the treatment results

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I somewhat disagree	Number of responders	3	1	4
	Share (in%) of all who responded	10	5	8
I neither agree/nor disagree	Number of responders	1	2	3
	Share (in%) of all who responded	3.3	10	6
I somewhat agree	Number of responders	6	4	10
	Share (in%) of all who responded	20	20	20
I completely agree	Number of responders	14	13	27
	Share (in%) of all who responded	46.7	65	54
This is my first visit	Number of responders	4	0	4
	Share (in%) of all who responded	13.3	0	8
No answer	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

12. I trust the information I have received about my psychiatric condition in the institution I am currently treated in.

Respondents could choose between 6 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree, I completely agree and I have not received any information about the various treatment options.

Table 12.The level of trust in the diagnosis

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.4	0	2
I somewhat disagree	Number of responders	1	1	2
	Share (in%) of all who responded	3.4	5	4.1
I neither agree/nor disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.4	0	2
I somewhat agree	Number of responders	3	2	5
	Share (in%) of all who responded	10.3	10	10.2
I completely agree	Number of responders	23	17	40
	Share (in%) of all who responded	79.3	85	81.6
Total	Number of responders	29	20	49
	Share (in%) of all who responded	100	100	100

13. I trust the information I have received about the various treatment options that can be implemented in my case.

Respondents could choose between 6 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree, I completely agree and I have not received any information about the various treatment options. Results show that only 2 % of respondents in both groups responded that they have not received any information about the various treatment options.

Table 13.The level of trust in information about treatment options

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I somewhat disagree	Number of responders	2	1	3
	Share (in%) of all who responded	6.7	5	6
I somewhat agree	Number of responders	6	4	10
	Share (in%) of all who responded	20	20	20
I completely agree	Number of responders	20	15	35
	Share (in%) of all who responded	66.7	75	70
I have not received any information about the various treatment options	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

14. The medicaments that were prescribed to me have positive effect on my treatment.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 14.Valorization of the therapy

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Never	Number of responders	1	0	1
	Share (in%) of all who responded	3.4	0	2
Rarely (less than 20%)	Number of responders	1	0	1
	Share (in%) of all who responded	3.4	0	2
Sometimes (up to 40%)	Number of responders	1	2	3
	Share (in%) of all who responded	3.4	10	6.1

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Usually (up to 80%)	Number of responders	14	9	23
	Share (in%) of all who responded	48.3	45	46.9
Always (100%)	Number of responders	12	9	21
	Share (in%) of all who responded	41.4	45	42.9
Total	Number of responders	29	20	49
	Share (in%) of all who responded	100	100	100

15. Considering the medications that were prescribed to me and the therapeutic effects of these drugs, I trust (have confidence in) the staff of public mental health institutions I am currently treated in?

Table 15.The level of trust in the therapeutic effects of medicaments prescribed

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I somewhat disagree	Number of responders	3	0	3
	Share (in%) of all who responded	10	0	6.1
I neither agree/nor disagree	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	20
I somewhat agree	Number of responders	4	3	7
	Share (in%) of all who responded	13.3	15.8	14.3
I completely agree	Number of responders	21	16	37
	Share (in%) of all who responded	70	84.2	75.5
Total	Number of responders	30	19	49
	Share (in%) of all who responded	100	100	100

16. If you are supposed to stay in the public psychiatric institution you are currently treated in for a longer period, are there possibilities for you to entertain yourself during your stay?

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 16.The level satisfaction with entertainment possibilities during the treatment

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Never	Number of responders	1	1	2
	Share (in%) of all who responded	4.3	7.1	5.4
Sometimes (up to 40%)	Number of responders	2	0	2
	Share (in%) of all who responded	8.7	0	5.4
Usually (up to 80%)	Number of responders	9	5	14
	Share (in%) of all who responded	39.1	35.7	37.8
Always (100%)	Number of responders	11	8	19
	Share (in%) of all who responded	47.8	57.1	51.4
Total	Number of responders	23	14	37
	Share (in%) of all who responded	100	100	100

17. If you are supposed to stay in the public psychiatric institution you are currently treated in for a longer period, is it possible for your family and friends to visit you regularly?

Table 17.Satisfaction with the visitation possibilities during the treatment

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Yes	Number of responders	16	13	29
	Share (in%) of all who responded	94.1	100	96.7
No	Number of responders	1	0	1
	Share (in%) of all who responded	5.9	0	3.3
Total	Number of responders	17	13	30
	Share (in%) of all who responded	100	100	100

18. Did you ever feel discriminated by the center staff on any religious, ethnic or health grounds during the treatment?

Results show that all of the respondents (100%) never felt discriminated by the center staff on any religious, ethnic or health grounds during their treatment.

Table 18.The level of discrimination by the staff

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Yes	Number of responders	0	0	0
	Share (in%) of all who responded	0	0	0
No	Number of responders	28	17	45
	Share (in%) of all who responded	100	100	100
Total	Number of responders	28	17	45
	Share (in%) of all who responded	100	100	100

19. Did you ever feel discriminated by other patients on any religious, ethnic or health grounds during the treatment?

Results show that 92. 9 % of respondents in CMHC and 100% of respondents in Clinics never felt discriminated by other patients on any religious, ethnic or health grounds during their treatment. Four respondents did not answer this question.

Table 19.The level of discrimination by other patients

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Yes	Number of responders	2	0	2
	Share (in%) of all who responded	7.1	0	4.3
No	Number of responders	26	18	44
	Share (in%) of all who responded	92.9	100	95.7
Total	Number of responders	28	18	46
	Share (in%) of all who responded	100	100	100

20. Did you encounter any problems in the process of receiving help in the public mental institution? If you did, what were these problems?

Table 20. Problems in the process of receiving help in the public mental institution

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
No answer	Number of responders	11	5	16
	Share (in%) of all who responded	36.7	25	32
Cannot find a doctor in office	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
No problems	Number of responders	16	15	31
	Share (in%) of all who responded	53.3	75	62
Nobody spoke to me	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
Waiting time is to long	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

21. Approximately how far is the psychiatric institution you are currently treated in located from your home?

Results show that, with the exception of two respondents, all of them live within the 50 kilometers from the psychiatric institution they are treated in.

Table 21.Distance from the public mental health institution

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
No answer	Number of responders	4	2	6
	Share (in%) of all who responded	13.3	10	12
1 kilometer	Number of responders	2	3	5
	Share (in%) of all who responded	6.7	15	10
10 kilometer	Number of responders	6	2	8
	Share (in%) of all who responded	20	10	16
100 kilometer	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
12 kilometer	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
15 kilometer	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
17 kilometer	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
2 kilometer	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
20 kilometer	Number of responders	2	0	2
	Share (in%) of all who responded	6.7	0	4
30 kilometer	Number of responders	4	0	4
	Share (in%) of all who responded	13.3	0	8
5 kilometer	Number of responders	2	4	6
	Share (in%) of all who responded	6.7	20	12
50-60 kilometer	Number of responders	1	1	2
	Share (in%) of all who responded	3.3	5	4
6 kilometer	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
Half hour drive	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
In the same city	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Not far	Number of responders	7	2	9
	Share (in%) of all who responded	23.3	10	18
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

22. When it comes to your mental health, how do you rate the support you received, beside the formal public mental care system, by social structures listed in the table below? From 1 to 5, how do you assess this support?

Based on the answer respondents were presented with they were supposed to mark the relevant column in the table with an "X" for each institution.

Table 22. Valorization of assistance from institutions that are not part of public mental care system

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Local community-municipal social welfare center	Poor	Number of responders	2	1	3
		Share (in%) of all who responded	9.1	6.3	7.9
	Fair	Number of responders	1	1	2
		Share (in%) of all who responded	4.5	6.3	5.3
	Average	Number of responders	0	4	4
		Share (in%) of all who responded	0	25	10.5
	Good	Number of responders	5	1	6
		Share (in%) of all who responded	22.7	6.3	15.8
	Very good	Number of responders	14	9	23
		Share (in%) of all who responded	63.6	56.3	60.5
Total		Number of responders	22	16	38
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Community-informal groups (friends, neighbors)	Poor	Number of responders	4	2	6
		Share (in%) of all who responded	33.3	28.6	31.6
	Fair	Number of responders	0	2	2
		Share (in%) of all who responded	0	28.6	10.5
	Average	Number of responders	0	1	1
		Share (in%) of all who responded	0	14.3	5.3
	Good	Number of responders	3	1	4
		Share (in%) of all who responded	25	14.3	21.1
	Very good	Number of responders	5	1	6
		Share (in%) of all who responded	41.7	14.3	31.6
Total		Number of responders	12	7	19
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Non-governmental organizations	Poor	Number of responders	4	2	6
		Share (in%) of all who responded	23.5	22.2	23.1
	Fair	Number of responders	0	3	3
		Share (in%) of all who responded	0	33.3	11.5
	Average	Number of responders	1	1	2
		Share (in%) of all who responded	5.9	11.1	7.7
	Good	Number of responders	5	1	6
		Share (in%) of all who responded	29.4	11.1	23.1
	Very good	Number of responders	7	2	9
		Share (in%) of all who responded	41.2	22.2	34.6
Total		Number of responders	17	9	26
		Share (in%) of all who responded	100	100	100

23. Did you ever feel discriminated by your community members because of your health problems and because you are being treated in the psychiatric institutions?

Table 23.The level of discrimination by the community members

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes	Number of responders	6	3	9
	Share (in%) of all who responded	21.4	17.6	20
No	Number of responders	22	14	36
	Share (in%) of all who responded	78.6	82.4	80
Total	Number of responders	28	17	45
	Share (in%) of all who responded	100	100	100

24. If yes, who made you feel discriminated most often?

Table 24.The discriminatory factors in the community

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Your family	Number of responders	3	2	5
	Share (in%) of all who responded	42.8	100	55.6
Local community officials	Number of responders	1	0	1
	Share (in%) of all who responded	14.3	0	11.1
Neighbors	Number of responders	1	0	1
	Share (in%) of all who responded	14.3	0	11.1
Your employer	Number of responders	2	0	2
	Share (in%) of all who responded	28.6	0	22.2
Total	Number of responders	7	2	9
	Share (in%) of all who responded	100	100	100

25. What kind of problems have you experienced in your community due to your condition and the fact that you were treated in the psychiatric institution?

Only 6 respondents in CMHC chose to provide an answer to this question and one respondent in Clinics answered this question. These answers are presented in the table below.

Table 25.Problems that patients face in the community

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
No answer	Number of responders	24	19	43
	Share (in%) of all who responded	80	95	86
They do not trust me and they are afraid.	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I have problems because of my bad state currently.	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
No problems	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
They do not believe that I have condition.	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I am not able to regulate my housing situation because of my condition.	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I have a cancer.	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
I have some problems in my work place because of my condition.	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

26. From one to five, how do you rate the importance of following elements in your treatment process?

In this question respondents were supposed to rate the importance of social elements in their treatment. These elements were: mental health institution and staff, their family, the community that they live in, local community institutions and other informal groups (friends, neighbors, etc.). Results show that respondents in high percentage believe that all of these social elements have very important influence to their successful treatment. The respondents in the highest percentage, 89.5% of them from CMHC and 100% of them in Clinics, believe that their families have a very important impact to their treatment.

Table 26. Valorisation of different elements in treatment process

Visited institution	**Answer**		**Institution**		**Total**
			Community mental health center	**Psychiatric clinic**	
Mental health institution and staff	Of little importance	Number of responders	2	0	2
		Share (in%) of all who responded	10	0	5.7
	Moderately important	Number of responders	1	0	1
		Share (in%) of all who responded	5	0	2.9
	Important	Number of responders	2	2	4
		Share (in%) of all who responded	10	13.3	11.4
	Very important	Number of responders	15	13	28
		Share (in%) of all who responded	75	86.7	80
Total		Number of responders	20	15	35
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Your family	Important	Number of responders	2	0	2
		Share (in%) of all who responded	10.5	0	6.3
	Very important	Number of responders	17	13	30
		Share (in%) of all who responded	89.5	100	93.8
Total		Number of responders	19	13	32
		Share (in%) of all who responded	100	10	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
The community that patient lives in	Not important	Number of responders	2	2	4
		Share (in%) of all who responded	12.5	18.2	14.8
	Of little importance	Number of responders	2	1	3
		Share (in%) of all who responded	12.5	9.1	11.1
	Moderately important	Number of responders	1	1	2
		Share (in%) of all who responded	6.3	9.1	7.4
	Important	Number of responders	2	2	4
		Share (in%) of all who responded	12.5	18.2	14.8
	Very important	Number of responders	9	5	14
		Share (in%) of all who responded	56.3	45.5	51.9
Total		Number of responders	16	11	27
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Local community institutions	Not important	Number of responders	2	3	5
		Share (in%) of all who responded	14.3	33.3	21.7
	Of little importance	Number of responders	1	0	1
		Share (in%) of all who responded	7.1	0	4.3
	Moderately important	Number of responders	2	0	2
		Share (in%) of all who responded	14.3	0	8.7
	Important	Number of responders	2	1	3
		Share (in%) of all who responded	14.3	11.1	13
	Very important	Number of responders	7	5	12
		Share (in%) of all who responded	50	55.6	52.2
Total		Number of responders	14	9	23
		Share (in%) of all who responded	100	100	100

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Other informal groups (friends, neighbors...)	Not important	Number of responders	1	2	3
		Share (in%) of all who responded	5.6	22.2	11.1
	Of little importance	Number of responders	2	0	2
		Share (in%) of all who responded	11.1	0	7.4
	Moderately important	Number of responders	1	1	2
		Share (in%) of all who responded	5.6	11.1	7.4

(table continues)

(continued)

Visited institution	Answer		Institution		Total
			Community mental health center	Psychiatric clinic	
Other informal groups (friends, neighbors...)	Important	Number of responders	7	1	8
		Share (in%) of all who responded	38.9	11.1	29.6
	Very important	Number of responders	7	5	12
		Share (in%) of all who responded	38.9	55.6	44.4
Total		Number of responders	18	9	27
		Share (in%) of all who responded	100	100	100

27. Based on your psychiatric condition or previous treatment related to war trauma, did you receive any help from the non-government organizations?

Table 27. Previous treatment in non-government organizations

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes	Number of responders	2	3	5
	Share (in%) of all who responded	7.7	17.6	11.6
No	Number of responders	24	14	38
	Share (in%) of all who responded	92.3	82.4	88.4
Total	Number of responders	26	17	43
	Share (in%) of all who responded	100	100	100

28. Do you have a medical insurance as a part of the mandatory insurance?

All of respondents that answered this question stating that they have mandatory medical insurance. Six respondents did not answer this question.

Table 28. Medical insurance for treatment

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes	Number of responders	25	19	44
	Share (in%) of all who responded	100	100	100
No	Number of responders	0	0	0
	Share (in%) of all who responded	0	0	0
Total	Number of responders	25	19	44
	Share (in%) of all who responded	100	100	100

29. Are the expenses for the drugs prescribed for your treatment covered by your insurance?

Results show that the majority of respondents answered that their medicaments are covered by their insurance. Six respondents chose not to provide answer to this question.

Table 29. Medical insurance for medicaments

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes	Number of responders	18	14	32
	Share (in%) of all who responded	72	73.7	72.7
No	Number of responders	7	5	12
	Share (in%) of all who responded	28	26.3	27.3
Total	Number of responders	25	19	44
	Share (in%) of all who responded	100	100	100

30. Do you feel that you have good cooperation with the local community institutions (municipal social welfare center)? If that is not the case, what are the main problems in your cooperation with the local community institutions?

Twenty-eight respondents chose not to answer to this question. Only 22 respondents provided the answer and 13 of them answered that they do not cooperate with the local community institutions.

Table 30. Valorization of cooperation with the local community institutions

Answer		No answer	Cooperation is satisfactory	Good	I don't cooperate	Yes	Total
Community mental health center	N	18	3	2	6	1	30
	%	60	10	6.7	20	3.3	100
Psychiatric clinic	N	10	2	0	7	1	20
	%	50	10	0	35	5	100
Total	N	28	5	2	13	2	50
	%	56	10	4	26	4	100

31. If you have received some kind of help in treating and managing your condition from some institutions that are not part of public community mental health system, can you list these institutions?

Out of 50 respondents, 34 did not provide the answer to this question and only one respondent provided us with the name of the non-governmental institution where he received help in treating and managing his condition.

Table 31.Institutions that are not part of public community mental health system in which patients have received treatment

Answer		Institution		Total
		Community mental health center	**Psychiatric clinic**	**Total**
No answer	Number of responders	22	12	34
	Share (in%) of all who responded	73.3	60	68
No	Number of responders	8	7	15
	Share (in%) of all who responded	26.7	35	30
Women victims of war	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

32. If you have received some kind of help in treating and managing your condition from some institutions that are not part of public community mental health system, how do you rate the effects of this help?

Results show that 32 of the respondents chose not to answer this question, and 14 respondents answered that they did not received help in treating and managing of their condition from some institutions that are not part of public community mental health system.

Table 32.Valorization of help received from some institutions that are not part of public community mental health system

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
No answer	Number of responders	21	11	32
	Share (in%) of all who responded	70	55	64
Cooperation satisfactory	Number of responders	1	0	1
	Share (in%) of all who responded	3.3	0	2
Excellent	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2
Good	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	4
No	Number of responders	8	6	14
	Share (in%) of all who responded	26.7	30	28
Total	Number of responders	30	20	50
	Share (in%) of all who responded	100	100	100

33. How did you find out about the organizations or projects outside the public mental health system that provide help to mental health patients?

Results show that only 20 respondents chose to answer this question, and 15 respondents answered that they find out about the organizations or projects outside the public mental health system that provide help to mental health patients from the staff of the public mental health system.

Table 33.Methods of receiving information about organizations or projects outside the public mental health system

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
The public mental health system staff provided me with the relevant information	N	7	8	15
	%	63.6	88.9	75
Brochures published by the Ministry of health	N	1	1	2
	%	9.1	11.1	10
Something else	N	3	0	3
	%	27.3	0	15
Total	N	11	9	20
	%	100	100	100

34. Are the public mental health system services easily accessible?

Results show that most of respondents, 80% of respondents in CMHC and 100 % of respondents in Clinics, believe that public mental health system services are easily accessible.

Table 34.Accessibility of mental health system services

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes, they are located close by	N	20	16	36
	%	80	100	87.8
They are not located close to me, but the social care system provides financial support to cover travel expenses	N	2	0	2
	%	8	0	4.9
They are not located close to me and it is too expensive to travel to the facility	N	2	0	2
	%	8	0	4.9
Something else	N	1	0	1
	%	4	0	2.4
Total	N	25	16	41
	%	100	100	100

Appendix C: Results for Questionnaire 2: Questionnaire for staff members of public mental health institutions

The research results are presented in tables below for two groups of mental health system staff members. The first group consists of staff members employed at the CMHC and the second group consists of staff members employed at the Psychiatric Clinics.

1. Your profession?

Result shows professions of the respondents.

Table 35. Profession of staff members

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Psychiatrist	Number of responders	4	8	12
	Share (in%) of all who responded	26.7	40	34.3
Psychologist	Number of responders	2	2	4
	Share (in%) of all who responded	13.3	10	11.4
Medical technician	Number of responders	2	8	10
	Share (in%) of all who responded	13.3	40	28.6
Nurse	Number of responders	4	1	5
	Share (in%) of all who responded	26.7	5	14.3
Social worker	Number of responders	3	0	3
	Share (in%) of all who responded	20	0	8.6
Other	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

2. What is the type of psychiatric institution that you are employed in?

Results show that we tested 15 respondents/employees in Clinics (Psychiatric Ward of General Hospital) and 35 respondents/employees in CMHC.

Table 36.Type of institution where respondents are employed in

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Psychiatric ward of general hospital or psychiatric clinic	Number of responders	15	0	15
	Share (in%) of all who responded	100	0	42.9
Community Mental Health Center (CMHC)	Number of responders	0	20	20
	Share (in%) of all who responded	0	100	57.1
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

3. Regarding the community mental health care and methods of treating a patient in community mental health centers (CMHC), have you ever participated in any specific training?

Table 37. Participation in training about community mental health and methods of treating

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes	Number of responders	13	7	20
	Share (in%) of all who responded	86	35	57.1
No	Number of responders	2	13	15
	Share (in%) of all who responded	13.3	65	42.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

4. Family members of the patients have an objective view about the patient's condition/diagnosis at the discharge from the mental health facility.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 38.Opinion on objectivity of patient's family members

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Rarely (less than 20%)	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
Sometimes (up to 40%)	Number of responders	8	6	14
	Share (in%) of all who responded	53.3	30	40
Usually (up to 80%)	Number of responders	7	10	17
	Share (in%) of all who responded	46.7	50	48.6
Always (100%)	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

5. Patients have an adequate support from their families after the discharge from mental health facility.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 39.Opinion on support from family after discharge from mental health facility

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Sometimes (up to 40%)	Number of responders	9	9	18
	Share (in%) of all who responded	60	45	51.4
Usually (up to 80%)	Number of responders	5	10	15
	Share (in%) of all who responded	33.3	50	42.9
Always (100%)	Number of responders	1	1	2
	Share (in%) of all who responded	6.7	5	5.7
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

6. After the discharge from the mental health facility, patients have an adequate support from their community, public health system, municipal services and social welfare centers at the local level.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 40.Opinion on support from community after discharge from mental health facility

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Rarely (less than 20%)	Number of responders	1	4	5
	Share (in%) of all who responded	6.7	20	14.3
Sometimes (up to 40%)	Number of responders	5	11	16
	Share (in%) of all who responded	33.3	55	45.7
Usually (up to 80%)	Number of responders	9	5	14
	Share (in%) of all who responded	60	25	40
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

7. After the discharge from the mental health facility, patients have an adequate access to care and treatment they need.

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 41.Opinion on accessibility of treatment after discharge from mental health facility

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Rarely (less than 20%)	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
Sometimes (up to 40%)	Number of responders	5	6	11
	Share (in%) of all who responded	33.3	30	31.4
Usually (up to 80%)	Number of responders	10	9	19
	Share (in%) of all who responded	66.7	45	54.3
Always (100%)	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

8. The cooperation between community mental health centers (CMHC) and psychiatric clinics or psychiatric wards at general hospitals is adequate.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 42.Opinion on cooperation between CMHC and psychiatric clinics or psychiatric wards at general hospitals

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
I somewhat disagree	Number of responders	0	5	5
	Share (in%) of all who responded	0	25	14.3
I neither agree/nor disagree	Number of responders	3	6	9
	Share (in%) of all who responded	20	30	25.7
I somewhat agree	Number of responders	12	5	17
	Share (in%) of all who responded	80	25	48.6
I completely agree	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

9. The cooperation between public mental health facilities and social services or other municipal services is good.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 43.Opinion on cooperation between public mental health facilities and social services or other municipal services

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I somewhat disagree	Number of responders	0	6	6
	Share (in%) of all who responded	0	30	17.1
I neither agree/nor disagree	Number of responders	2	4	6
	Share (in%) of all who responded	13.3	20	17.1
I somewhat agree	Number of responders	13	6	19
	Share (in%) of all who responded	86.7	30	54.3
I completely agree	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

10. The cooperation between public mental health facilities and non-governmental organizations in the field of mental health is good.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 44.Opinion on cooperation between public mental health facilities and non-governmental organizations

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	4	4
	Share (in%) of all who responded	0	20	11.4
I somewhat disagree	Number of responders	0	5	5
	Share (in%) of all who responded	0	25	14.3

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I neither agree/nor disagree	Number of responders	6	5	11
	Share (in%) of all who responded	40	25	31.4
I somewhat agree	Number of responders	9	6	15
	Share (in%) of all who responded	60	30	42.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

11. The public mental health system can satisfy the needs of patients for long-term treatment?

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 45.Opinion on possibility of satisfying patient's needs for long-term treatment

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
I somewhat disagree	Number of responders	1	6	7
	Share (in%) of all who responded	6.7	30	20
I neither agree/nor disagree	Number of responders	3	3	6
	Share (in%) of all who responded	20	15	17.1
I somewhat agree	Number of responders	11	8	19
	Share (in%) of all who responded	73.3	4	54.3
I completely agree	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

12. The community provides an adequate support system that can take care of the patients and provide them with relief after discharge from public mental health institutions.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 46.Opinion on community support system

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
I somewhat disagree	Number of responders	0	9	9
	Share (in%) of all who responded	0	45	25.7
I neither agree/nor disagree	Number of responders	8	4	12
	Share (in%) of all who responded	53.3	20	34.3
I somewhat agree	Number of responders	7	6	13
	Share (in%) of all who responded	46.7	30	37.1
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

13. Mental health care reform from the traditional to the community based mental health system is completed successfully in B&H.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 47.Opinion on success of community based mental health system in B&H

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I somewhat disagree	Number of responders	1	9	10
	Share (in%) of all who responded	6.7	45	28.6
I neither agree/nor disagree	Number of responders	3	2	5
	Share (in%) of all who responded	20	10	14.3
I somewhat agree	Number of responders	9	4	13
	Share (in%) of all who responded	60	20	37.1
I completely agree	Number of responders	2	2	4
	Share (in%) of all who responded	13.3	10	11.4
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

14. How often the patients are re-admitted to a mental health facility you are employed in because of their health condition deterioration caused by the lack of family and communal support?

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 48.Opinion on readmissions to mental health facilities

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Sometimes (up to 40%)	Number of responders	6	6	12
	Share (in%) of all who responded	40	30	34.3

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Usually (up to 80%)	Number of responders	9	13	22
	Share (in%) of all who responded	60	65	62.9
Always (100%)	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

15. Do the drugs from the Essentials list (the list of drugs patient does not pay for or only partially covers the costs) meet the patient's needs for medication?

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always.

Table 49.Opinion on effectiveness of drugs from the Essentials list

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Rarely (less than 20%)	Number of responders	0	4	4
	Share (in%) of all who responded	0	20	11.4
Sometimes (up to 40%)	Number of responders	2	4	6
	Share (in%) of all who responded	13.3	20	17.1
Usually (up to 80%)	Number of responders	13	11	24
	Share (in%) of all who responded	86.7	55	68.6
Always (100%)	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

16. The legislation that addresses the rights and obligations of persons with mental illness reflect the real needs of this population.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree.

Table 50.Opinion on effectiveness of legislation that addresses the rights and obligations of persons with mental illness

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
I somewhat disagree	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
I neither agree/nor disagree	Number of responders	3	5	8
	Share (in%) of all who responded	20	25	22.9
I somewhat agree	Number of responders	6	5	11
	Share (in%) of all who responded	40	2	31.4
I completely agree	Number of responders	6	7	13
	Share (in%) of all who responded	40	35	37.1
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

17. Do the social services center and other local institutions act in accordance with the experts (psychiatrists) recommendations stated in the discharge paper after the patients are discharged from the public mental health institution?

Respondents had a choice of the following five responses: A. Never; B. Rarely; C. Sometimes; D. Usually; E. Always. Results show that 71.4% of respondents believe that social services center and other local institutions act in accordance with the experts (psychiatrists) recommendations stated in the discharge paper after the patients are discharged from the public mental health institution.

Table 51.Opinion on whether Social Services Center and other local institutions act in accordance with the experts (psychiatrists) recommendations stated in the discharge paper

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Never	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Rarely (less than 20%)	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Sometimes (up to 40%)	Number of responders	2	4	6
	Share (in%) of all who responded	13.3	20	17.1
Usually (up to 80%)	Number of responders	13	12	25
	Share (in%) of all who responded	86.7	60	71.4
Always (100%)	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

18. The existing public mental health care system can meet the needs of system users in terms of capacity and quality of service.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree. Results show that 57.1% of respondents *somewhat agree* with the statement that existing public mental health care system can meet the needs of system users in terms of capacity and quality of service.

Table 52.Opinion on whether existing public mental health care system can meet the needs of system users

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely disagree	Number of responders	0	5	5
	Share (in%) of all who responded	0	25	14.3
I somewhat disagree	Number of responders	1	5	6
	Share (in%) of all who responded	6.7	25	17.1

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I neither agree/nor disagree	Number of responders	3	1	4
	Share (in%) of all who responded	20	5	11.4
I somewhat agree	Number of responders	11	9	20
	Share (in%) of all who responded	73.3	45	57.1
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

19. The public health care system enables and supports a continuous care for patients with long-term mental health problems.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree. Results show that 48.6% of the respondents *somewhat agree* with the statement that public health care system enables and supports continuous care for patients with long-term mental health problems while 20% of respondents *neither agree/nor disagree* with this statement.

Table 53.Opinion on whether public health care system enables and supports continuous care

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I somewhat disagree	Number of responders	0	9	9
	Share (in%) of all who responded	0	45	25.7
I neither agree/nor disagree	Number of responders	6	1	7
	Share (in%) of all who responded	40	5	20
I somewhat agree	Number of responders	9	8	17
	Share (in%) of all who responded	60	40	48.6

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I completely agree	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

20. The concept of community based mental health system is superior to the traditional system of providing mental health care based on a large psychiatric hospitals and asylums.

Respondents could choose between 5 following answers: I completely disagree, I somewhat disagree, I neither agree/nor disagree, I somewhat agree and I completely agree. Results show that 40% of respondents *somewhat agree* with the statement that the concept of community based mental health system is superior to the traditional system of providing mental health care based on a large psychiatric hospitals and asylums while 20% of the respondents *neither agree/nor disagree* with this statement.

Table 54.Opinion on whether community based mental health system is superior to the traditional system of providing mental health care

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
I somewhat disagree	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
I neither agree/nor disagree	Number of responders	5	2	7
	Share (in%) of all who responded	33.3	10	20
I somewhat agree	Number of responders	8	6	14
	Share (in%) of all who responded	53.3	30	40
I completely agree	Number of responders	2	9	11
	Share (in%) of all who responded	13.3	45	31.4
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

21. From 1 to 5 (1=not important, 2=of little importance, 3=moderately important,4=important, 5=very important), how do you rate the importance of the following elements in the treatment of mental health patients?

Respondents were valorising following elements in the treatment process: mental health institution and staff, patient's family, the community that patient lives in and local community institutions.

Table 55. Valorisation of importance of different elements in treatment process

Mental health institution and staff				
Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Moderately important	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Important	Number of responders	4	3	7
	Share (in%) of all who responded	26.7	15	20
Very important	Number of responders	11	15	26
	Share (in%) of all who responded	73.3	75	74.3
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

Patient's family				
Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Important	Number of responders	2	2	4
	Share (in%) of all who responded	13.3	10	11.4
Very important	Number of responders	13	18	31
	Share (in%) of all who responded	86.7	90	88.6
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	10	100

The community that patient lives in				
Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Of little importance	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Important	Number of responders	3	5	8
	Share (in%) of all who responded	20	25	22.9
Very important	Number of responders	12	14	26
	Share (in%) of all who responded	80	70	74.3
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

Local community institutions				
Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Of little importance	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Important	Number of responders	3	7	10
	Share (in%) of all who responded	20	35	28.6
Very important	Number of responders	12	12	24
	Share (in%) of all who responded	80	60	68.6
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

22. Do you feel that the public mental health institutions and state authority institutions have provided a good system and procedures in order to protect the community from severe mental health patients who pose threat both to themselves and to the community?

Table 56. Opinion on system and procedures in order to protect the community from severe mental health patients who pose threat both to themselves and to the community

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Yes	Number of responders	7	7	14
	Share (in%) of all who responded	46.7	35	40
No	Number of responders	8	13	21
	Share (in%) of all who responded	53.3	65	60
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

23. What is your opinion regarding the continuity of service in the public mental health system? Write a short comment, please.

Table 57. Opinion on the continuity of service in the public mental health system

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Better cooperation between the levels of public care	Number of responders	2	1	3
	Share (in%) of all who responded	13.3	5	8.6
Continuous care and adequate social support is needed	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
Good continuity of care	Number of responders	1	0	1
	Share (in%) of all who responded	6.7	0	2.9
Good-improvements necessary	Number of responders	5	1	6
	Share (in%) of all who responded	33.3	5	17.1
Improvement in capacity, staff, and continuous education	Number of responders	2	0	2
	Share (in%) of all who responded	13.3	0	5.7

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Lack of patient follow-up	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Lack of support and financial support, lack of staff	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Lack of cooperation	Number of responders	2	6	8
	Share (in%) of all who responded	13.3	30	22.9
Lack of funding	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Lacking good continuity	Number of responders	2	3	5
	Share (in%) of all who responded	13.3	15	14.3
Mainly functioning ok	Number of responders	1	0	1
	Share (in%) of all who responded	6.7	0	2.9
There are shortcomings in the functioning of the system	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Very poor	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

24. In your opinion, considering the community protection from the severe mental health patients who pose threat both to themselves and to the community, what are possibilities for progress also what are the major deficiencies of the public mental health system?

Results show that 34.3% of the respondents believe that solution for protecting the severe mental health patients who pose threat both to themselves and the community lies in the treatment and prevention continuity while 17.1% of respondents believe that what is needed as a solution to the problem is the greater number of long-term institutions for these patients.

Table 58. Opinion on community protection from the severe mental health patients and possibilities for progress

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
Adequate hospitalization	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Better cooperation	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Better follow-up	Number of responders	4	0	4
	Share (in%) of all who responded	26.7	0	11.4
More institutions for these patients in the long term (if needed)	Number of responders	5	1	6
	Share (in%) of all who responded	33.3	5	17.1
More work on prevention	Number of responders	0	4	4
	Share (in%) of all who responded	0	20	11.4
Teamwork; Coordinated care; Prevention	Number of responders	1	2	3
	Share (in%) of all who responded	6.7	10	8.6
Timely recognition and prompt reaction	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Treatment continuity and prevention	Number of responders	5	7	12
	Share (in%) of all who responded	33.3	35	34.3
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

25. Do you know about any organizations or projects outside the public mental health system that provide help for the mental health patients?

Table 59. Information on any organizations or projects outside the public mental health system that provide help for the mental health patients

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Insufficient	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
Mainly yes	Number of responders	8	1	9
	Share (in%) of all who responded	53.3	5	25.7
Mainly yes, but insufficient	Number of responders	3	0	3
	Share (in%) of all who responded	20	0	8.6
No	Number of responders	1	7	8
	Share (in%) of all who responded	6.7	35	22.9
Partially	Number of responders	1	5	6
	Share (in%) of all who responded	6.7	25	17.1
Yes	Number of responders	2	4	6
	Share (in%) of all who responded	13.3	20	17.1
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

26. Do you recommend for the patients to ask for help from some organizations or projects outside the public mental health system that provide help to mental health patients after their discharge?

Table 60. Information on referrals from staff members to some organizations or projects outside the public mental health system

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
For some patients that can be useful	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
No	Number of responders	3	1	4
	Share (in%) of all who responded	20	5	11.4
Yes	Number of responders	12	18	30
	Share (in%) of all who responded	80	90	85.7
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

27. In your opinion, what are the main constraints of the public mental health system in B&H (in RS and FB&H, respectively)?

Results show that 31.4% of respondents believe that main constraints of the public mental health system in B&H exist due to the lack of communication and cooperation between elements of community mental health system while 25.7% believe that the problem lies in poor financial situation and lack of staff in the mental health institutions.

Table 61. Opinion on constraints of the public mental health system in B&H

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
No answer	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Better communication and cooperation needed	Number of responders	6	5	11
	Share (in%) of all who responded	40	25	31.4

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	**Psychiatric clinic**	
Better communication and lack of staff	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Better cooperation between the institutions and the system of treatment monitoring	Number of responders	2	0	2
	Share (in%) of all who responded	13.3	0	5.7
Good situation with need for improvement	Number of responders	1	0	1
	Share (in%) of all who responded	6.7	0	2.9
Insufficient capacity and poor organization	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Lack of staff	Number of responders	0	5	5
	Share (in%) of all who responded	0	25	14.3
Poor financial situation	Number of responders	1	2	3
	Share (in%) of all who responded	6.7	10	8.6
Poor financial situation and lack of staff	Number of responders	5	4	9
	Share (in%) of all who responded	33.3	20	25.7
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

28. What is your assessment of the community mental health care in B&H (in RS and FB&H, respectively)?

Results show that 28.6% of respondents assessed community mental health care in B&H as *average* and 14.3% of respondents believe community mental health care system in B&H is *good but could be better*, especially in the aspect of cooperation between the institutions of the system.

Table 62. Assessment of the community mental health care in B&H

Answer		**Institution**		**Total**
		Community mental health center	**Psychiatric clinic**	
A well-designed system but insufficiently organized	Number of responders	0	2	2
	Share (in%) of all who responded	0	10	5.7
Average but improvements are needed	Number of responders	7	3	10
	Share (in%) of all who responded	46.7	15	28.6
Good but could be better, especially in the aspect of cooperation between the institutions of the system	Number of responders	3	2	5
	Share (in%) of all who responded	20	10	14.3
Mostly positive but improvements are needed	Number of responders	0	3	3
	Share (in%) of all who responded	0	15	8.6
Mostly satisfactory but improvements are needed	Number of responders	2	0	2
	Share (in%) of all who responded	13.3	0	5.7
Poor cooperation	Number of responders	1	1	2
	Share (in%) of all who responded	6.7	5	5.7

(table continues)

(continued)

Answer		Institution		Total
		Community mental health center	Psychiatric clinic	
Poor financial situation and lack of staff	Number of responders	0	4	4
	Share (in%) of all who responded	0	20	11.4
Satisfactory but improvements are needed	Number of responders	2	4	6
	Share (in%) of all who responded	13.3	20	17.1
Very good	Number of responders	0	1	1
	Share (in%) of all who responded	0	5	2.9
Total	Number of responders	15	20	35
	Share (in%) of all who responded	100	100	100

Appendix D: List of Abbreviations

B&H	Bosnia and Herzegovina
CMHC	Community mental health center
CSP	Community support program
DB	Brčko Distric
EU	European Union
FB&H	Federation of Bosnia and Herzegovina
HNI	Health Net International
MSF	Doctors without border
NGO	Non-governmental organizations
NHS	National health service
NIMH	National institute of mental health
PIU	Project implementation unit
PTSD	Posttraumatic stress disorder
RS	Serbian Republic Entity
SIDA	Swedish International Development Cooperation Agency
USA	United States of America
WHO	World Health Organization