



“Working together for new pathways in mental health”

Important matters and learning orientation of mental health users' associations in Bosnia and Herzegovina

Bryan P. McCormick

Bojan Susic

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Context - Bosnia and Herzegovina



Mental health budget

- In **Bosnia and Herzegovina**, the expenditure for mental health is tied to catchment, staff involvement, time, average number of services an individual community mental health team provides, average duration of each service provided, and staff remuneration.

Entities.

Federation of BiH



8 Number of the Canton

IEBL

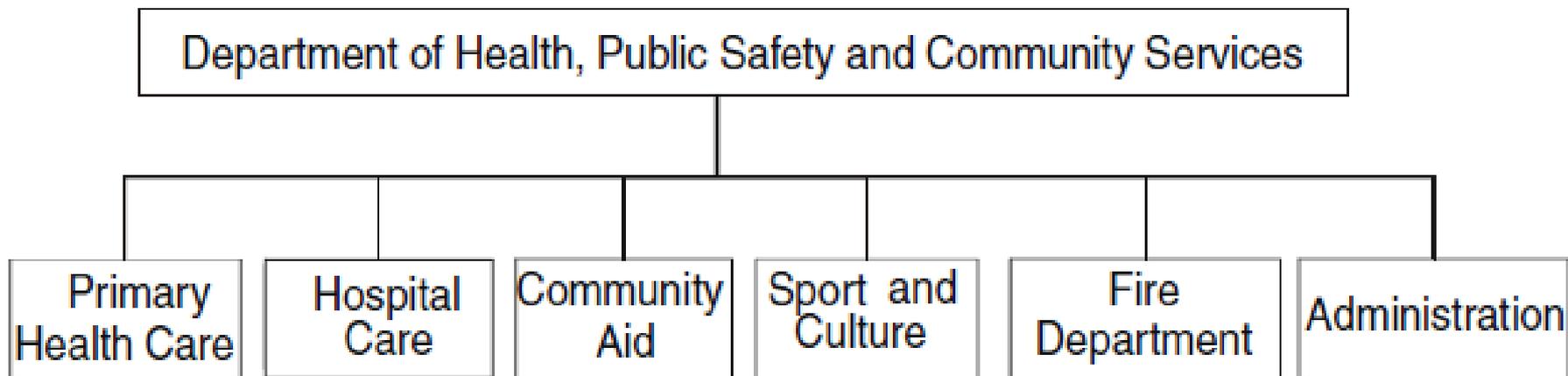
- 1 - Una Sana (Bosniac)
- 2 - Posavina (Croat)
- 3 - Tuzla Podrinje (Bosniac)
- 4 - Zenica Doboј (Bosniac)
- 5 - Bosna Podrinje (Bosniac)
- 6 - Central Bosnia (Mixed)
- 7 - Hercegovina Neretva (Mixed)
- 8 - West Hercegovina (Croat)
- 9 - Sarajevo (Bosniac)
- 10 - Livno (Croat)

<ul style="list-style-type: none"> Bosniac Canton Croat Canton Bosniac-Croat Canton Republika Srpska 	}	Federation
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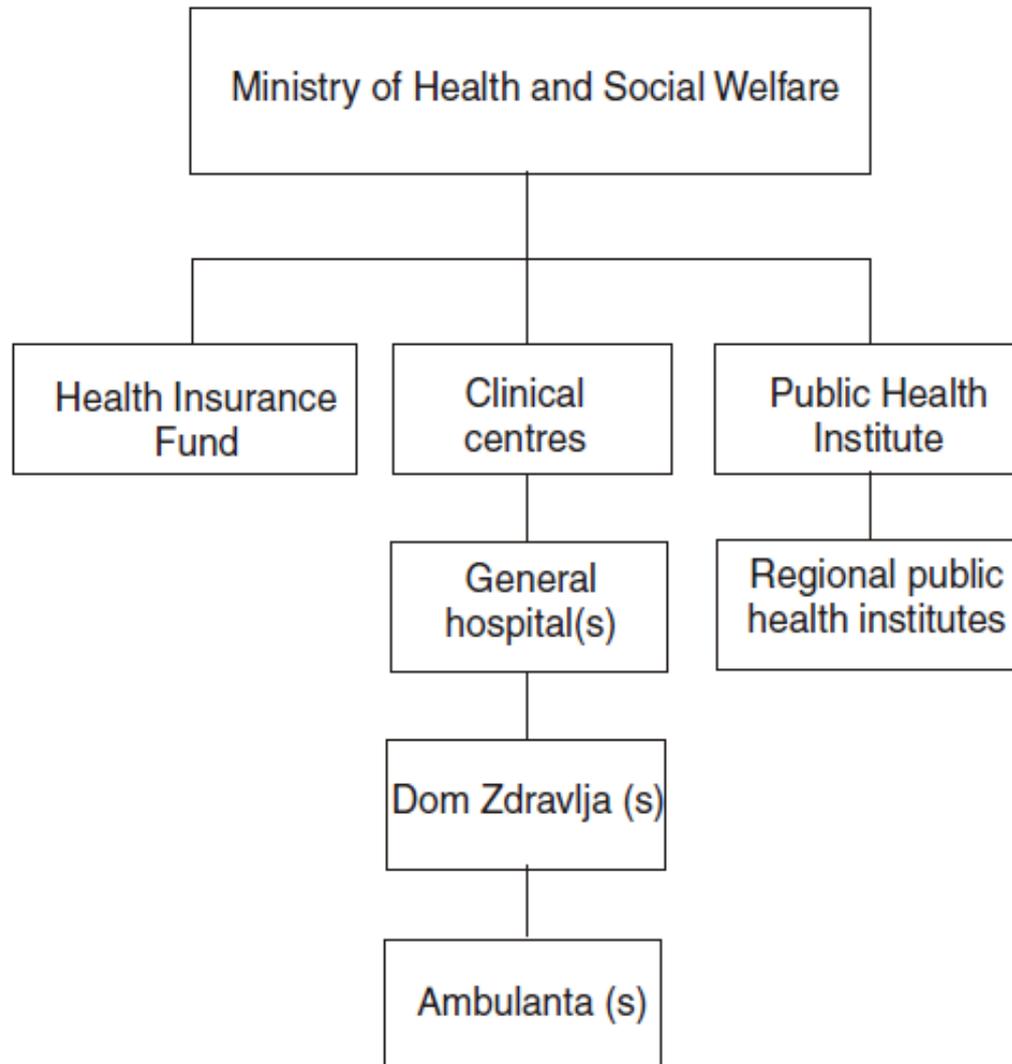
Municipalities.



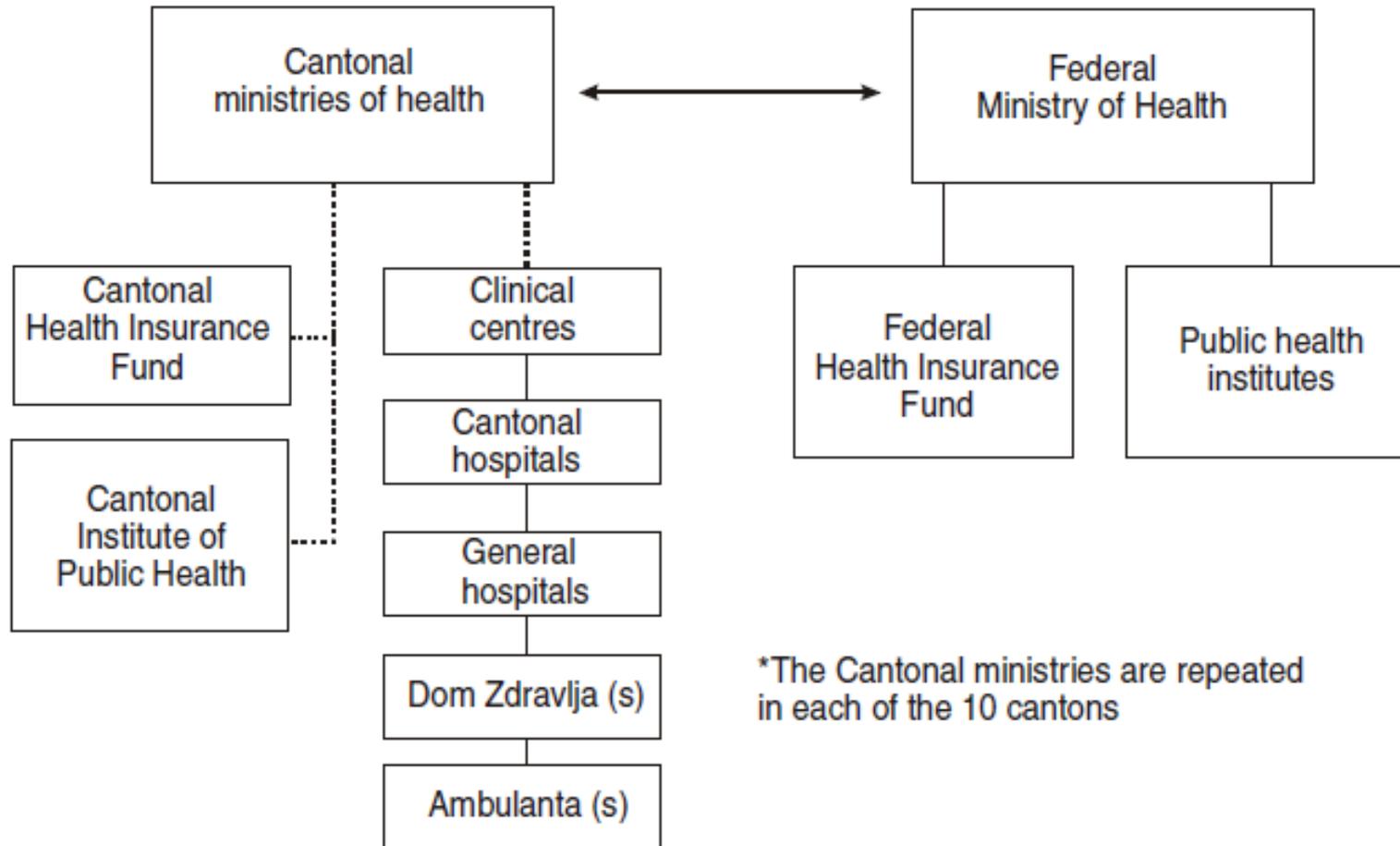
Organizational structure of health care in the Brcko District administration.



Organizational structure of the health care system in Republika Srpska.



Organizational structure of the health care system in the Federation of Bosnia and Herzegovina.



Mental health centers in SEE countries (2011).

10 (+8 ambulatory units)	57	12 + many various social facilities	21 to be developed covering also addiction	7 community based + several other centers not based in the community	5	14 tied to primary health centers, seven to be established as community based	50
Albania	Bosnia and Herzegovina	Bulgaria	Croatia	Macedonia	Moldova	Montenegro	Romania

CMHC population coverage.

150.000	25.000 to 85.000	70.000	100.000 to 200.000	30.000 to 200.000	100.000 to 120.000	17.500 to 26.500	300.000 to 600.000
Albania	Bosnia and Herzegovina	Bulgaria	Croatia	Macedonia	Moldova	Montenegro	Romania

Composition and size of mental health teams.

- In RS each team needs to have a psychiatrist, a psychologist, and three nurses; and a social worker, occupational therapist, a rehabilitation specialist and speech therapist as optional.
- In FBiH the standards demands that the team is comprised of a psychiatrist, 2 psychologists, 1 social worker, 1 university degree nurse and 2 high school degree nurses, as well as 1 occupational therapist.

Training for CMHC employees.

- Training is being offered primarily in Case Management, Mental Health Nursing, and Occupational Therapy.

Regulation about community training for mental health staff.

- Federation of Bosnia and Herzegovina – covered by the university curricula alone,
- Republic of Srpska – mandatory continuous medical education organized, but only for psychiatrists.

User associations in SEE (2011).

- No user association is active in **Albania** (at least formally), **Moldova** (where there were two in the past) and **Montenegro**. **Bulgaria** only has one association of parents (carers) of persons with mental disorders.
- **Romania** – two user associations are active, but receive no funding from the authorities, and are only occasionally consulted in the process of formulation and implementation of mental health policies and legislature.
- **Macedonia** – four associations, involvement very scarce, do not receive funding from the relevant ministries.
- **Croatia** – five user associations, do receive funding, but are not involved in formulation and implementation of mental health policies and legislature.
- **Bosnia and Herzegovina** has a variety of users' associations covering various types of approaches and mental disorders, at least six of which focus specifically on severe and enduring mental illnesses and are very active. They do not receive any financial support from the authorities apart from through individual projects.

Bosnian service user groups identified in 2010 and involved in training activities:

- **1) persons with severe and enduring mental illnesses,**
- 2) persons with difficulties related to war-traumatic experiences,
- 3) persons with substance abuse related disorders,
- 4) children and adolescents with special needs, and
- 5) persons with chronic somatic illnesses.

“Laptop”

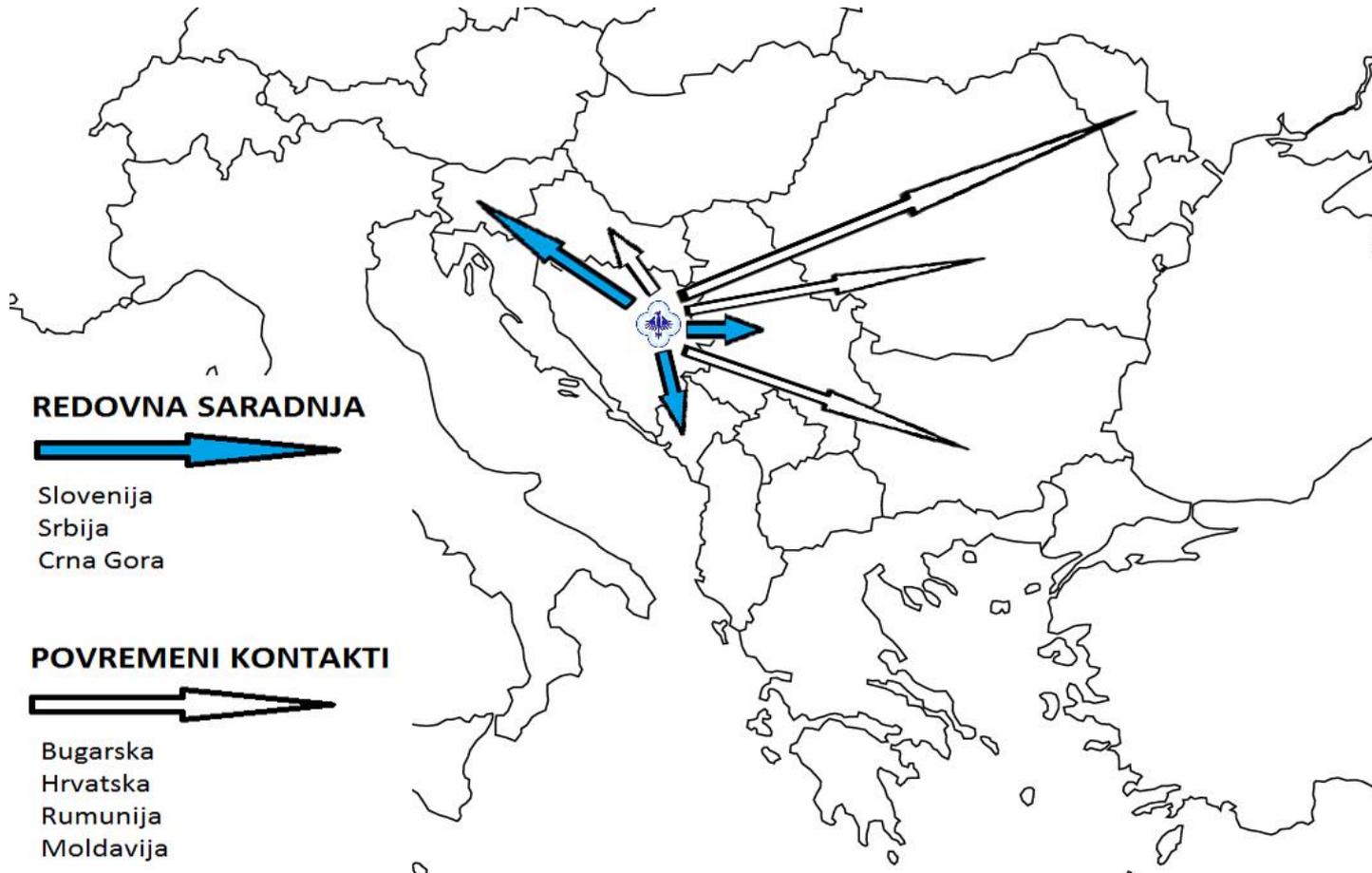








Cooperation of Fenix in South-east Europe



Objectives of users' associations (Lamovec 2005; data from 1994)

- Informing the public (11),
- Create changes in legislation (11),
- Political action (10),
- Protection of the rights of users (7),
- Improving the quality of life (7),
- Improving the action of the users' initiative/organisation (7),
- Impact the society at large (4).

Learning Organisations

- Watkins and Marsick (1996) asserted that an organization's effectiveness is directly associated with the learning orientation of the organization. They characterized learning organizations as those in which continual learning provides the basis for continuous transformation and adaptation.

- While concepts of organizational learning orientation have been applied in the health sector the focus has been on hospitals and health systems. Within the overall sector of health, both community-based organizations (CBOs) and non-governmental organizations (NGOs) have the potential to play an important role.

- Users' associations in the BiH community mental health system have been expressly organized as NGOs to facilitate the inclusion of mental health service users in decisions and outcomes. Hailey and James (2002) asserted that learning represents a key organizational capacity for NGOs and "vital if organizations are to be able to continuously adapt to an uncertain future" (p. 399).

Current study

- DLOQ (short, 21)
- Current activities (19+1)
- Reasons for participation (9+3)
- Circumstances and effects of participation (30)
- Demographics (5)

Snapshot of our current study

REASON FOR PARTICIPATION (Odzak)	%
Entertainment / leisure	90.9
Supporting well mental health	93.9
Safe space	87.9
Social environment	97.0
Help with practical issues	81.8
Learning new things (languages, skills)	69.7
Employment or creative work that makes me feel useful	78.8
Fighting off loneliness	90.9
Recommended by a professional	84.8

	Developed countries	Developing countries
A fraction of users is really active in the associations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Difficulties in attracting young people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Short-term thinking, project-oriented	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Need to re-do things over and over	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Users are facing stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conditions inconducive to support employment of users	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health is in the shadow of other disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Publications usually have only formal value	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Decision makers want and expect quick and easy solutions in communication with users' initiatives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Authorities offer consistent financial support for users' initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>