



MINISTRY OF HEALTH
AND SOCIAL WELFARE
Republic of Srpska Government



THE REPUBLIC OF SRPSKA MENTAL HEALTH DEVELOPMENT STRATEGY (2009–2015)



Влада Републике Српске Republic of Srpska Government
МИНИСТАРСТВО ЗДРАВЉА И СОЦИЈАЛНЕ ЗАШТИТЕ MINISTRY OF HEALTH AND SOCIAL WELFARE

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Introduction

The starting premise for the production of the Republic of Srpska Mental Health Strategy follows upon the objectives defined in the document adopted by the National Assembly of the Republic of Srpska - Health Policy Program and Health Strategy for the Republic of Srpska until 2010 ("RS Official Gazette", number 56/02), Chapter V, objective 4. – Mental Health Improvement, and is pursuant to the Republic of Srpska Mental Health Policy which was adopted by the Government of the Republic of Srpska ("RS Official Gazette" number: 112/05), (hereinafter referred to as: the Strategy).

The Strategy is adopted by the Government of the Republic of Srpska, following a proposal by the Ministry of Health and Social Welfare of the Republic of Srpska.

Grammar terminology and use of the masculine or the feminine gender in the text of the Strategy encompass both sexes.

The World Health Organization defines mental health as "a state of emotional and social well-being in which the individual realises his or her own abilities, can

cope with the normal stresses of life, can work productively or fruitfully, and is able to make a contribution to his or her community" (WHO, 2005).

Mental health is not simply the absence of a mental illness but also the ability of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing and use of mental abilities (cognitive, affective, interpersonal and spiritual) and accomplish individual and mutual goals in line with the social and lawful norms.

Mental health and mental disorders emerge from a cross-action of biological, psychological, socio-psychological, economic and political events.

Mental disorders impair the ability of the individual or the community to achieve their objectives and satisfy their needs. A mental disorder is a state defined via diagnostic criteria, which exerts a significant influence on cognitive, emotional and social abilities of the person. Mental disorders can be distinguished by type, severity and duration. Publically, the biggest importance is that of depression, anxiety, substance misuse, psychotic disorders and dementia.

Mental health problems also interfere with a

person's cognitive, emotional or social abilities, but to a lesser extent than a mental disorder, they are more frequent and include temporary difficulties as a reaction to life stresses, but may develop into mental disorder.

According to the World Health Organization, mental disorders are in a dramatic rise. In the World Health Report, the WHO (2001) estimates that today some 450 million people are suffering from mental and behavioral disorders or from psychosocial problems such as those related to the misuse of alcohol and drugs. Over 120 million people worldwide are suffering from depression, among whom there are twice as many women than men (WHO, 2002). In 1996, depression was the health problem number 4, and it is estimated that by 2020, depression will be the health problem number 2 globally. Depression disorders have been the biggest cause of disability and premature retirements in the past twenty years in Europe. It is estimated that around 70 million people worldwide are addicted to alcohol, 50 million have epilepsy, and 24 million are suffering from schizophrenia (in communities throughout the world, around 1% of the population suffers from schizophrenia). A million people commit suicide every year, and 10 to 20 million attempt to kill themselves. It is also worth mentioning that the number of those suffering from some form of intellectual disability is not negligible.

The burden of psychiatric disorders was estimated to be 11% in 1999, and it is believed that it will increase to 15% by 2020, if appropriate actions are not taken.

It is believed that every fourth person will, in a period of their life, come down with a mental problem or disorder. That is why prevention of mental disorders and promotion of mental health are of such great importance for every society.

The positions of mental care service users highlight the fact that their subjective and intersubjective experience

of a mental disorder and the psychiatric system are just as valid as the positions of professionals.

According to the Constitution of the Republic of Srpska, the rights to health and healthcare are defined as fundamental human rights. Those rights mean that all available resources in the society must be used to ensure an accessible, efficient and quality healthcare, tailored to the needs of the citizens. It is of particular importance that the people suffering from any kind of mental disorder in any way are not discriminated in realization of their rights.

The health system reform in the Republic of Srpska, during the past ten years, has leveraged numerous developmental processes and the adoption of a large number of documents. The Strategic Plan Framework for the reform of the health system in the Republic of Srpska, which was prepared in 1997 and harmonized with the recommendations from the World Health Organization, defined the primary healthcare reform, with a particular emphasis on the introduction of the family medicine model, mental health care in community and physical rehabilitation in community.

Vision

We look forward to having the Republic of Srpska in which everyone will understand the importance of mental health for the common good, know how to keep and improve their own mental health and the mental health of others. Good mental health will contribute to a healthier Republic of Srpska, as well as to the equality and respect for the guaranteed human rights and freedoms, social solidarity and cohesion among different social classes and groups, healthier family, school and work environments, and greater social inclusion and equality among the genders.

Principles

We believe that people have the capacity to change and that they can attain productive changes in their own mental health in the way they feel and live their lives.

We deem it necessary to have a joint and coordinated action by the authorities, institutions, organizations and associations in the creation of the context, conditions and the possibility to introduce changes with an aim to have better mental health for everyone.

The Strategy is based on the principles of public health protection, protection of human rights, dignity and equality, comprehensiveness, destigmatization, partnership in community, gender sensibility and public participation.

Objectives

General objectives:

- Promotion and protection of mental health of the population through the identification and strengthening of protective factors and mitigation of risk factors,
- Prevention of specific mental disorders with a focus on key risk and protective factors,
- Improvement of treatment (early detection, early intervention, treatment and rehabilitation) of people suffering from mental disorders and
- Improvement of the quality of life, social inclusion, health and equality and recuperation of the people suffering from mental disorders, mitigation of stigma and discrimination.

Specific objectives:

- Continuous development of mental health services,
- Amplification of the range of mental health services, and improvement of their quality,
- Adjustment and harmonization of the legislation and the financing mechanisms,
- Human resource planning and development,
- Functional integration of the health and the social sectors, improvement of the cross-sector cooperation by developing mental health services,
- Information system development and application,
- Development and application of the monitoring and evaluation system,
- Sensitizing and raising awareness of the population on mental health, mitigation of stigma and discrimination of the people suffering from mental disorders,
- Strengthening participation and responsibility of local communities in protection of mental health of the population,
- Improvement and protection of mental health at work,
- Promotion of mental health, prevention and mitigation of mental health problems among different age groups,
- Improvement of mental health protection of specific population groups under a greater risk of developing disorders,
- Improvement of physical health of the people suffering from mental disorders and
- Strengthening users' initiatives, nongovernmental sector and mental health advocacy.

Action areas

Primary healthcare and the population-health approach

It has been observed that mental health services are primarily focused on treatment. There are several indicators that, in order to improve mental health outcomes, it is necessary to adopt a population-health approach, particularly at the primary health care level. This approach improves the health of the whole community, rather than just an individual. This means involving promotion initiatives, prevention and early intervention for the population using services of a certain institution, concurrently with the ongoing clinical interventions. Effective implementation of promotion, prevention and early intervention require understanding of demographic features of the population that is being served, hand in hand with the training of health professionals to apply the population-health approach.

The interdependence of the support to mental and physical health means the establishment of a holistic approach.

Within primary healthcare, much like in the prevention of physical diseases, it is worth improving the support to mental health, such as physical exercises, social support and stress alleviation. That can help reduce the mental health risk factors, such as the substance misuse and human relation issues.

It is of particular importance to constantly strengthen the partnership among the organizational structures within one institution as well as within different health institutions, so as to establish a proactive approach to mental health needs, which ought to be developed and implemented inside all health services.

There is a need to develop and evaluate programs in different contexts and to indentify the factors influencing their application and implementation. This refers not only to the ways how mental health professionals, family medicine teams and others from primary health care can participate in effective promotion, prevention, early intervention and treatment, but also to the barriers for their participation.

The factors that can support continuous activities within health and mental health services include the infrastructure, the staff commitment, professional development and education as well as a system that indentifies and enhances good practice. Negative attitudes of professionals, their lack of understanding of the users, insufficient knowledge and negative attitudes of the user population regarding mental disorders are potential impediment factors. The awareness of these kinds of attitudes can be significant for the development of preventive strategies and encouragement for a greater involvement in early treatment and implementation of long-term treatments.

Importance of physical health for the people suffering from severe mental disorders

There is an area that has been neglected in our practice and that is quality care for the physical health of the people suffering from mental disorders. The mortality rate from physical illnesses among people suffering from severe mental disorders is significantly higher than that of the general population. Those who suffer from schizophrenia live, on average, 10 years shorter than the rest of the population. Two thirds of these premature deaths are related to poor physical health. Research has indicated that, among the people suffering from schizophrenia and bipolar affective disorders, the rate of ischemic heart diseases, stroke, high blood pressure and diabetes

is higher than in the general population, as well as some kinds of tumors (such as the bone tumor and breast cancer). Those who suffer from severe mental disorders also get diseases earlier, die younger and have a lower survival rate.

There are a number of factors that contribute to a high incidence of obesity and diabetes, including psycho-pharmaceutical and the weight gain related therewith, as well as other “metabolic” side effects. These factors are also involved in the development of cardiovascular diseases, the leading cause of death among the physical diseases. Some detected factors are potentially susceptible to changes, for example, lifestyle factors, especially smoking, inadequate nutrition and lack of physical activity. There is also evidence that those who suffer from psychiatric disorders get lower quality health interventions that could improve their treatment outcomes. These facts are important for undertaking certain activities at the primary health level, in terms of implementation of regular check-ups and promotional and preventive consultations, particularly among those suffering from psychotic disorders. Users and members of their families/carers need to be informed about the importance of preserving and improving physical health.

It is important to reduce the stigma and discrimination and the consequential unequal access to healthcare services, and to raise the awareness of mental health professionals and other health workers, particularly at the primary health care level, about the importance of this problem.

Who will be included?

- Family medicine teams,
- Mental health centers' teams,
- Public health professionals,
- Professional associations and chambers,
- Project and policy managers,
- Ministry of Health and Social Welfare
- RS Health Insurance Fund.

Where will the activities be implemented?

- In health centers,
- In health professionals' education institutions,
- In families and local governance units.

Process indicators:

- Inclusion of the population-health approach in graduate and postgraduate curricula for mental health and family medicine,
- Greater percentage of working time of health professionals devoted to activities in promotion, prevention and early intervention in mental health,
- Established quality health services for physical health for the people suffering from severe mental disorders..

Outcome indicators:

- Increased acceptance of the population-health approach in all health settings,
- More positive attitudes of health professionals towards people suffering from mental health problems and disorders,
- Increased basic mental health knowledge of the population,
- Improved physical health of the people suffering from severe mental health disorders,
- Mitigated mental health problems and disorders in the population,
- Better mental health, wellbeing, life quality and resilience of the population.

What outcomes are expected?

Effective mental health promotion, prevention and early intervention in mental health problems and disorders and the maintenance of physical health of people with mental disorders through:

- adoption of the population-health approach,
- adoption of a holistic concept for health, which recognizes the internal relations between mental and physical health,
- cooperation towards establishing and maintaining evidence based promotion, prevention and early intervention initiatives for mental health problems and disorders in all health institutions and
- improvement of physical health and prevention of somatic illnesses among people suffering from severe mental disorders.

Activity

The following activities are planned in order to achieve an effective mental health promotion, prevention and early intervention for mental health problems and disorders, and maintaining physical health of people suffering from mental disorders:

- Implementation of research and collection of data to improve the population-health approach,
- Education and training of professionals in mental health and family medicine teams on promotion, prevention and early intervention,
- Preparation of guidelines and programs for promotion, prevention, early intervention and treatment,
- Introduction of regular physical health check-ups among patients suffering from severe mental disorders.

Mental health institutions and professionals at the primary, secondary and tertiary levels

Existing organization of institutions in the RS

Effective, efficient and good quality of mental health services need to meet users' needs and have the broadest possible accessibility in the context of an integrated service delivery system.

At the primary healthcare level, the organizational form is the Mental Health Center, and the mode of work is mental health in the community. Mental health centers (MHC) are the prime implementers of outpatient care and comprehensive and far-reaching changes in mental health in local communities.

The Network Plan foresees establishment of 24 MHCs. To date, 19 MHC have been established within health centers. In an interim period, MHCs will remain part of HCs, which contract services provided by centers, and in the long run, these centers need to be established as separate legal entities and as such, they will independently contract services from the domain of their activities.

The centres are operated by one or more multidisciplinary teams, depending on the size of their catchment area, available staff or other resources, as well as on identified general or specific needs of the covered or wider population. In the structure of the teams, there are neuropsychiatrists/psychiatrists, psychologists, social workers, nurses, special educators and speech therapists, and occupational therapists. In some centers, there are special teams for the prevention and treatment of mental disorders among children and adolescents, and teams for substance abuse. Most of the areas across RS with a centre in place have seen positive steps forward made in respect of service accessibility, treatment and rehabilitation of service users, reduced frequency and length of

hospitalisation, established interdisciplinary cooperation within the health care system (family medicine, hospital services). Intersectoral cooperation has also been established at the local level with centres for social welfare, schools, non-governmental associations, local authorities and others.

Two supported houses for long-term users have been opened (within the Doboј MHC a house for 4 users and within Modriča Institute „Jakeš“ a house for 12 users), one cooperative and three associations of service users.

During the past two years, the Centres for Social Welfare in local communities have started opening daily centres for persons with mental health problems, as well as daily centres for the elderly, which adds to the system of community-based mental health services.

At the secondary and tertiary levels, mental health services are provided in the following institution: Psychiatric Clinic within the Clinical Center of Banja Luka, the Psychiatric Clinic in Sokolac, the Clinical Center in Eastern Sarajevo, the Institute for Treatment, Rehabilitation and Social Welfare of Long-Term Mental Patients “Jakes” and four psychiatric departments within general hospitals (Gradiska, Prijedor, Doboј and Trebinje). The total number of beds is 269 for acute treatment, 100 for forensic patients (within the Psychiatric Clinic in Sokolac), and 154 for long-term users in the “Jakes” Institute. Psychiatric clinics need to entail features of an institution used for treatment, education, research and prevention and improvement of mental health (based on evidence and values). In the following period, there will be a separate psychiatric hospital for forensic patients, in compliance with contemporary standards, as well as a psychiatric department in the General Hospital in Bijeljina for its territory.

All the hospital treatment institutions need to cooperate closely with mental health centers and other services

in the community, in order to ensure a continuity of care. The treatment needs to be individualized and humanized to the largest extent possible, applying person oriented psychiatry, in line with the Institutional Program of the World Psychiatry Association and the community based mental health protection concept, in accordance with the Helsinki Declaration (2005) and the WHO recommendations.

Mental Health Coordination Center

Following the adoption of the mental health policy and the community orientation, a need emerged to establish a Coordination Center for mental health, whose main objective is to coordinate mental health activities, in order to improve the reform processes in this field.

Objectives:

- Support to the mental health protection reform process,
- Improvement of cooperation at the state and the regional levels,
- Improvement of cooperation with the WHO and other relevant international organizations.

Activities:

- Operationalization of adopted mental health policies and strategies and creation of action plans and programs,
- Instigation of processes for equalization of quality and standardization of services in mental health in the fields of promotion and prevention, treatment and rehabilitation,
- Encouragement of user initiatives,
- Initiating intra and cross-sector cooperation and cooperation with local community partners,

- Support to the opening of new MHCs,
- Coordination of joint activities and improvement of cooperation between the existing MHCs,
- Cooperation with mental health institutions in the Federation of B&H and the region,
- Support to the development of human resources in mental health,
- Research and evaluation of mental health,
- Support to the development of mental health information systems,
- Support to the development of mental health protection in workplace settings.

Services to be established and/or further developed

Case Management

Case management is a collaborative process which links the user, the services and the existing resources, in order to optimize care. It includes appraisal, planning, implementation and evaluation of options and services in line with the user's specific needs. It is based on trust between the user and the coordinator, timely assessment and fulfillment of the needs. The most important aspects of case management are: availability and continuity of services, support to the individual or the family, and maximal and effective use of the existing services, with an aim to improve the developmental, psychological, and functional outcomes among the users and accomplishment of optimal recovery.

The most important segments of the process are:

- Assessment and identification of users' needs,
- Preparation of a care plan by a multidisciplinary team,
- Appointment of a care coordinator responsible for coordination, implementation of the care plan and

its revision in appropriate time intervals,

- Implementation of the care plan and undertaking actions towards the achievement of desired results. In this segment, the care coordinator explores the best options and connects the user with the needed person and/or services,
- Evaluation is a regular and a periodic activity which includes revision of the care plan, evaluation of results and achieved objectives as well as identification of new users,
- The care coordinator needs to include users in all decisions and actions wherever appropriate,
- The care coordinator can be a person employed in health services or centers for social work, depending on the client needs priority. Every member of the multidisciplinary team can be a care coordinator, and they are usually trained mental health nurses or social workers.

Mobile crisis intervention

A mobile team for crisis interventions needs to be one of the forms of provision of mental health services in community and it is desirable for it to be developed within an MHC. Research shows that this kind of care reduces hospital treatments by at least 50%. Mobile teams enable support in the user's territory, while maintaining their personal ability and responsibility, thus diminishing potentially detrimental consequences due to institutionalization and stigmatization.

Crisis teams and centers

These centers primarily serve to resolve psychological crisis reactive conditions, which may appear even among mentally healthy people in crisis situations, for swift, available and professional assistance to people in a crisis. The first beginnings of crisis interventions are relat-

ed to prevention of suicide, and they function as permanent telephone services. The centers are not based upon a uniform concept, and some only provide telephone communication, while others insist on a direct contact. It is necessary that a wider community is informed about their activities, to advocate and to educate, and that their phone numbers are easily available. Recently, there has also been a tendency towards an active contact outside the center: at home, in school, at work. Such centers can also be established by NGOs with trained staff and volunteers.

Day centers

In day centers, there are different psychological, biological and socio-therapy methods during the day. If they apply biological methods, it is necessary that a psychiatrist be involved in the operation of the day center as a consultant. Experience shows that this type of contact helps keep the contact between the user and the social and family environment, with far smaller costs. Programs implemented in day centers help users improve the quality of life and successfully live at an optimal level of independent functioning. These objectives can be accomplished through the development of social and life skills in a group context. Day centers can be established by mental health institution, centers for social work and NGOs.

Clubs

The prime objective of clubs is to enable informal social support for people with mental health problems. Even though it takes place in an informal atmosphere, it is therapeutic, since it enables the users to talk about their experiences, the nature of their disorders and the effects of the treatment. It provides them with success experiences in a supporting group context. In most clubs, there are no professional staff present, and they are commonly organized by users' or other civic groups. Clubs organize

Who will be involved?

- Mental health centers,
- Psychiatry departments, hospitals, clinics and institutes,
- Public health professionals,
- Social work institutions and services,
- Educational institutions,
- Local governance units,
- Users and their families and associations and other non-governmental organizations,
- RS Mental Health Coordination Center,
- Professionals associations and chambers,
- Project and policy managers,
- The RS Health Insurance Fund,
- The RS Health Institution Accreditation Agency,
- The Ministry of Health and Social Welfare.

Where will the activities be implemented?

- In mental health institutions,
- In non-governmental organizations,
- In local governance units,
- In users' homes.

day and evening gathering and social activities, trips and excursions, individual meetings and self-assistance groups. It is desirable that they cooperate closely with community education programs.

Advocacy

One of the forms of self-assistance which does not exist in the traditional system, is advocacy. Advocacy in mental health services means representation and protection of interests, presentation of opinions, needs and rights of individuals who do not feel capable of

doing it on their own. That leads to the strengthening of awareness of the people who are deprived of their rights on account of their mental problems to speak about their rights and demand them. Advocates are totally independent and always on the side of the client whom they represent. All objections or questions are taken seriously, even in the cases where the professionals might attribute the objections or questions to their clinical condition.

What outcome is expected?

Improved mental health of the population and reduction of mental health problems and disorders of the service users through:

- Development of a network of mental health services available and accessible to users,
- Improvement of the quality of the existing and introduction of new services,
- Improvement of a multidisciplinary team work and cross-sector cooperation,
- Permanent education of mental health professionals,
- Inclusion of users and carers in the decision making process in mental health,
- Improvement of protection of mental health of professionals at work (prevention of the burnout syndrome and mobbing).

Activities:

To improve mental health of the population and to reduce mental health problems and disorders of users in mental health, the following activities have been planned:

- Opening new mental health centers,
- Establishment of a psychiatry department in the General Hospital in Bijeljina,
- Establishment of an independent forensic psychiatry hospital in Sokolac, improvement of the quality of forensic patients' treatment,
- Construction, reconstruction and equipping the premises of the existing mental health institutions,
- Expansion of the spectrum and range of mental health services in line with general and specific needs and the population-health approach,
- Improvement of their quality, development of standardized procedures (guidelines for good clinical practice) for diagnostics and treatment of mental disorders
- Reform of graduate and postgraduate curricula at the faculties for mental health professionals (psychiatrists, psychologists, social workers, nurses/technicians, occupational therapists), family and social medicine, in accordance with the community mental health concept,
- Increased availability of the psychotherapy, increased number of trained psychotherapists in line with programs of different psychotherapy schools, that comply with the European and global standards,
- Increased number of mental health professionals conforming to the needs of the community, particularly occupational therapists,
- Education in mental health and work in community, raised awareness and responsibility of nurses,
- Continuous education of mental health professionals,
- Education program development for care coordination, early detection, early intervention and recovery promotion,

Process indicators:

- New mental health centers opened,
- Independent forensic institution established,
- Programs for crisis interventions and treatment of violent people,
- Educative programs for coordinated care, early detection, early intervention and recovery promotion,
- Improved multidisciplinary team work and cross-sector cooperation,
- The principle of case management established via coordinated care in all MHCs,
- New safe houses opened, as well as clubs, day centers and the advocacy principle in cooperation with users,
- Improved spectrum and quality of services in mental health,
- Information system established,
- Improved research capacities,
- The concepts and the practice of mental health in community adopted as well as the graduate and postgraduate curricula at the faculties for mental health professionals,
- Prevention programs for employees' burnout syndrome established.

Outcome indicators:

- Network of mental health services available and accessible to users, that provide quality services in line with the needs of the users' established,
- Over 50% MHCs accredited,
- Users and carers included in the mental health decision making process,
- Mental health professionals independently create the services adjusted to new concepts,
- Evaluation analyses of derived programs and activities used for further planning of the services,
- Improved mental health and psychosocial functioning and reduced mental health problems of the users,
- Reduced incidence and prevalence of mental disorders and burdens due to mental health problems and mental disorders,
- Reduced mental health problems of the population,
- Improved mental health, wellbeing, quality of life and resilience of the society.

- Introduction of a mandatory care coordination principle and appointment of care coordinator for users with severe, long-term disorders and complex needs,
- Establishment of a program for mobile crisis intervention, crisis teams and other crisis interventions,
- Establishment of a program for psychosocial treatment of violent offenders, in accordance with the Law on Domestic Violence,
- Adjustment of the service nomenclature to the developmental context,
- Customize the job classification in mental health's developmental context, with the introduction of adequate job descriptions,
- Support to user initiatives and associations (education, organization building, seeking sources of financing,) and advocacy initiatives,
- Establishment of day centers in local communities (for example for users with psychotic disorders, for the elderly, for the youth, for the traumatized, for war veterans),
- Support to the opening of clubs in local communities (for mental health service users, war veterans, etc.),
- Support to the opening of protected housing in local communities,
- Definition of forms and ways of financing different forms of protected housing,
- Improvement of mental health research,
- Improvement of the process for the monitoring and collection of data, establishment of an information system
- Mental health monitoring and evaluation.
- Promotion of the process for accreditation of mental health centers, psychiatric services and institutions,
- Introduction of mental health promotion programs for the people employed in mental health and prevention of the burnout syndrome.

There are several types of representation: (1) civic (unpaid citizen-volunteer who has completed an appropriate training and represents the interest of the client with the support and supervision of an independent organization, such as NGO, dealing with advocacy); (2) peer representation (where the users are representatives); (3) self-representation (where a group of users advocates for questions and interests on behalf of all patients before the management of the hospital and the authorities); (4) non-professional representation (representation by paid employees of an independent organization); (5) legal representation (refers to legal solicitation and representation by a lawyer).

Protected residential groups for long-term users

Protected residential groups appear as an alternative hospitalization of long-term psychotic users. It is important that they have, as much as possible, features of a family home and that they are integrated in the community. The relations are based on equality, and there is a continuous humane support by the employed staff, particularly during a crisis. They are all responsible for running the household, there is a small differentiation in roles and a small hierarchy, there is constant joint work with relatives and other close people, and the available resource of the community are used.

Social welfare and mental health

The influence of social conditions on mental health is extremely important, primarily, in situations of poverty and social deprivation. Social system is an important support system, and socioeconomic status has a direct impact on the resources and difficulties of the user. Interven-

tions targeting alleviation of poverty and inequality in the society, play the role of an important protective factor for people with mental health problems.

The need for social support of the service user in mental health are greater than the usual, particularly during periods of inability to function at the same level as other people, which results in their social inability. Additional support in such cases takes place through the social welfare system.

Social welfare is an activity of general interest of the Republic of Srpska, one that ensures assistance to citizens when they find themselves in a social need situation and undertake measures to prevent the occurrence and to remove the consequences of such a condition.

Social welfare activities encompass the measures and activities in the creation of conditions for the implementation of the protective function for the family and independent life and work of the people who are in a state of social need and their activation depending on their abilities, provision of life sustaining means to the impoverished and for work to disabled people and other citizens in a state of social need, as well as provision of other forms of social protection.

The directions and strategic principles of the ongoing reform of the social welfare system are based on the respect for human rights, equal participation of users in the creation, selection and adoption of decisions on services, ensured availability, partnership between public, nongovernmental and private service providers (mixed system) and respect of the right of users to live in a natural environment.

The Law on Social Welfare defines that people with mental health disorders are potential users of social welfare services. In the Republic of Srpska, there are specialized social welfare institutions that take care of social treatment of people with psychophysical

impairments (the Institute for Male Children and Youth with Developmental Impairments in Prijedor, the Institute for Female Children and Youth with Developmental Impairments in Visegrad). These institutions look after children who have been diagnosed to have a certain level of retardation in accordance with the Impairment Rulebook. On top of that, the concept on expanded rights and social protection services is such that the centers for social work have an option to introduce additional services for people with mental health disorders. On that basis, several municipalities have organized day centers for such people.

Relation between social welfare and mental health can be viewed from two angles. A person in a social need situation is under a higher risk of developing mental health problems and vice versa, a person who has serious mental problems, almost as rule, gets in a situation of social need. Social protection, as well as the mental health system, needs to focus on individual needs of the user, bearing in mind the status and conditions of immediate life surroundings (family and community). A particular role played by social protection is aimed at destigmatization of people with mental health problems. There is a very delicate role played by centers for social work during the process of work capacity deprivation, reduction of parental rights, custody and support in enforcing a forceful hospitalization of people with mental disorders. A mental disorder diagnose is not sufficient on its own for the procedures implemented by centers for social work (for example, deprivation of custody on children and the loss of parental rights, implementation of divorce procedure, entrusting children, etc). That fact gives a special responsibility to professionals in centers for social work. It is therefore necessary to carefully consider every individual case and clearly define the conditions and manifestations of mental disorders that can have an impact on the exercise of rights of the users on the

procedure implementation process.

The social welfare system needs to support the health system in prevention, treatment and rehabilitation of people with mental disorders. In line with their mandates and responsibilities, social welfare institutions need to react adequately, often preventively in order to avoid further aggravation of the situation. That is where the importance of the work with the families of people with mental disorders lies. Families often find themselves in a social need situation caused by actions of a family member, and as such, the family becomes a new user of the social welfare system.

The prime task of the social welfare system is to ensure adequate placement and to implement a resocialization process of people with mental disorders as well as it can.

Preventive activities and activities related to rehabilitation of people with mental disorders are often left solely to the social welfare system, which is definitely not favorable since social welfare alone cannot provide adequate answers to all the needs of the user. There has to be cooperation between relevant institutions in all the fields, particularly between those in the social and the health care fields. In that sense, the social welfare system serves as system of support to the healthcare system in the implementation of prevention and rehabilitation of people with mental disorders.

Social welfare services, rights and institutions oriented towards users/people with disordersa

According to the existing and the proposed solutions contained in the draft Law on Social Welfare, if the general conditions are met, all people with mental disorders, along with other rights, can also exercise the right for assistance and another person's care allowance, the

right to placement in a specialized social welfare institution, placement in a sustention family, the right to day care, the right to capacity development and education of children and the youth with developmental impairments, the right to assistance and care at home, the right to protected accommodation and other rights defined by local communities in a Decision on Expanded Rights, in line with their needs.

Centers for adults and centers for children and the young with intellectual disability

They help users with physical, mental or senses development with long term housing, nutrition, clothing, healthcare, upbringing and education, recreational and culture-entertainment activities, work-occupational therapy, pertinent to their abilities and the degree of disability, assistance in education and capacity development.

Day centers for adults and day centers for children and adolescents

They help users with physical, mental or senses development issues, in the most adequate way, to satisfy their basic life needs through day care.

Protected housing and supported housing

They are alternatives to institutional care for people with mental disorders. It ought to be implemented in close cooperation between health institutions, especially mental health centers and social welfare institutions.

Supported employment

This means paid work, whereby a person with mental health issues works in a work environment and gets support in accordance with their needs. In the beginning, the support is provided by a work assistant, but in time, the support gradually decrees and one of the associates takes over the role of the assistant. Notwithstanding the big impediments (lack of legal support, high unemployment, limited finances), it is necessary to systematically search for options to employ people with difficulties, which can initially be done through pilot programs. Experiences from other countries show that persons with intellectual challenges want and can work in normal conditions if they get adequate support. Unfortunately, supported employment is not recognized in the laws and bylaws of the employment legislation.

Who will be included?

- Services and professionals from social work centers and institutions for users housing,
- Users, user associations, their families and non-governmental organizations,
- Educational institutions for social work professionals,
- Local governance units,
- The Ministry of Health and Social Welfare of the Republic of Srpska in cooperation with other relevant institutions.

Where will the activities be implemented?

- In social welfare services,
- In user associations and the families and other non-governmental organizations,
- In users' homes
- In work organizations included in supported employment programs,
- In local governance units.

Process indicators:

- Established standardized education in support to people with mental health problems within the social system,
- Defined specialized social services, established service quality improvement mechanisms – monitoring, supervision and evaluation,
- Strengthened social actors who can provide services, improve the pluralism of service providers (public services, NGO, private sector),
- Improved direct social services in community: assistance in the implementation of family functions, home assistance and care, personal assistance,
- Increased number of beneficiaries in care families,
- Opened day care, day centers and user clubs in local communities,
- Established programs for supported protected housing and residence,
- Established programs for supported employment,
- Improved intra and cross-sector cooperation.

Outcome indicators:

- Users and families included in service creation and decision making processes,
- Improved mental health and psychosocial functioning and reduced mental health problems of the users,
- Reduced poverty and inequality of people with mental disorders,
- Improved quality of life of people with mental disorders,
- Reduced stigmatization of mental disorders and/or other forms of disability.

What outcome is expected?

Effective mental health promotion, prevention and early intervention and maintained social inclusion of people with mental disorders through:

- care for mental health of service users in the social welfare system
- reduced stigmatization and discrimination of people with mental disorders and
- housing, promotion, social inclusion and resocialization of people with mental disorders.

Activities

To have an effective promotion of mental health, prevention and early intervention in mental health problems and to improve social inclusion of people with mental disorders, the following activities have been planned:

- Adoption of legislative solution for the treatment of people with mental disorders in the social welfare system,
- Establishment of a standardized training for professionals and other persons providing services to people with mental disorders,
- Definition of a specialized social service for people with mental disorders,
- Strengthening of social actors who can offer support and improve the pluralism of service providers (public services, NGO, private sector),
- Improvement of direct social services in community: assistance in the implementation of family functions, home assistance and care, personal assistance,
- Development of different direct support services to families of people with mental disorder,
- Establishment of day care, day centers and user clubs in local communities,
- Launching supported user employment projects,
- Launching supported protected housing projects,
- Launching initiatives for advocacy development,
- Establishment of functional and efficient cooperation between local mental health centers and centers for social work.

Users, families, carers, and custodians

Most of the changes in mental health services in developed countries, that began in the 80s, have led to changes in the ratio of power between users and professionals. All those changes have reflected in a different approach to professionalism, different professional training and inclusion of non-professional qualified staff. In many countries of the west, mental health users associations and their families appear as partners in conceptualization of services.

It is interesting to mention that most of the activists in user initiatives are people categorized as long-term clients, which means, not those suffering from mild disorders, or those who have experience of one episode of a mental disorder.

Conceptually, the attitudes of users highlight the fact that their subjective and intersubjective experiences of a mental disorder and the psychiatric system are just as important and valid as those of the professional perspective, but they are often different from the positions of the professionals.

Users and carers have pointed out to the importance of prevention of further psychological problems and stress that is related to mental disorders and their treatment, as well as to the importance of early intervention in the development of mental health problems and disorders. Activities that help reduce the stigmatization and discrimination are of great importance as they contribute to the alleviation of the disease induced burden and to more active participation of users and carers in their communities.

Creation of users associations has a tremendous and multiple importance for psychiatric service users, since it satisfies, in several ways, some of the essential needs of the users that they otherwise find difficult to satisfy

outside the frames of these associations.

Groups for self-assistance and mutual assistance, as well as some other user initiatives need to be supported, because they give a chance to users to take their share of responsibility and to show that they do not accept to be treated as irresponsible, unable and unusable for the society.

The advantages of users associations are: mutual support, development of self-confidence, adoption of new skills, exchange of experiences, socializing, taking control over life, receiving more information, possibility of a stronger influence on the outside services, including users in planning of services for community mental health and so on. Some of the important users associations' operating fields could be improving physical health care of people suffering from severe mental disorders through the initiatives of the user to change a lifestyle that is of risk for developing somatic diseases, and to influence the mitigation of stigma and discrimination inside of the health care system by the means of public campaigns and advocacy. It is of high importance that user clubs and associations get actively involved in creating politics and programs at all levels, for it is hard to expect of anyone else to see clearly into their needs and to intercede for their rights in a greater extent. An association organized in that manner offers the opportunity to its users to self-actualize and gain self-respect and recognition.

Who will be included?

- Groups of users and carers,
- Health centers and social service centers,
- Human rights protection organizations and other non-governmental organizations,
- Local governance units.

Where will the activities be implemented?

- In clubs and user associations,
- In mental health centers,
- In nongovernmental organizations,
- In schools and education sector,
- In local governance units.

Process indicators::

- Practice and educational material for users and carers concerning promotion, prevention, early intervention, efficient treatment, rehabilitation and preservation of physical health,
- Increased number of users and families included in user initiatives,
- Increased funding of user associations and initiatives,
- Increased participation of the media in positive promotion of their associations and initiatives,
- Reduced risk factors that contribute to mental health problems and mental disorders, especially unemployment, homelessness, stigmatization and discrimination.

What outcome is expected?

Users and carers actively participate in promoting their own recovery and, through effective partnership, contribute to the improvement of public mental health via:

- Improvement of knowledge on mental health,
- Strengthening of the protective factors which can reduce the mental health problem and disorder burden,
- Mitigation of the risk-factors which can contribute to mental health problems and disorders, such as social isolation, unemployment, homelessness, stigma or discrimination,
- Participation in creation and evaluation of services
- Improvement of their physical health and prevention of somatic illnesses.

Activities

For more active participation of users and carers in promotion of their own recovery and mitigation of stigma and discrimination, the following activities have been planned:

- development of partnership with users and carers in investigation and implementation of the strategies which will increase their participation and contribution in promotion, prevention, early intervention, treatment and rehabilitation,
- development of programs of peer support and self-assistance groups for promotion, prevention, early intervention and rehabilitation,
- improvement of knowledge about promotion, prevention, early intervention and mitigation of burden associated with mental disorders of users and carers,
- development of programs which promote mental health of users and carers, through strengthening of the protective factors and reduction of the risk factors,
- continuous support to the users' initiatives,
- influence on the public opinion concerning the mitigation of discrimination, stigmatization and social exclusion via users' initiatives,
- improvement of physical health through development of healthy lifestyles and enforcement of rights on a quality health service without discrimination based on mental disorders.

Outcome indicators:

- Increased participation of users and carers in promotion of mental health, prevention, early intervention, treatment and rehabilitation,
- Increased participation of people with mental health problems and disorders and family life or community life problems,
- Reduced mental health problems, symptoms and burden due to mental disorders,
- Improved physical health of people suffering from severe mental disorders.

Cross-sector cooperation in long-term user care

The term long-term users replaced the term chronic patients during the 80s of the 20th century in the developed western countries. The new term does not suggest that users of the services stay severely disordered for years, but it puts the emphasis on the need for a continuous, long-term support, which activates the healthy resources of personality and prevents relapses and recidivism of the disorder. In the framework of this model, a person suffering from a mental disorder is also responsible for the process of their recovery.

The reasons for this change are based on arguments considering: institutionalism or the damage consequential to long stays in the institutions, the social collapse syndrome, which implies the weakening of social abilities after long-term hospitalizations which increases the risk of chronic developments; introduction of new psychopharmaceuticals, especially antipsychotics, which make treatments during decompensations possible outside of hospitals; the concept of therapeutic communities which showed the possibility of participation of users in their own rehabilitation; the alternatives which showed better results and lower costs than hospital treatments. The rise of democratization, participation of citizens and users' initiative have led to dissemination of more information and higher recognition of the users' opinion.

The methods and approaches which proved to be highly productive in the more developed countries are in principle brought down to the respect of fundamental human rights and dignity of the people suffering from mental disorders, insistence on healthy potentials of a person, abetment of independence, so as to learn life and social skills. Researches have confirmed that abetment of independence and development of life skills (self-

care, housekeeping, personal hygiene, control over own finances and similar) prepare psychiatric patients for a more independent life. Researches have proved that the levels of psychopathology and dependency are higher for users placed in institutions for long term residence, than for users in protected homes.

The new approach to those suffering from mental illnesses shifted to shorter hospitalizations for acute conditions or relapses in psychiatric hospitals and departments of general hospitals, in order to have better quality interventions in the sense of rehabilitation, resocialization and reintegration of an individual during a remission. This approach should be followed by the development of a community service for long-term users of mental health care services, such as day hospitals, mental health centers, day centers, protected homes and residence, protected work projects, user clubs and so on. The constant improvement of close cross-center cooperation is fundamental for the development of this approach. In the process of a continuous education for all professionals in the field of mental health and professionals in social welfare, who work with the people with mental disorders, it is important to include the concept of community mental health. It is also deemed necessary to additionally develop professional affiliations like those of psychiatry community nurses and occupational therapists who would be trained for work in a non-clinical setting and have a bigger role in long-term users' treatment.

In order for the long-term users who do not have a satisfactory family and social support to be able to stay in a community, it is necessary to develop different forms of, protected homes (defined in the Law on Protection of People with Mental Disorders and in the RS Mental Health Policy), and supported housing (in line with the Draft of the New Law on Social Welfare of the RS)

bearing in mind the former experiences from our practice and models developed in other countries.

Some users need a continuous support, focused on the reduction of consequences in the field of cognitive and emotional functions and interpersonal relations. The objective of this support is an optimal rehabilitation of users, after a period of acute hospitalization. It is required that this type of support also be implemented in protected homes (apart from the Institute for Treatment and Rehabilitation and Social Welfare of Long Term Mental Patients “Jakes”), and in rehabilitation units in local community. These types of rehabilitation services are under the health sector mandate, and the services are provided in collaboration with the social sector. This type of service would be time limited to a period of two to four years. There should be nursing care 24 hours a day in the homes. Apart from the fully employed nurses and the support staff, the services would also be provided by professionals from the existing mental health services (primary and secondary level) and professionals from the sector of social security. It is desirable for the volunteers from the non-governmental sector and students of relevant disciplines to be involved too. The optimal number of users is 6-12. Interventions are planned in a rehabilitation model of rebuilding of life and social skills, e.g. vocational training, educational courses, and so on. The selection of users requests for a multidisciplinary professional team estimation. Possible ways and sources of financing this form of rehabilitation units could include the participation of local governance units, social and health sector, family or the user themselves, depending on the available possibilities.

Long-term users in a stabile remission, but with residual symptoms, who need relatively constant help in achieving their everyday life activities, can get the service in protected housing, based on the principles of socialization and resocialization. This type of service is of a speci-

al importance for those missing adequate family support and accommodation. An organized community care is the prevention of new disease episodes and it optimizes the use of users’ capacities. The establishment of these units is under the social sector authority, in cooperation with the health sector, and the services are provided by members of multidisciplinary teams from social work centers and mental health centers, with daily visits and active involvement in their psychosocial programs and activities. Trained non-professional carers employed by the social sector can also be engaged in the work.

It is important to emphasize that: houses should have the characteristics of family houses and be integrated into the community, the associates are open for “new and different” things, relations are based on equality, everyone is are responsible for the household, there is a little difference between roles, a little hierarchy, and all available resources of the community can be used. The important rights of the users are that they have a place to stay, room for their personal belongings, that they can cook, invite friends, and have their own tranquility.

The work is based on the following principles:

- Every user is treated as an individual, with respect of their privacy, dignity and independence,
- Every user has been evaluated and the plans for care are developed for all of them respectively, according to their needs and a care coordinator has been appointed,
- The emphasis is put on the training of social and life skills,

Who will be involved?

- Local governance units,
- Mental health centers,
- Psychiatry departments, hospitals, clinics and institutes,
- Social work institutions and services,
- Education institutions,
- Nongovernmental organizations,
- Users, their families and associations,
- The RS Mental Health Coordination Center,
- Professional associations and chambers,
- Project and policy managers,
- The RS Health Insurance Fund,
- The Ministry of Health and Social Welfare,
- The Ministry of Local Governance.

Where will the activities take place?

- In mental health institutions,
- In social work institutions and services,
- In protected homes and protected residency,
- In users' homes,
- In non-governmental organizations,
- In local governance units.

- It is necessary to ensure that every user gets a certain level of support, so that all of them are completely included in all activities (taking care of the personal hygiene, house holding and housekeeping, gardening, getting supplies, cooking, education, employment, emotional and mental health, control over own finances, free activities, etc.),
- Occupational and other types of therapy are implemented in the form of different groups according to the interests, such as inclusion in activities of mental health centers, day centers, user organizations, clubs and so on.

What outcome is expected

To ensure the improvement of the quality of life of long-term users and an optimal recovery through:

- Functional integration of the health, social welfare and non-governmental sectors, especially users' initiatives,
- Effective rehabilitation with optimally restored psychic, social and working functionality of users, as well as their resocialization and reintegration into the community,
- Opening of local rehabilitation units and resocialization of long-term users of protected houses, protected residency.
- Intervention in the immediate setting of the user (family, residents of the home, working environment...),
- Improvement of all rehabilitation activities in all hospitals (working, socio, occupational...) in order to acquire the required life and working skills,
- Resocialization in clubs, day centers, self-assistance groups and local community.

Activities

The following activities have been planned for the improvement of quality of life of long-term users and optimal recovery:

- development of cooperation between mental health institutions and social work center protocol, related to their services for long-term users,
- development of the protected house and protected residency program,
- formation of teams, training and additional training for professional and nonprofessional staff.
- opening of protected houses as rehabilitation units for long-term users in local communities,
- establishment of services of supported accommodation for the long-term users in local communities..

Process indicators

- Increased availability of services of rehabilitation and resocialization for long-term users,
- New protected homes opened and supported accommodation expanded.

Outcome indicators

- Improved quality of life of long-term users,
- Improved life skills and increased capacity for independence and autonomy,
- Reduced stigmatization of users and increased reintegration in local community.

Who will be included?

- The media workers, including reporters, photographers, publishers, radio and television hosts, administration, management and producers,
- Mental health professionals, users and carers, non-governmental organizations,
- Media researchers,
- Mental health PRs.

Where will the activities be implemented?

- In media companies, including the film, radio, television, publishers and newspapers,
- In public and private communication organizations,
- In education institutions and media work programs,
- Via the Internet.

The media

The media are an integrated part of the society that exert influence on the formation of attitudes and perception of social norms in a community. Therefore, it has a very important role in the formation of attitudes towards mental health, mental disorders and people suffering from them (e.g. Media publicity of a suicide affects suicidal behavior in a community).

Every part of the information industry develops norms that manage the broadcasting of programs. These norms ban reporting that in any way encourages or supports resentment towards a person or a group of people based on incompetence, among else. However, media reporting often reflects a wide misinterpretation of mental problems and disorders in a community. Education and raising the awareness of the media about these issues can increase the correctness and balance in the coverage and help promote the knowledge of the basics of mental health.

Cooperation between the representatives of the media and mental health professionals can also help to identify the ways in which the media can encourage the suicidal, or behavior of any other risk, without creating negative attitudes towards mental problems and disorders.

The media have an influence on a spectrum of everyday matters concerning mental health. Presentations of different social groups, such as the young, the elderly, and the minorities or others affect the attitudes of a community related to prejudice and discrimination. The media can play an important role in the promotion of acceptance and evaluation of the differences within a society and encouragement of a social climate that includes and accepts social inclusion and mental health for all people in the RS.

The media campaigns connected to certain community activities can improve the mental health knowledge of the population.

What outcome is expected?

The inclusion of the media in promotion of mental health through:

- Basic knowledge of media employees on mental health,
- Responsible and adequate reporting and presentation of mental health problems and people with mental disorders,
- Contribution of the media in promotion, prevention, early intervention and informing of treatment and rehabilitation.

Activities

The following activities have been planned for a greater participation of the media in the promotion of mental health, fighting stigma and discrimination

- inclusion of the media in the promotion of mental health via partnerships and dissemination of information,
- development of initiatives and partnerships in adequate media reports on mental health, problems and disorders, to facilitate the campaigns against stigma,
- promotion of positive messages on social and cultural differences,
- formation of a group of experts and PRs dealing with the matters of mental health and encouraging their consultancy with the media.

Process indicators:

- Strategic relations between the media and mental health service,
- More positive media presentation of people with mental disorders,
- More positive presentation of potentially marginalized social groups.

Outcome indicators:

- Mitigated stigma, stereotypes and negative reporting in the media,,
- More media reports on mental health and mental disorders that are up to date, presented in the appropriate manner, positively and with hope.
- Improved basic knowledge of the population on mental health, problems, disorders and methods of help.

Who will be included?

- Local governance units, their leaders and members,
- Certain community groups (e.g. school children, the groups exposed to special risks, minority groups...),
- Nongovernmental organizations,
- The media,
- Health institutions,
- Social work institutions and services,
- Mental Health Coordination Center,
- The RS Health Protection Institute,
- The Ministry of Health and Social Welfare,
- The Ministry of Local Governance.

Where will the activities be implemented?

- In local governance units,
- In workplaces,,
- In schools and other education institutions,
- In places where sports, recreational, social and cultural activities take place,
- In the media.

Outcome indicators:

- Increased funding of programs based on arguments, that are directed towards promotion of mental health and prevention and reduction of mental health problems and disorders by the governmental institutions and nongovernmental organizations,
- Improved basic mental health knowledge of the population,
- Improved mental health, wellbeing, quality of life and resilience of the population,
- Improved family functioning and parental skills,
- Improved social support and relations inside community,
- Reduced mental problems and disorders in the population.

Promotional and preventive activities at the level of entire Community

Entire community should be continuously developing resources that improve and protect mental health of the population and mitigate the risk factors for development of disorders. The outcomes of promotional initiatives in mental health are usually not visible in the first few years after the implementation, because it takes time for the changes of attitudes to take effect and for the new models of behavior of citizens and operating of institutions to be established.

Researches should explore the methods of improvement of the community actions, development and implementation of the public health policy, and of creation of supporting social and physical setting. These researches could be directed towards the processes with the goal of improving social resources in the widest sense, related to physical and mental health, not focusing narrowly on mental health. (e.g. reduction of smoking, reduction of social isolation, improvement of education and upbringing processes, upholding healthy lifestyles, humanization of working and living environments, respect of human rights, etc.)

Evaluation of mental health promotional activities, that refers to entire population, does not necessarily have to include the measures of mental health and/or disorders and very often it focuses on the measuring

What outcome is expected?

An overall promotion of mental health, prevention and reduction of mental health problems and disorders in the Republic of Srpska via:

- Public health policy,
- Mental health policy,
- Supporting environment,
- Community activity,
- Basic knowledge of the population on mental health,
- Mitigation of stigma and discrimination,
- Acceptance and appreciation of social and cultural differences,
- Mitigation of the risk factors and strengthening of the protective factors,
- Seeking help as soon as possible.

Activities:

The following activities have been planned for an overall promotion of mental health, prevention and reduction of mental health problems and disorders:

- identification of all basic elements of mental health promotion in communities and to support communities in their implementation through researches,,
- support and improvement of the influence of mental health policy, strategy and programs in a series of cross-sector initiatives that can affect mental health,
- identification and use of effective approaches that will improve mental health and disorder knowledge of the population, and support the desirable changes of attitudes and behavior and mitigate the stigma related to mental health problems,
- inclusion of the media into a coordinated, multi-strategic approach, in order to send appropriate messages which promote mental health, reduction of stigma and help in early detection of mental health problems and disorders,
- facilitation of anti-stigma campaigns,
- support of the coordination of institution activities and the exchange of experiences on the local, entity and state level in order to improve their effect.

of risk and protective factors. The measures by which the effects of these initiatives are evaluated should be appropriate for screening the processes that act on different levels, in different contexts and within different communities. The messages sent by the media are of a special importance because they can have a strong influence on attitudes and behavior of the population. It is required to carry out media campaigns that are directed towards positive changes of mental health and mental disorders attitudes of the community, and prior to that to improve the basic knowledge of the media on mental health. In any case, the media should be used as one of the components of a multi-strategic approach in order to accomplish the changes in attitudes and behavior of the population.

Process indicators:

- Development of methods of data collection and researching of mental health problems and disorders, risk and protective factors, including social and family functioning,
- The existence of programs based on arguments related to promotion, prevention and early intervention for all population and all priority groups,
- Increase of early identification of mental problems and disorders, and timely and adequate referral to the appropriate services,
- Implementing of the public policy and practice that promote mental health in all the relevant environments such as families, schools, workplaces and communities,
- Improvement of inter, intra and multi-sector cooperation and partnership,
- More active participation of all members within a local community,
- Increased number of services involved in the activities of promotion, prevention and early interventions.

Specific interventions during a life cycle

Children and adolescents up to the age of 18

Most of the mental health problems of children and adolescents are defined at the levels of category and dimension. The category approach comes from the hypothesis about disorders as separated entities that are qualitatively different from the normal condition and this approach is common in psychiatric classifications. The dimensional approach comes from the hypothesis on psychopathological as an extreme expression of “normal”-characteristics of temperament, personality and developmental difficulties, which are common in psychology theories. Sociologically oriented theories emphasize the importance of the socio-economic context on the formation of characteristics of an individual and their perception by others. It is necessary to be aware of these different points of view, and when setting a goal, methods of evaluation and forms of help to choose which is the most appropriate for a solution of a child’s problem, within a context in which it is exhibited. Comprehensive understanding of a child or an adolescent with mental health difficulties, apart from the diagnosing possible disorder, makes the developmental diagnostic formulation possible, based on which efficient interventions can be planned. Notwithstanding the fact that significant differences exist between disorders of children and adults, the developmental approach is important for the understanding of adult problems too.

There is strong evidence that the risk factors and vulnerability of infants, children and adolescents are related to mental health problems in the development period, but also with problems an individual is to face during their life. Numerous risk factors do not lead directly to

the development of psychopathology, but a causal relation is formed through continuous changes in everyday reactions of a child.

Many risk factors cannot be directly acted upon, and many of them cannot be changed, but we can mitigate their effect via developing compensatory and protective factors. Children who, in spite of their growing in high risk conditions, do not develop problems can be a source of knowledge about efficient forms of intervention for the children who have problems. Contemporary developmental psychopathology emphasizes the availability of different possibilities and different trajectories of growth, under effects of different circumstances.

The key priorities are to enable the best possible conditions for children in their early age, to promote their mental health and their parents’ mental health and to work on the prevention and reduction of the effects of mental health problems.

The prevention work is done through reduction of the risk factors, mitigation of their effect and creation, or improvement of the protective factors. Interventions are adjusted to age, with a special emphasis on help in many developmental changes. Preventive interventions are conducted in natural conditions and they include all children and adolescents (universal prevention), and the children and adolescents in high risk situations, and their families are offered additional and specific interventions and programs (selective prevention). The basic principles of the selective prevention are that it starts early, lasts long enough, includes as much of direct contact as possible, focuses on different aspects of functioning, includes the family and the school and it helps the family to deal with everyday problems and satisfy the basic biological and psychosocial needs. It is important to combine the universal and selective programs for risk groups.

Special attention will be given to the following risk

groups: under acute stress (especially during hospitalization), with a chronic illness, with mentally ill parents, with parents who are in conflict and to those without parental care.

For children and adolescents with mental health problems or disorders, it is necessary to make capacities for early identification and to give priority to community interventions as early as possible, multidisciplinary team work with an emphasized psychotherapy and socio-therapy component and the systematic approach to family and environment.

It is important to strengthen the regionally available service for children with mental health issues and to reduce the frequency and length of hospital treatments, except for children and adolescents who are extremely disorganized or suicidal. Stigmatization is especially dangerous during the formative age, since children depend on the decisions and actions of others much more than adults. Seeking psychiatric evaluation and potential psychiatric treatment of a child by parents, school or social sector should not mean rejection or giving up on their usual life context, development and educational activities.

At the moment, in The Republic of Srpska there is one department for children and adolescents with hospital treatment (15 beds) at the Psychiatry Clinic, CC Banja Luka. Children treatment can also be done in outpatient specialist services of clinics, hospitals and MHCs, but there is lack of skills among most of the professionals who provide, or should provide, services to children and adolescents.

Newborns and preschool children: up to the age of five

The risk factors: low birth weight, childbirth complications, poor attachment to the mother or a person with the role of a mother, inadequate cognitive stimulation, abuse and neglect, a parent, especially the mother suffering from mental and somatic problems, development of disorders, and genetic factors. Selective interventions that include home visits and training of parents can be efficient in promotion of positive development and prevention of problems in the development of a child. Interventions can start already during the pregnancy. It is of special importance to give support to families from unfavorable socioeconomic environments, with small income, ill member or underage mothers or parents.

Who will be involved?

- Children, parents and families, including foster families,
- Health institutions and teams in family medicine, protection of a mother and child and a habilitation,
- Mental health centers,
- Social work institutions and services,
- Institutions, services and teams specialized for children mental health
- Specialized institutions, services and teams for children with special education needs,
- Institutions for preschool upbringing,
- Institutions for care for children without parental care,
- Help funds for helping children and families,
- Non-governmental organizations, parents associations,
- The Ministry of Health and Social Welfare, the Ministry of Family, Youth and Sports, the Ministry of Labor and Veterans' Protection, the Ministry of Education and Culture,
- Local governance units.

Where will the activities be implemented?

- In a family,
- In children homes,
- In health institutions,
- In social work institutions and services,
- In local governance units.

Process indicators:

- Improved education and implemented programs of support to mothers in the prenatal period,
- Organized home visits and programs that support the child-parent relation and have different mental health components,
- Implemented programs of development of parental skills, especially for risk families,
- Increased availability of preschool institutions and activities,
- Improved programs of early detection and appropriate treatment of children with difficulties in speech, cognitive functions or impairment in behavior, emotional or social functioning.

What outcome is expected?

Promotion of mental health, prevention and reduction of mental problems and disorders of parents and children via:

- Creation of services that support general health of women, mothers and infants,
- Development of environments and services that support family functioning,
- Implementation of policies and practices in workplaces that support the family,
- Development of positive parental skills and optimal family functioning,
- Accomplishment of safety and consistent quality care for children,
- Development of an environment for children that supports inclusion and positive learning,
- Alleviated depression, anxiety, and parents' substance abuse,
- Development of institutional environments (day nursery, preschool, health and social institutions) that support emotional and cognitive development of a child and mitigate the negative effects of the illness and development setbacks and absence or poor quality of parental care,
- Reduced negligence and child abuse,
- Promotion of early identification, intervention and a system for monitoring children under risk or showing early signs of setbacks in their development.

Activities:

The following activities have been planned for promotion of mental health, prevention and reduction of mental problems and disorders of parents and children:

- Giving support in workplaces to employed parents via work policy and practice of workplaces that promote mental and physical health of children and parents,
- Education in psychology for parents during the pregnancy period and after childbirth, including information on postnatal depression,
- Identification of the key mental health components for infants in home visits, that will improve parental skills and promote attachment,
- Additional home visits and programs of support to parents, for the families under risk of mental health problems,
- Development of quality care for the children without parental care, encouragement of foster parenting,
- Development of programs that provide children with quality care, especially those who are in risk of the development of mental health problems and who live in unfavorable circumstances,
- Activation of a screening program for mental health of parents, especially for depression of mothers,
- Improvement of the screening program for children's health,
- Provision of preschool educational and psychosocial programs available to all families, especially to those living in adverse circumstances and rural environments,
- Availability of a multidisciplinary treatment of children who are under risk of developing mental health problems, expressing developmental difficulties, stagnations and mental problems and disorders, via increasing the number of trained professionals,
- Inclusion of gender sensitive activities and programs on equality.

Outcome indicators:

- Reduced incidence in low weight infants,
- Reduced incidence of mothers' depression and anxiety and parents' substance abuse,
- Reduced child abuse and negligence,
- Improved attachment between children and those who take care of them,
- Reduced incidence and prevalence of cognitive, speech, emotional, social difficulties and disorders in child behavior.

Who will be included?

- Parents, children, families, including foster families,
- Schools, education-pedagogical institutes and the Study-book Institute,
- Health institutions and family medicine teams, pediatricians and rehabilitation professionals,
- Mental health centers,
- Social work institutions and services,
- Institutions, services and teams specialized for work in mental health with children and adolescents,
- Institutions, services and teams specialized in working with children and adolescents with special education needs,
- Childcare institutions,
- Juvenile judiciary bodies, the police,
- Juvenile delinquents institutions and programs,
- Children and family assistance programs,
- Non-governmental organizations, parent associations and children and youth organizations,
- The Ministry of Health and Social Welfare, the Ministry of Family, Youth and Sports, the Ministry of Labor and Veteran Protection, the Ministry of Education, the Ministry of Internal Affairs,
- Local governance units.

School children and adolescents; age 6 to 18

Going to school is a big change for the child and it offers a lot of opportunity to incite development, learning and upbringing. At the school age, organization of universal programs and the ability to recognize the pupils and pupil groups for selective interventions are facilitated.

Turning into puberty is followed by an increased need for independence, more diverse and more frequent contacts with peers, sexual interest and the formation of a psychosexual identity. That is a period with increased risks of mental health problems and disorders.

Risk factors in the child and adolescent ages are poverty of the family, lack of love, domestic violence, inadequate parenthood models, weak home and school control, poor peer relations, inconsistent and punitive school relations, as well as poor teacher-child communication, early abandoning of school, violence experience and misuse in the school and the community, substance misuse and parent criminality, mental illness of the parents and inadequate treatment of the body.

Protective factors are good family and school connections, cohesive and nonviolent school atmosphere, positive attachment to the parents, positive role models and mentors, feeling of social connection, efficiency in resolution of problems and confrontation of stress, internal locus control, experience of achievement, belonging to a positive peer group and an active life style.

Certain activities at home, school and the community such as sports, recreation activities, good relations with peers can lead to the enhancement of self-esteem, increase the feeling of safety and competence, improved stress confrontation skills and the feeling of connection with the family, school and community. Early interventions in the development age are of crucial importance for the prevention of structural disorders.

Programs and interventions require an age specific sensitivity in the communication and organization methodology.

What outcome is expected?

Promotion of mental health, prevention and reduction of mental health problems and disorders of parents and children through:

- Development of the environment and services that support family functioning,
- Implementation of policies and practices of work posts that support the family,
- Acceptance and appreciation of social and cultural diversity,
- Creation of a school environment that supports mental health and acquisition of basic information on mental health,
- Development of options for personal development and knowledge,
- Development of positive parental skill and optimal family functioning,
- Improved self-confidence, self-esteem, social competences, stress confrontation skill, and resilience of school children and adolescents,
- Affirmation of the feeling of attachment to the family, school and community,
- Development of positive peer relations,
- Reduced negligence and abuse of school children and adolescents,
- Implementation of risk group programs,
- Early detection, intervention and adequate treatment of those who show early signs and symptoms of disorder of attention, cognition, graphomotorics, speech and language, behavior problems, emotional disorders, anxiety, depression, nutrition disorders, substance misuse, self-injuring and psychosis.

Where will the activities be implemented?

- In families,
- In schools,
- In health institutions,
- In social work institutions and services,
- In childcare institutions,
- In sports, recreation and education services in community,
- In juvenile judiciary bodies,
- In juvenile delinquents institutions and programs,
- In local governance units.

Process indicators?

- Improved existing and established specific mental health education programs for family medicine teams, pediatricians in promotion of mental health, prevention, early identification and treatment of problems and disorders,
- Improved existing and established specific education programs for teams in centers for social work in approaches and forms of work that promote mental health, prevention of mental health problems and disorders,
- Improved existing and established specific education programs for the lecturing staff and managers in schools and education-pedagogical institutes in approaches and forms of work that promote mental health and prevention of mental health problems and disorders,
- Established programs in all schools promoting self-esteem, resilience, optimism and reducing peer abuse,
- Increased participation of children and adolescents in different school and out-of-school activities,
- More programs that promote cultural awareness and acceptance of social and cultural diversity,
- Established prevention, early detection and intervention programs for risk groups in all sectors, institutions and services,
- Enhanced prevention, early detection and early intervention for people with deviant behavior, emotional disorders, attention, speech and language problems,
- Enhanced prevention, early detection and early intervention for people suffering from depression and anxiety, drugs and alcohol misuse, nutrition problems and psychosis,
- Enabled access to prevention, early detection and intervention programs for the mentioned disorders and to those in risk, not attending school.

Activities:

To promote mental health, prevention and reduction of mental problems and disorders of parents and children, the following activities have been planned:

- Education of mental health teams to promote, prevent and provide early intervention and treatment,
- Development of parent skills programs and prevention of family negligence and abuse,
- Education of lecturing staff and managers in schools in approaching and ways of work that promote mental health and provide prevention of the cause of the problem and disorder,
- Education of teams for social protection in schools in approaching and ways of work that promote mental health and provide prevention of the cause of the problem and disorder,
- Implementation of programs in schools and communities that improve self-esteem, resilience, optimism and reduce peer abuse,
- Improved coordination and evaluation of programs for mental health promotion in schools and communities,
- Promotion of acceptance of cultural diversity,
- Establishment of preventive programs for high risk groups,
- Establishment of universal and selective prevention programs for cognitive, emotional, behavioral and nutritional problems and disorders,
- Establishment of universal and selective prevention programs for ethnic chauvinism, racism and sexism,
- Early detection of problems in attention, speech and language, behavior problems, emotional disorders and nutrition problems within the school, social and health systems,
- Early intervention for children showing signs and symptoms of disorders,
- Development and evaluation of programs for sex education and preparation for parenthood for adolescents,

- Development of partnership between the Ministry of Health and Social Welfare, the Ministry of Education, the Ministry of Family, Youth and Sports, the Ministry of Labor and Veterans Protection and the Ministry of Justice,
- Development of a functional partnership of the health and school sectors with other sectors (juvenile judiciary, youth services, friendly services, centers for social work, NGO, etc.), particularly for those who have abandoned or are under the risk of abandoning school.
- Development of a functional integration between different sectors (school, health, social and NGO) and services to intervene timely and adequately in cases of mental health problems of children and adolescents,
- Inclusion of activities on gender sensitive equality programs.

Outcome indicators:

- Reduced neglect and abuse of children and adolescents,
- Increased cultural awareness and acceptance of differences by children and adolescents,
- Improved social, educational and the stress confrontation skills among children and adolescents,
- Improved self-esteem, resilience, optimism and reduced peer abuse of children and adolescents,
- An atmosphere that promotes mental health established in schools,
- Reduced incidence, prevalence and burden of behavioral deviations, emotional disorders, attention disorders, and cognitive, speech and language problems,
- Reduced incidence, prevalence and the burden of depression, anxiety, nutritional problems, substance misuse and psychotic conditions,
- Reduced rate of suicide and self-injuring

Who will be included:

- The young and their families
- Health institutions and family medicine teams, occupational medicine and rehabilitation professionals,
- Mental health centers,
- Psychiatric departments, hospitals, clinics and institutes
- Social work services and institutions,
- Public health professionals,
- Universities and faculties,
- Labor organizations, companies, employment agencies and adult education institutions,
- Nongovernmental organizations, primarily those of the young,
- Addicts communes,
- HIV/AIDS programs,
- Judiciary bodies, police
- The Ministry of Health and Social Welfare, the Ministry of Family, Youth and Sports, the Ministry of Labor and Veterans' Protection, the Ministry of Education, the Ministry of Internal Affairs.

Young adults, 18 to 29

Young adulthood is the age when people identify themselves with personal and social responsibilities in the development of intimate relations, completion of education, when they begin careers and professional engagements. In this age cohort, the prevalence of mental health problems and disorders soars dramatically. The depression and anxiety disorder rates are high, particularly those of young women, who are also prone to self-injuring, suicide attempts and nutrition problems. Among young men, the prevalence exists in the misuse of psychoactive substances, and the suicide rate is also fairly high. Psychosis, such as schizophrenia often become noticeable at this age. To identify the prodromal symptoms and to intervene adequately as soon as possible during the first pre-psychotic and

What outcome is expected?

Promotion of mental health, prevention and reduction of mental health problems and disorders among young adults via:

- Surrounding and infrastructure that supports family and social functioning,
- Policy and practice of employment and work, mentally healthy work environment
- Acceptance and appreciation of social and cultural diversity,
- Possession of basic knowledge on mental health,
- Opportunity for personal development and research and for meaningful participation at a work post in the community,
- Emotional resilience and the feeling of connection with the family, community and work post,
- Positive intimate and other social relations,
- Reduced risk factors for early psychosis, anxiety, depression and nutrition problems, as well as substance misuse, self-injuring and suicidal behavior,
- Early intervention for young adults showing symptoms of psychosis, anxiety, depression and nutrition problems, as well as substance misuse.

psychotic reaction experience is of great importance for the subsequent curing and the outcome of the problem and of decisive importance for the following quality of psychosocial adjustment and recuperation capacity.

Young and adults who are socially alienated, who have discontinued their education and who are unemployed are under a greater risk of developing mental health problems and disorders. Students often have a high level of psychological distress, and young employees can be under an increased job related risk. Some young adults avoid seeking help openly for their mental health problems, but they get in touch with services for addicts, delinquents, different youth programs and community services.

It is important to include the young under risk into appropriate mental health services by understanding the subcultures and the establishment of wider connections with other services and organizations in everyday practice, so as to offer the services at the places where the young spontaneously gather. In other words, it is necessary to develop friendly services for the young. For the young who get in touch with the judiciary system, the maintenance of connections with the family and the community can be of particular importance for the reduction of suicidal and the self-injuring behavior.

Many people become parents very young. So, along with their own, they have to take care of their children's needs.

Effective prevention programs for depression and anxiety disorders of the young can be applied in schools, universities, education and working environments. Short-term interventions for psychoactive substance users can be provided in family medicine teams, mental health centers in community and other primary health care service. Cognitive-behavioral problems which include premarital counseling can reduce marital problems and mental health problems related with them.

Early detection and intensive early treatment with first psychotic reactions is also a very important area of action by mental health professionals.

Where will the activities be implemented?

- In the families and homes of the young,
- At work and in trainings for job search and additional work capacity building,
- At universities and faculties,
- In health institutions,
- In social work services and institutions,
- In sports, recreation, cultural and education services in community,
- In nongovernmental organizations
- In judiciary bodies,
- In delinquency institutions and programs,
- In local governance units.

Process indicators:

- Enhanced access and utilization of programs that improve partners, marital and parental relations,
- Enhanced access and utilization of effective educational and work programs,
- Availability of good practice guidelines and protocols in relation to promotion, prevention and early intervention for different services and types of problems.

Outcome indicators:

- Increased acceptance and appreciation for social and cultural diversity,
- Enhanced participation of the young in activities targeting education, work and community,
- Reduced incidence, prevalence and burden of depression, anxiety disorders, psychoactive substance misuse, nutrition problems and psychosis,
- Reduces suicide and self-injuring.

Activities

To promote mental health, prevention and reduction of mental health problems and disorders of young adults, the following activities have been planned:

- Consultations for the young while developing effective promotion, prevention and early intervention programs,
- Collection of data on risk and protective factors and identification of effective ways and places for the inclusion of the young in relevant programs, particularly those from risk groups,
- Development of initiatives for the reduction of influence of life difficulties (such as unemployment, relationship splits, incarceration) which increase the risk of mental health problems,
- Setting up programs that improve the ability for education, work and career development,
- Enhancement of evidence based programs that contribute to the development of responsible and upgrading relations,
- Increase of capacities of health institutions and social services to recognize early signs and symptoms of mental health problems and disorders,
- Development of an early intervention model which will be implemented in partnership with the young, and application of such programs in different settings,
- Inclusion of activities on gender sensitive equality programs.

Adults, 30 to 65

Important issues in adulthood pertain to family life and close relations, social inclusion, financial stability and ability for different engagement and achievements. Great amount of people spend significant portions of time in work environment, whether to do job at home, or at a work post, paid or unpaid. Research indicated that the level of job related stress has been in constant increase in the past several years, which results in the increase of stress related mental disorders. Important factors in stress prevention at work are: adequate job burden, time organization, flexibility, positive relations, job organization and description, degree of autonomy, the role and the status of employees in the organization, decision making and planning, management and general culture.

Promotion of mental health and preventive activities at work are primarily focused on the management of stress and development of positive attitude to resolution of difficult situations and pressures at work. In developed countries, the interest for the development of organizational structures and work posts that help prevent stress and improve the welfare and mental health is increasing. This is also necessary for transitional countries, so as to prevent the subsequent burden of increased costs for the treatment and payment of disability-pension and social funds. This requires specialized effective interventions for the people who work stressful jobs and jobs that are risky for mental health (such as assistant professions in work with severely ill people). It has been proved that improved social support at work reduces mental health problems among employees. Future research needs to identify potentially effective interventions related to work policy and systems (including the structure and style of management, stress management, prevention of trauma stress and posttraumatic stress disorder, prevention of suicide in high risk professions and prevention and interventions in cases of domestic violence and abuse at work).

External stress is cause of half of depressive episodes in adulthood. Frequent stressful events in adulthood are related to divorce and loss of close people. Unemployment and work in informal sector have extremely negative effects on mental health.

Who will be involved?

- Adults, employees and the unemployed
- Employers,
- Unions,
- Workplace policy makers,
- Work organizations, companies, adult employment and education agencies,
- Health institutions and teams in family medicine, occupational medicine and rehabilitation,
- Mental health centers,
- Psychiatric wards, hospitals, clinics and institutes,
- Social work services and institutions,
- Public health professionals,
- Nongovernmental organizations,
- Protected work programs and organizations,
- The RS Government Gender Center,
- Judiciary bodies and police for domestic violence,
- The Ministry of Health and Social Welfare, the Ministry of Labor and Veterans' Protection, the Ministry of Justice, the Ministry of Internal Affairs.

Where will the activities be implemented?

- In homes and families,
- At work, and in job training centers and centers for additional work capacity building,
- At identified high risk occupation work-sites and workplaces,
- In health institutions,
- In social work services and institutions,
- In sports, recreation, culture and education community services,
- In nongovernmental organizations,
- In judiciary bodies,
- In institutions and programs for violent offenders in families and programs for violence victims.

Process indicators:

- Increased knowledge of the community about the impact of social and economic inequality, weak social cohesion, low status, low control experience and autonomy on mental health,
- Established programs for prevention of discrimination, victimization, abuse and sexual harassment at work,
- Established programs for prevention of mental health problems and disorders,
- Increased availability of adequate assistance and early intervention for mental health problems.

In this age cohort, female population suffers additional damage, as the woman usually plays more roles, which are often incompatible and the woman exhausts her adaptation potentials, which causes, for example, depression to be twice as frequent in this age cohort that among men. Women are also more frequently victims of domestic violence.

What outcome is expected?

Promotion of mental health, prevention and reduction of mental health problems and disorders of adults via:

- Mentally healthy workplaces, work policy and practice,
- Meaningful participation in community for all adults,
- Improved family and social functioning,
- Reduction of stigma, discrimination and sexual harassment, victimization and bullying in the workplace,
- Reduced incidence, prevalence and severity of stress consequences and other mental health risks related to work and organizational conditions,
- Reduction of risk factors for mental health problems and mental disorders, particularly those related to domestic violence and loss events,
- Early intervention for people with signs and symptoms of anxiety, depression and substance misuse and psychosis.

Activities

For the promotion of mental health, prevention and reduction of mental health problems and disorders among adults, the following activities have been planned:

- Development of employment policy, practice and work environments that will support parent employees,
 - Identification of data, needs, initiatives, and partnerships between the union, managerial structures, protection at work and labor medicine in the fields of promotion and prevention at work,
 - Development of programs for work post models that promote mental health, prevention and enable early intervention in mental health problems and disorders,
 - Conduct research into the causes of stress of adults and establish initiatives that aim at reducing stress,
 - Increase the capacity of primary healthcare to detect early signs and symptoms of mental health problems of adults and to intervene effectively,
 - Inclusion of activities in gender sensitive equality programs.
- Inclusion of activities in gender sensitive equality programs.

Outcome indicators:

- Enhanced experience of equality, status, autonomy and control for all adults,
- Enhanced feeling of support and connection for employees, wherever they work, at home or elsewhere,
- Reduced discrimination, victimization, abuse and sexual harassment at work,
- Reduced work related stress, reduced stress related job absenteeism and reduced stress induced incapacity,
- Reduced domestic violence,
- Reduced incidence and prevalence of depression, anxious disorders and substance misuse.

Who will be included?

- Aged adults, their families and carers,
- Health institutions and teams in family medicine and rehabilitation,
- Mental Health Centers,
- Teams for evaluation of health and needs of the elderly in psychiatric departments, hospitals, clinics and institutes,
- Teams for evaluation of health and needs of the elderly in social work institutions and services,
- Public health professionals,
- Public and private old age homes,
- Nongovernmental organizations,
- Public services in local governance units (such as transport, libraries, clubs),
- Pension-disability Fund
- The Ministry of Health and Social Welfare.

The elderly, over 65

Old age can be a period of significant change. Some are positive, such as more time for hobbies and other activities, while others are negative, such as loss of identity attached to the work post, bereavement grief, reduced social abilities and health problems. Old age is a positive life experience for many and a lot can be done for those who do not experience it that way. It appears that family surrounding and life in a community have a protective effect on mental health of the elderly, unlike the life in geriatric institutions, or in social isolation.

Risk factors for the elderly include somatic damage caused by illnesses such as cancer, cardiovascular diseases, chronic conditions such as arthritis, or consequences of cerebral-vascular insults. A greater risk of depressive disorders exists among the elderly who are isolated, deficient in social relations and support, or those who grieve. Head traumas are a possible risk factor for the Alzheimer dementia, and hypertension, diabetes, smoking and increased cholesterol for vascular dementia.

Protective factors include good physical condition, supporting relation and social interactions and satisfactory socio-economic conditions. Higher intelligence or education can be protective factors for the Alzheimer dementia, as well as anti-inflammation drugs and estrogen substitution therapy. For those types of dementia which are related to risk factors, which can be influenced, there is an option for preventive activities, such as reduced alcohol misuse, prevention and adequate treatment of the cerebral-vascular diseases, diabetes, and they are important for the improvement of social activities and hobbies.

It is necessary to improve depression and dementia screening in all mental health settings and family medicine, particularly when there are somatic diseases, symptoms that hint dementia, as well as social isolation or other stress factors. It is necessary to introduce in everyday practice some of the validation scales to assess the most frequent psycho-geriatric difficulties, such as depression and dementia.

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some of the validation scales to assess the most frequent psycho-geriatric difficulties, such as depression and dementia.

Activities

To promote mental health and reduce the mental health problems and disorders of the elderly, the following activities have been planned:

- development of programs that promote healthy aging,
- development of programs that will enable the elderly to fully participate in their communities and to develop and sustain the social network, opening of clubs in local communities for the elderly,
- identification of needs and developmental initiatives of importance for promotion, prevention and early intervention for the elderly, particularly regarding depression, suicide and dementia,
- development of programs for high risk groups with chronic physical diseases or disabilities, users of old age homes, those who have recently lost close people or those who take care of the elderly,
- establishment of multidisciplinary teams for diagnostics and treatment of psycho-geriatric conditions in mental health institutions,
- establishment of functional integration of psycho-geriatric teams with family medicine, centers for social work, geriatric institutions, NGOs and other resources in the community,
- inclusion of activities in gender sensitive equality programs.

Where will the activities be implemented?

- In homes and families,
- In old age homes,
- In public services and local governance units,
- In health institutions,
- In social work services and institutions,
- In old age education,
- In elderly assistance services – for supported housing (home assistance), day centers for the elderly, etc.

Process indicators:

- Increased availability and utilization of programs which contribute the participation of the elderly in the community,
- Established programs which encourage physical exercise of the elderly,
- Opened clubs and day centers for the elderly in local communities,
- Programs that support carers and custodians established,
- Improved trainings for health professionals in screening and detection of suicidal inclinations, depression, anxiety and other mental health problems of the elderly,
- Designed system for designation of work posts and job descriptions for psycho-geriatric teams in mental health institutions.

Outcome indicators:

- Positive presentation of aging within communities,
- Participation of the elderly in the community increased,
- Increased social support for the elderly, particularly those placed in geriatric institutions,
- Multidisciplinary teams for psycho-geriatric conditions in mental health institutions in place,
- Reduced abuse of the elderly,
- Incidence, prevalence and burden that accompany depression, anxiety and dementia among the elderly reduced,
- Suicide of the elderly reduced.

What outcome is expected?

Promotion of mental health, prevention and reduction of mental health problems and disorders of the elderly through:

- Awareness and understanding of the community regarding the positive aging,
- Policies and practices that encourage the elderly to participate in their communities,
- Knowledge of basic information on mental health by the elderly,
- Social support and social cohesion,
- Improved mental health of those taking care of the elderly,
- Reduced abuse and neglect of the elderly,
- Reduced risk factors for mental health problems and suicide,
- Early intervention of anxiety, depression and dementia,
- Adequate treatment of anxiety, depression and dementia,
- Formation of multidisciplinary teams for psycho-geriatric difficulties.

Specificity of interventions in adverse life events and situations

Adverse life events, which have an impact on mental health of individuals and communities are threats to life and personality. These events can be various diseases, particularly chronic diseases, disability; accidents, attacks, natural calamities and wars; neglect and abuse (physical, sexual and emotional); bereavement and grief; divorce, separation of falling apart of families; freedom deprivation, serious problems with the law; unemployment, social difficulties, poverty, homelessness; family separation; alienation; experience of discrimination;

Life stresses are an unavoidable part of life and can happen at any stage of life in different contexts and places. Some are ephemeral (such as an acute disease), while others become chronic (such as poverty). Adverse life events can be linked with mental health problems, such as posttraumatic stress disorder, adjustment disorders, depression, anxiety, psychoactive substance misuse and they can contribute to other adverse effects, such as falling apart of the family. They can also increase a suicide risk. Mental disorders, on their own, can be adverse life events, further aggravating the risk of mental problems and stigmatizations.

The level of risk that is related to life stressors depends on: level of the threat; unexpectedness, unpredictability and ability to control the stressors; emotional cohesion (in bereavement situations); recognition, approachability and efficiency of social support; personal styles of coping with stress. Stress is cumulative and depends on the number of stressful events and on the existing sensitivity to unfavorable experiences. Most people who experience adverse life events will not have long-term problems, except if it is a traumatic stress and chronic exposure to adverse events. Some stressful events can be a challenge and an opportunity for personal development, if they are overcome efficiently. Protective factors include personal traits, such as: resilience, optimistic view on life and sense of humor.

The experience of successful coping with difficulties in the past, preparedness for future events, experience of control, supporting social network and personal and group rituals, which give importance to unpleasant

Who will be included?

- Local governance units,
- Health institutions,
- Mental health centers, psychiatric wards, clinics and institutes,
- Social work services and institutions,
- Public health professionals,
- Nongovernmental organizations for support in crisis situations,
- War veterans associations, families of the killed and the missing, civil victims of war and refugees and displaced people,
- Associations of disabled people and their families,
- Associations of the parents of children with special needs,
- Labor policy makers,
- Work organizations, companies, institutes and agencies for employment and education of adults,
- Judiciary bodies and police (traffic accident processes, divorces, juveniles, life threats and body threats, domestic violence),
- Army, firefighters,
- The Ministry of Health and Social Welfare, the Ministry of Labor and Veteran's Protection, the Ministry of Justice, the Ministry of Internal Affairs.

Where will the activities be implemented?

- In local governance units,
- In homes and families,
- In accident and calamity action services,
- In health institutions,
- In social work services and institutions,
- In assistance services – public kitchens, shelter centers, protected and supported housing, day centers etc.,
- In nongovernmental organizations,
- In judiciary bodies,
- In penitentiary and correction institutions.

Process indicators:

- Introduction of practical guidelines for the whole set of services related to assistance to people and communities who are exposed to adverse life events,
- Improved education of mental health professionals on prevention and early intervention for those who have experienced adverse life events,
- Better access and use of preventive programs and early intervention for individuals, families and communities that have experienced adverse life events.

experiences, also strengthen resilience in adverse events situations. Multiple adverse life experiences are a big and constantly present stressor in the life of some population groups, such as, for example, among refugees and displaced persons, war veterans and all other people exposed to discrimination, for which reason, particular attention needs to be given to such vulnerable groups.

Activities at the level of the ministry, and of the government need to be linked with the development of the supporting network within the associations that gather war veterans, families of the killed or the missing and civil victims of war.

Efficiency of the following interventions has been proven:

- counseling after the loss of a beloved person or persons,
- targeted interventions after traffic accidents, traumatic experiences of sexually abused people and other people under a high risk of developing a posttraumatic stress disorder,
- programs for war-traumatized people with chronic PTSD,
- programs for disabled people and their families,
- programs for the divorced and their children,
- programs for the unemployed,
- programs for minority groups.

Activities

To reduce the incidence of mental health problems and disorders associated with adverse life events which have influence on individuals, families and communities, the following activities have been planned:

- development of strategies and programs for enhancing community capacities to provide support during adverse life events,
- development of programs which reduce the risks associated with unemployment, family falling apart, disability and chronic diseases,
- development of programs for prevention of violence and abuse and their adverse consequences on mental health,
- development of programs for assistance to people who have lost a dear person or persons and who mourn,
- development of programs for war veterans, families of the killed and the missing and the civil victims of war,
- development of a mobile crisis intervention, in cooperation between mental health centers and centers for social work.

What outcome is expected?

Reduced incidence and prevalence of mental health problems and disorders associated with adverse life events which have influence on individuals, families and community, through:

- population knowledge on potential impact of adverse life experiences on mental health,
- community possession of adequate capacity to support members who have experienced adverse life events,
- Reduction of stigma associated with experiencing adverse life events,
- Community and individuals resilience and resources for effective overcoming of adverse life circumstances,
- Community with a capacity to reduce exposure to adverse events,
- Effective early intervention in adverse life events and situations.

Outcome indicators:

- Improved support of entire community for individuals, families and communities with adverse life experiences,
- Improved knowledge that stressful events can be an opportunity for development and adjustment,
- Reduced incidence, prevalence and burden with posttraumatic stress disorder and other problems and disorders related to adverse life events.

Гдје ће се проводити активности?

- У јединицама локалне самоуправе.
- У домовима и породицама,
- У службама за дјеловање у несрећама и катастрофама,
- У здравственим установама,
- У установама и службама за социјални рад,
- У сервисима за помоћ – јавне кухиње, прихватни центри, заштићено становање и становање уз подршку, дневни центри и др.,
- У невладиним организацијама,
- У правосуђу,
- У установама за извршење васпитних и казнено-поправних мјера.

Индикатори процеса:

- Увођење практичних водича развијених за читав низ служби и услуга везаних за помоћ особама, породицама и заједницама које су изложене неповољним животним догађајима,
- Повећана едукација професионалаца за ментално здравље о превенцији и раној интервенцији за оне који су искусили неповољне животне догађаје,
- Бољи приступ и употреба превентивних и програма ране интервенције за појединце, породице и заједнице које су искусили неповољне животне догађаје.

Annexes

Strategic documents and legislation regulating mental health protection

- Program of Health Care Policies and Strategies in the Republic of Srpska until 2010 (RS National Assembly 2002),
- The Republic of Srpska Mental Health Policy (the RS Government 2005),
- The Republic of Srpska Primary Health Care Strategy (the RS Government 2006),
- The Republic of Srpska Secondary Health Care Strategy (the RS Government 2007),
- The Strategy for Monitoring Opiate Drugs and Curbing the Opiate Drug Abuse in the Republic of Srpska 2008 – 2012 (RS NA 2008),
- The Republic of Srpska Health Care Safety and Quality Improvement Strategy until 2010 (the RS Government 2008),
- Disability Policy (the BH Council of Ministers 2008),
- Mental Health Centers Accreditation Guidelines (2008),
- The Republic of Srpska Healthcare Law (RS NA 1999),
- The Law on Amendments to the Republic of Srpska Healthcare Law (RS NA 2001)
- The Republic of Srpska Health Insurance Law (RS NA 1999),
- The Law on Amendments to the Republic of Srpska Health Insurance Law (RS NA 2001),
- The Republic of Srpska Law on Protection of People with Mental Disorders (RS NA 2004),
- The Republic of Srpska Law on Social Welfare (RS NA 1993, 1996, 2003, 2008),
- The Republic of Srpska Law on Child Protection (RS NA 2002),
- The Republic of Srpska Family Law (RS NA 2002),
- The Republic of Srpska Law on Professional Rehabilitation and Employment of Disabled People (RS NA 2004),
- The Employment Law (RS NA 2007) – Chapter: Prohibition of Discrimination.

Protective and risk factors

Protective factors that can potentially protect from the development of mental health problems and mental disorders

Individual factors	Family factors	School context	Work environment	Community factors	Life events and situations
<ul style="list-style-type: none"> - easy temperament - adequate nutrition - family attachment - good physical health - high intelligence - problem solving skills - internal locus of control - social competences - social skills - good coping style - optimism - moral beliefs and values - positive self esteem 	<ul style="list-style-type: none"> - supportive and caring parents -family harmony - secure and stabile family - smaller family - more than two years of age difference between siblings -responsibility within the family (for a child or adult) - strong family norms and morality 	<ul style="list-style-type: none"> - sense of belonging - positive school atmosphere - school achievements -pro-social peer group - oportunites for some success and recognition of achievement - anti violence school norms 	<ul style="list-style-type: none"> - good organiza-tion and clear job description - clear roles and status of organization employees - adequate work load - good time organiza-tion - flexibility - good information flow - positive relations - autonomy degree - adequate manage-ment and general culture 	<ul style="list-style-type: none"> - felling of connected-ness - community links - participation in religious or other community groups - strong cultural identity and ethnic pride - access to support services - good anti-violence community norms - supporting neighbor-hood - stabile political situation 	<ul style="list-style-type: none"> - involvement with sgnificant other person - availability of support in stressful situations and big life changes - economic safety

Risk factors with a potential impact on the development of mental health problems and mental disorders

Individual factors	Family factors	School context	Work environment	Community factors	Life events and situations
<ul style="list-style-type: none"> - prenatal brain damage - premature birth - birth injury - brain damage - low birth weight - poor health in infancy - insecure attachment in child - low intelligence - difficult temperament - chronic illness - poor social skills - low self-esteem - alienation - impulsivity 	<ul style="list-style-type: none"> - underage mother - single parents - childhood parent absence - big family - antisocial role models - family violence, disharmony - marital conflicts - poor supervision and monitoring of the child - neglect in childhood - long-term parental unemployment - substance misuse - mental disorders - stern or inconsistent discipline style - social isolation - experiencing rejection - lack of warmth and love 	<ul style="list-style-type: none"> - school violence - peer rejection - poor behavior management - deviant peer group - school failure 	<ul style="list-style-type: none"> - inadequate work load - lack of participation and control - monotonous and unpleasant tasks - conflict role - lack of acknowledgement - inequality - poor interpersonal relations - poor work conditions - poor communication management - conflict between work and family requirements 	<ul style="list-style-type: none"> - Social and economic adversities - discrimination - isolation - crime and violence - population density and housing conditions - lack of support services, including transport, shopping ability, recreation and similar 	<ul style="list-style-type: none"> - abuse - frequent movements - divorce and family breakup - death of a family member - physical illness/impairment - unemployment, homelessness - incarceration - poverty, economic insecurity - job insecurity - unsatisfactory work relations - workplace accidents and injuries - care for a sick or disabled person - living in nursing home - war or natural disasters

Key concepts of the Strategy

Mental health in community

It is an interdisciplinary area of action, which has developed on the premises of psychiatry with an intention to strive to the emancipation objectives with respect to community work principles. These objectives are: improvement of life status of people in a psychic predicament, improvement and alteration of services with an aim to bring them in line with the needs and wishes of users, social reevaluation of psychic troubles and disorders, and creation of such social conditions which will prevent destructive outcomes and encourage creative solutions to human problems.

Population-health approach

Focuses on health status and health needs of entire population. It is based on the assumption that health and illness at the individual, local, group and global levels result from a complexity of mutual influences of biological, psychological, social, environmental, economic and political factors. This approach scans the needs at the population level (of all individual groups, such as children, farmers etc) and develops and implements interventions which promote health and reduce illness inside whole population groups, accompanied by monitoring and evaluation. It is necessary to understand that impacts on mental health take place within events and places of everyday life. It strives to exert influence on a whole range of risk and protective factors which determine health (at individual, family, community, sector and social levels). Most of protective and risk factors take place outside the domain of mental health and mental health services, such as social status, physical environment, schooling and work conditions. It is therefore necessary to deploy multi-sector cooperation, based on a wide comprehension that

the responsibility for mental health lays within all sectors of a community. The results can only be viewed after a long-term investment in mental health for all members of a community.

Team work in mental health

Team work implies joint work of different professionals with clear, mutual objectives, which are accepted by each member of the team, and which every member of the team is committed to, as well as effective communication of ideas and feelings, and a high level of cohesion, trust, acceptance and support among members, designation of responsibility and leadership, adequate procedures in decision making, productive disagreement, high level of constructive management of powers, conflicts and adequate problem solving procedures.

12.3.4. Risk factors

A variable whose presence enhances the possibility for an individual to have a certain disorder or that they will be more burdened with a disorder. They can be genetic, behavioral, socio-cultural and demographic in nature. The vulnerability of an individual depends upon the presence of risk factor.

12.3.5. Protective factor

A variable whose presence reduces the propensity of an individual to suffer from a certain disorder, or to be less burdened by a disorder. An individual can be under a high, low or average risk and protective factors can have different impacts depending on the presence or absence of risk factors. Protective factors can reduce the influence of risk factors or diminish the level of disorder of all, regardless of whether a risk factor is present or not.

12.3.6. Resilience

A person's or a group's capacity to promote positive outcomes in the fields of mental health and well-being, and to protect from the factors that pose health risks. It includes personal styles and strategies of coping with stress and adversities, such as problem solving, good communication and social skills, optimistic thinking and readiness to seek help.

12.3.7. Mental health promotion

It is any action undertaken towards improving mental health and wellbeing of the population or the individual. It increases people's capacity to maximally exercise their health potentials by influencing the environmental factors, via identification and improvement of factors that protect from the emergence of disorders (protective factors) and via reducing the factors that contribute to the emergence of disorders (risk factors).

This process aims to change the environment (social, physical, economic, educational and cultural) and improve the capacities of the community, family and the individual to cope with stress and adversities, by strengthening and improving knowledge, skills and needed resources. These interventions can be used with those who are healthy, those who are under a risk of developing a disorder and those who have experienced a disease.

A synonym for the promotion of mental health is promotion of emotional and social wellbeing.

12.3.8. Prevention

These actions are taken before a disorder appears, to preclude its development. The objective is to reduce the incidence and prevalence of mental health problems and disorders. Depending on the target groups they are aimed at, they can be classified as:

- Universal, offered to entire population,

- Selected, targeting those population groups which are under an increased risk of developing problems and disorders,
- The indicated, aimed at those who show minimal signs or symptoms of a disorders.

Prevention is aimed to identification and alteration of factors that determine a disease and health (see Annex III). Risk and protective factors happen and exert influence within an everyday context: within perinatal influences, family relations, other interpersonal relation, school, work, recreational activities, media influences, social and cultural activities, physical health, socio-economic features of a community.

Effective prevention requires partnership, consultations, dedication and inclusion of community.

Evaluation

A process that begins with the first contact with a client and continues throughout all stages of intervention, up until the completion of the contact. The main objectives are: identification of vulnerabilities, diagnoses, selection of treatment, evaluation of treatment effectiveness.

12.3.10. Early interventions

These are intervention for those who show early signs and symptoms of mental health problems and disorders and for those who have experienced a first episode of a mental disorder. It is necessary to identify those people and develop indicated interventions and early treatment. The objective is to prevent the development of disorders, to mitigate the negative impact of disorders and to maximally preserve the healthy capacities of the person.

These interventions are focused on the individual, while the promotional and preventive activities are ori-

ented towards the entire community and groups. For example, anti-stigma campaigns will increase the likelihood of early contact of these people with the mental health system and provide them with a bigger support and less stress in everyday interpersonal relations. This is a relatively new area of work for severe disorders such as psychoses and to have an effective intervention, it takes constant trainings and professional supervision, as well as a strong partnership with the users and their carers.

12.3.11. Continuous care

This is a complex area which includes long-term treatments, which may, if needed, include short periods of hospitalization, prevention of relapses (chapter “Institutions and professionals in mental health at the primary, secondary and tertiary levels”), strong inclusion of the user and the carers (chapter “Initiatives of users and their families”), long-term care (see chapters: “Cross-sector cooperation in care for long-term users”, “Social welfare and mental health”). It is of crucial importance for the people who need a continuous care to apply the approach of coordinated care and to activate the resources existing in the community.

12.3.12. Case Management

Collaborative approach which includes users with complex, multiple needs, who are under a high risk and/or who suffer from severe mental disorders, and who are often reluctant to have contact with mental health services. It actively establishes a contact with users in community (where they live and work), and evaluates the needs comprehensively, develops an individually “tailored” package of care and effectively coordinates the services and treatments in different services; and increases the user’s recovery potential. The emphasis is flexible and creative ways to respond to complex and long-term needs, combining a

swift response and long-term dedication to care.

12.3.13. Care plan

Care plan is an integral part of case management, with users suffering from severe mental disorders. It is designed on the basis of assessment of needs of the beneficiary, as well as of the resources allocated for the needs, so as to ensure the most adequate possible level of treatment and support, and to provide help for the indentified needs of the beneficiary. Among other, it includes an evaluation of risk, a crisis plan, and in cases of hospitalization, also a discharge plan. It ought to be focused on the users strength and to promote his/her recovery. In its designing, apart from the members of the multidisciplinary team, the user and his/her family also take part. It is revised at team meetings, in regular time intervals, and the care coordinator is responsible for its implementations.

12.3.14. Rehabilitation

A holistic, systemic approach to improving the quality of life and social inclusion of individuals with mental disorders, through the development of skills, promotion of independence and autonomy, leading to recovery from the mental disorder, gives hope for the future and enables life in community with adequate support.

Recovery

In severe mental disorders, it usually does not mean curing or reaching the pre-morbid level of functioning, but rather a re-adaptation to the disease which makes it possible for life to go on in a meaningful way. The adaptation condition is not finite. It is rather a process in which a person continuously and maximally strives to adapt its needs to the requirements of the community. Recovery is linked to the protection of different losses: losses of

rights, roles, responsibilities, decisions, potentials and support. Recovery does not mean mere elimination of symptoms, it is more about what the person wants, how it can be done, and what kind of support they can get from others in the process.

12.3.16. Social exclusion

Is a process in which certain social groups are, based on their poverty, low education or inadequate social skills, pushed to the margins of society, and are rendered unable to participate in social processes. This detaches them additionally from employment, revenue and education opportunities, thus disabling their participation in social relations. Such groups have little influence on decision making and creation of policies which affect them, and they have little chance to improve their life status.

12.3.17. Resocialization

A planned and systemic program process of correcting socially un-adapted attitudes and behavior. The objective of resocialization is integration or reintegration of individuals with behavioral problems in the social environment.

12.3.18. Evidence based practice

A process used by professionals to rely on the best available evidence from different sources integrated with professional expertise, to make decisions about the treatment and care of an individual. It requires to make a decision about desired outcomes, evaluate it and consult the client in the process.

12.3.19. Outcome

A measurable change in the health of an individual, group or population, which can be attributed to an intervention or a series of interventions.

12.3.20. Indicator

Process indicator – shows progress in the accomplishment of planned activities, in order to reach a desired outcome.

Outcome indicator – shows positive changes in the health status of and individual, a group or population.

12.3.21. Monitoring

An ongoing evaluation of a control and management process. Coordinated measuring and observation of achievements of a service or a program in accordance with adopted plans and objectives.

12.3.22. Evaluation

A process of measuring values and successfulness of a program and a service. It is possible to measure the efficiency in controlled conditions and effectiveness in real conditions. What turns to be efficient in controlled, experimental conditions does necessarily have to function in an uncontrolled environment, such as the real world.

Strategy implementation operative plan

The line Ministry of Health and Social Welfare will prepare operative annual plans for the implementation of objectives, measures and activities defined in the Strategy.

Sources of financing

To implement the objectives, measures and activities defined in the Strategy, through preparing and adopting an Operative Plan for its implementation, there are funds already allocated in the budgets of the Health Insurance Fund and other health institutions participating in the financing of mental health protection services. Another source of financing is international funds and institutions, local donors (individuals and organizations) and other ways of collection of financial resources. Additional financial funds from the Republic of Srpska Government budget are not needed.

**The Republic of Srpska mental health development
strategy (2009–2015. year)**

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