

MENTAL HEALTH IN SERBIA:

AVAILABILITY OF PSYCHOSOCIAL SUPPORT SERVICES

2022 STUDY RESULTS



Conducted by:

Published by:
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Social services for vulnerable groups
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Circulation:

Print:

Belgrade, March 2022

This publication has been prepared with the help of the Government of Federal Republic of Germany, through project of German-Serbian development cooperation “Social Services for Vulnerable Groups”, implemented by GIZ.

Authors assume full liability for views and opinions expressed in the study, which are not official views of GIZ.

Words used in masculine gender are deemed to include masculine and feminine gender of the person they refer to.

With the support of the Government of Federal Republic of Germany, through the project German-Serbian Development Cooperation “Social Services for Vulnerable Groups” implemented by GIZ, PIN carries out the project that aims to contribute to understanding of mental health and psychosocial needs of local population, in particular, in the context of challenges brought upon them by COVID-19 pandemic. The Project aims to create sustainable psychosocial support programs and make them more available to vulnerable groups by strengthening the existing resources and services, as well as by adapting the services according to the needs of local communities.

A year-long project is implemented through four work packages: 1. Mapping the needs for psychosocial support services by conducting a comprehensive nation-wide study; 2. Mapping and analysing existing resources for provision of psychosocial support services in 15 selected municipalities in Serbia; 3. Developing draft standards for provision of counselling and therapeutical services; 4. Strengthening the local capacities for provision of psychosocial support services through support to local self-government units.

INTRODUCTION

This report is based on data collected from 15 local self-government units (hereinafter: „LSG“) in Serbia, through individual and group interviews with representatives of LSGs, representatives of Centers of Social Work (hereinafter: „CSW“), representatives of local healthcare centres and organisations that provide services focused on social protection and mental health in selected municipalities. The aim of the report is to give an overview of services that are currently available, map referral mechanisms and present the need for further improvement of mental health protection system from the perspective of possible service providers and decision-makers at SGU level. This data will be subjected to comparative analysis with the Study of Mental Health of Citizens of Serbia, carried out on representative sample, which will allow us to detect similarities and differences in perception of citizens, on one side, and decision-makers and service providers, on the other.

RESEARCH METHODOLOGY

The data was collected in the period October - December 2021 in the following 15 LSGs in Serbia: Municipality of Lajkovac, Municipality of Mionica, Municipality of Plandište, Municipality of Šid, City of Užice, Municipality of Ruma, Municipality of Krupanj, City of Loznica, City of Sremska Mitrovica, Municipality of Arilje, Municipality of Kosjerić, Municipality of Prijepolje, Municipality of Sjenica, Municipality of Priboj and Municipality of Pećinci.

In each city/municipality a 2-hour structured interview was conducted, while in preparation of the interview the representatives of LSGs completed questionnaires about current state of social protection services and services focused on mental health in the territory of relevant municipality. The questionnaire consisted of questions that focused on identification of currently available services (e.g. development counselling centre, youth counselling centre, parents counselling centre, individual and group psychotherapy, counselling centre for children without parental care, counselling centre for persons with development difficulties and/or disabilities, support for elderly citizens, support for victims of violence, etc.), as well as questions related to perception of predominant difficulties, local resources and the need for different services focused on mental health, as well as examples

of good practices that are or were implemented over some period, but have been suspended for various reasons.

After analysing the answers from the questionnaire, representatives of different sectors from each LSG, participated in a structured interview, tailor-made for each municipality, which was led by two psychologists who were specially trained for data collection.

The interview consisted of several sections. The first section included questions that aimed to shed a light on the manner in which different actors understood and defined services focused on mental health. The second section was designed as an interactive detailed analysis of all activities that were directly or indirectly focused on mental health and were provided within (1) social protection system, (2) healthcare system, (3) educational system, (4) civil society organisations, (5) private sector and (6) other informal groups and actors existing in the local community. This analysis has been used as the basis to recognize different actors and questions related to mechanisms and quality of intersectoral cooperation in responding to challenges from mental health domain. The third section was focused on previous experiences in provision of different services, and challenges met by LSG and individual actors (lack of human resources, financing, etc.). Finally, the interview focused on comparative analysis of recognized needs, available services and existing resources with an aim of identifying new priority services specific to the context of each local community.

The data collected was subjected to quantitative and qualitative analysis. The results are first presented as a summary of results from all municipalities to emphasise the general tendencies that were observed in all or most of the locations. The summary aims to inform decision-makers on challenges in terms of development and implementation of community-based services focused on mental health and to offer some possible courses of action to overcome the observed obstacles. In addition to the summary, the results are also presented by individual municipalities, aiming to map the services and needs specific for each local community. This data may be used to improve existing or develop new services focused on mental health in these environments.

SERVICES FOCUSED ON MENTAL HEALTH

The responsibility for services focused on mental health is not clearly assigned to any government department. Namely, this type of services is envisaged both in the social protection system and the healthcare system, but also falls in the scope of responsibility of LSGs, but in practice these services are often provided by formal or informal associations and private sector.

The Law on Local Self-Government for a declares the key role of LSGs in social protection and other fields, meaning that an LSG adopts development programs and “makes sure that needs of citizens in the field of education (preschool; elementary and secondary education), scientific research and innovation activities, culture, healthcare and welfare, children protection, sports and physical education are satisfied”.

The role of LSGs in development of social protection services is in establishing the normative and legal basis, provision of finances, institutions and organisations that supply such services. LSG should determine the needs of citizens and identify the services that may satisfy such needs, but also plan the provision of required services based on the established priorities. Furthermore, LSG should establish a transparent service financing system and create conditions for development of plurality of service providers and encourage intersectoral cooperation. LSGs are expected to ensure capacities for provision of sufficient number and type of social protection services to which citizens are entitled and for which there is a need in the local community. Therefore, LSGs have a very important role, just as the local community offices which, particularly in rural environments, are the places where citizens can get informed about services available in the local community.

However, in Serbia, legislation defines resources for provision of services and the activities focused on mental health in different systems - social protection, health care, educational system, while these services are also available through non-government sector, private sector and informal associations.

In the social protection system, services focused on mental health are mostly provided as a part of different types of social support and/or social services. For example, professionals assigned to the case in CSW provide counselling services within their regular activities, during the assessment procedure and while taking protection and support measures. Additionally, depending on the level of their knowledge and skills, professionals assigned to the case may also perform specialized professional tasks, which include provision of individual and group counselling services, mediation, social and educational activities, evaluation of future adoptive parents, foster parents, guardians, etc.

However, the practice is not uniform, so in case of CSWs where, besides the professionals assigned to the case or social workers, there are also psychologists involved in the process, the psychosocial support services, such as individual and group counselling, are more frequently present, although not necessarily formally recognized. For example, if CSW employs a person with any type of education for provision of psychological assistance, this type of services will become a part of regular activities or even be provided during separate and specially scheduled sessions and even in separate facilities. On the other hand, CSWs that lack human resources will, due to large volume of work, primarily focus on pragmatic resolution of emergency situations and on demanding cases.

The other, informal way in which psychological support services are integrated in social services that are under guidance of or closely connected to CSW is through specialized services, such as homecare help for adults and elderly, personal escort for children or day care centre for children, youth and adults with development and other disabilities. Namely, these services aim to provide social support through activities, such as escorting, home visits etc. to clearly defined target groups (old people who live alone, children with development disabilities, etc.). Although the psychological support is not the primary aim of these services and is not formally recognised as a component of such support, it is inevitably provided, because users need such services, which is recognised by service providers themselves. Unfortunately, since this type of social protection services are provided by persons without proper qualifications for provision of services focused on mental health, there are certainly questions about the quality and effectiveness of psychological support in this context.

Counselling centres and counselling-therapeutical services

On the other hand, individual and group counselling, psychological support and psychotherapy are formally provided within the Marriage and Family Counselling Centre, where this type of service is available. Marriage and Family Counselling Centre is not legally recognized as an independent social welfare service or institution, but in practice it is a service provided by CSW or Service Centres. Counselling Centre is a separate organisational unit which provides counselling and family psychotherapy services, both to users from the social protection system and to general population. Users may be families, couples, but individuals, as well, seeking for services focused on mental health and psychosocial support. However, since there are no standards set for provision of counselling and therapeutical service or for the activities of Counselling Centre, licensing of this type of service is not possible, while practices and work methods of different service providers are not harmonised.

Additionally, in some places, social protection services are provided by independent unit, i.e. service centre that is separated from CSW (e.g. Užice, Ruma and Priboj). In these places CSW only performs activities from its scope of responsibility, while social protection services are provided by the independent unit.

Healthcare system shows uneven practices in different LSGs. Namely, psychologists or psychiatrists are often not a part of primary healthcare, but instead detection of possible need for services from mental health domain and referral fall into scope of responsibility of selected general practitioner. Representatives of the healthcare system, as well as other local actors share the opinion that citizens do not see the primary healthcare as a place where they can and should seek help in case of psychological difficulties. Primary reasons they mostly mention is a traditional lack of services focused on mental health in primary healthcare institutions, but also stigmatization linked to use of psychological or psychiatric services which, when provided in healthcare facilities become associated with severe clinical picture and hospitalization. Finally, organisation of work in primary healthcare made the selected physicians face the challenge of recognizing the needs for specialist examinations and triage, so people seeking help from local health centre (hereinafter: "HC") mostly seek help for somatic issues.

Most representatives of LSG had the impression that human resources in primary healthcare were very limited (particularly during pandemic), which caused identification of mental health difficulties to often depend on the level of sensitivity of selected physician for this type of difficulties, his/her readiness to refer patients to specialist examinations, but also the vicinity and availability of institutions where such specialist services could be received. From the perspective of service providers, primary healthcare is perceived as the first step in seeking help, primarily for patients that need neurological services, psychiatric services and pharmacotherapy, while in case of preventive services there is no referral to healthcare system.

If services focused on mental health are not available at primary healthcare level, people are referred to the secondary level, while the tertiary healthcare level is considered as reserved for persons with severe mental health disorders and persons that require inpatient treatment.

As an exception and an example of good practice, some highly specialized institutions from the tertiary healthcare level (e.g. Special Hospital for Psychiatric Illnesses “Dr Slavoljub Bakalović”, Vršac), successfully provide psychotherapy and counselling services within the Mental Health Centre to citizens with mental health difficulties, but with everyday problems, as well, that may present a risk factor for mental health.

The educational system is not sufficiently recognized as an actor in improvement of mental health, although it, as a general rule, employs the largest number of psychologists. Namely, educational system is the only system with the clearly defined number of expert associates (psychologists and pedagogists) per number of students and at every level of education. The second relevant aspect is that the pedagogy and psychology office (hereinafter: "PP Office") is traditionally a part of educational process, so the role of the psychologist is recognized both by parents and children. Finally, the educational system gives psychologists an opportunity to work in natural environment, such as educational facility, to work on prevention, as well as on identification of difficulties and provision of psychological support to both children and parents during the early stages of difficulties development. In spite of the above, schools and school psychologists are generally not identified by other service providers as a resource for provision of services focused on mental health and psychological welfare.

The way in which role of the psychologists is defined in the educational system is seen by most people as the main obstacle to them being more committed to activities focused on mental health and psychological support in schools. Namely, role of the psychologist is seen primarily as a support to educational process, curriculums and successful completion of school's plan and program. So the expert associates, both psychologists or pedagogists, are more commonly seen as administrative school staff than the actual professionals in the field of psychosocial support. The lack of openness of educational system for early multisectoral intervention and collaboration often contributes to this. However, representatives of certain municipalities state that some school psychologists, mostly on their own initiative and in cooperation with interested teachers, implement preventive and psychoeducational activities for children and youth.

It is important to note that representatives of educational system have not been interviewed during the mapping process, so additional information on their perspective should be collected to gain more complete understanding of the role of educational system in the protection of mental health.

Non-government sector is primarily involved, as a service provider, in the social protection system through the licensing process, which is a condition for service providers in order to meet conditions for the governmental funding for provision of services. Except for relatively consistent provision of services, such as Personal Escort for Children and Homecare Help for Adults and Elderly, activities of non-government sector are heterogenous and non-systematic. Namely, while some municipalities have a large number of different associations that provide services to various vulnerable groups, other municipalities either have none or have one or two associations dealing with very specific issues (e.g. support for women with breast cancer). An additional challenge for organisations that provide services from the domain of mental health and psychosocial support is the fact that there are no standards set for the group of counselling-therapeutical and socio-educational services in social protection, due to which providers of this group of services cannot be licensed and therefore cannot be granted funds from the LSG budget for provision of these services.

Additionally, the analysis of existing services and identified needs did not give clear indication of how the non-government sector selects and prioritizes services that will be developed and provided. Even the representatives of the non-government sector themselves don't explain the scope of selected activities by the needs for such activities. Additionally, there is an impression that the non-government sector is insufficiently developed in certain communities and that due to lack of stable funding sources the services provided by this sector are selected ad hoc - mostly based on the probability of such service being financed, which makes recruitment of sufficiently specialized staff very challenging. All actors agree that non-government sector, from such position and with such roles, makes significant contribution to the local community, but that is not a long-term sustainable model of functioning and provision of continuous mental health support.

Although rarely recognized as a relevant factor in provision of services focused on mental health, the private sector appears as a resource, even in relatively small municipalities. Psychotherapy, counselling, psychology and psychiatric services are provided within private sector in almost all municipalities. These service are often offered by private polyclinics or healthcare facilities, along with other healthcare services. It is interesting to see that obstacles identified at primary healthcare level either don't exist or are significantly smaller in private healthcare centres.

The main challenge when it comes to the role of private sector in provision of services focused on mental health is the fact that private services are often invisible/undetectable by the system, barely regulated and partially informal, so there is no clear information about the type, quality and scope of such services available to the representatives of local communities. It is important to note that due to (current) lack of clear regulations on provision of psychotherapeutic services, this type of support is mostly provided under informal conditions, without supervision and mechanisms to protect the user. All representatives of municipalities and other actors in local communities agree that private services are used by the citizens with higher income, as well as that there is no coordination and referral mechanisms between state and private sector when it comes to services focused on mental health.

Finally, there are activities in various local communities developed as a response to people's need for psychosocial support and which are completely independent from the system and often invisible to the main actors involved in provision of services focused on mental health.

These activities include the activities within different religious institutions and communities. Namely, in several municipalities religious communities are identified as a place which persons with difficulties contact. This practice is not in the primary focus of representative of municipalities, social protection and healthcare when they speak of services in the domain of mental health, but they do not negate that they are aware of such activities. Additionally, as with the private sector, since the religious communities are completely detached from other systems, there is no cooperation, so the scope and type of services remain unknown. There is an impression that the scope and quality of services provided depends primarily on representatives of religious community, their sensibility and scope of influence of religious community at the local level.

Moreover, the municipalities often organize clubs for different target groups (elderly, youth, children, families) or cultural centres which organize various activities that could be seen as care for mental health, although they are not primarily organized as such. Representatives of certain municipalities recognize mechanisms and ways in which these activities contribute to mental health and make additional efforts to develop similar activities in these centres (e.g. psychoeducational activities for the youth). However, there are some of them who don't see the potential benefit from these activities and don't consider them to be a platform for activities focused on mental health.

INTERSECTORAL COOPERATION

In almost all LSGs the actors that were interviewed spoke about good and successful intersectoral cooperation. However, a deeper dive into the ways in which cooperation is established led us to a conclusion that intensity and successfulness of cooperation primarily depend on individuals working in different systems. Namely, personal contacts and good relations, especially in small communities, are the basis for establishing and maintaining the cooperation. Although this principle of cooperation is not a problem by itself, challenging situations may arise when bad personal relations become an obstacle for professional cooperation and no formal mechanisms of intersectoral cooperation are defined. Even in domains where referral is provided by the law, the level of successful realization will in practice depend on personal relationship between individuals.

Additionally, intersectoral cooperation and problems existing on the national level are mirrored at the local level. So there are constant reports at the local level about issues regarding emergency care for users of psychiatric services. In situations that require prompt reaction, a lack of formal mechanisms of intersectoral cooperation between the healthcare and social protection system is observed. It seems that there is no clear separation of responsibility between these two systems, instead it often happens that responsibility for resolution of current issues is passed from one system to the other and that comprehensive mental health care, which belongs to both health care and social protection system, is often missing because of the problems related to coordination between these two systems.

MUNICIPALITY OF LAJKOVAC

IDENTIFIED CHALLENGES



- Young people with behavioural problems
- Challenges regarding integration of marginalized groups, primarily Roma people
- Difficulties caused by pandemic (anxiety, frustration, reduced coping capacity in general population)



SERVICES AND RESOURCES

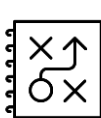
Social protection	CSW – basic services; Homecare Help for Adults and Elderly (services provided by licensed caregivers), Personal Escort for Children
Healthcare	There are no services focused on mental health, except referrals for specialist treatment in general hospital in Valjevo which is issued by selected general practitioner
educational system	All schools have PP Offices - referrals to CSW due to poor school attendance
Non-government sector	Association „Bazi-Mili“ (support for children with autism)
Private sector	There are no services focused on mental health

MUNICIAPLITY OF MIONICA

IDENTIFIED CHALLENGES



- Large number of elderly households
- Loneliness and isolation, especially among old people
- Households dispersed over large geographical areas which affects availability of services
- Domestic violence



SERVICES AND RESOURCES

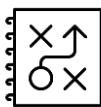
Social protection	CSW – basic services; Homecare Help for Adults and Elderly (services provided by licensed caregivers),
Healthcare	There are no services focused on mental health, except referrals for specialist treatment in general hospital in Valjevo which is issued by selected general practitioner
educational system	All schools have PP Office
Non-government sector	There are no services focused on mental health
Private sector	There are no services focused on mental health; psychotherapy available in Valjevo
Other	There no services that directly concern mental health, but there is a Cultural Centre and Education and Development Centre which provide different services (gatherings, workshops, sports and artistic activities and events)

MUNICIPALITY OF PLANDIŠTE

IDENTIFIED CHALLENGES



- Households dispersed over large geographical area and large distance of nearby settlements from Vršac and Plandište
- Large number of elderly households
- No human resources available for the service Personal Escort for Children (parents escort children)
- No support services for children with development difficulties and their families



SERVICES AND RESOURCES

Social protection	CSW – basic services; Homecare Help for Adults and Elderly (services is provided by licensed caregivers), Personal Escort for Children; Centre for People with Mental Illness “1. Oktobar” (Stari Lec) – assisted living for persons with disabilities
Healthcare	HC Plandište - psychiatric services; Counselling Centre for Pregnant Women; Diabetes Counselling Centre; Specialized Hospital for Psychiatric Illnesses “Dr Slavoljub Bakalović”, Vršac - Mental Health Centre (individual and group counselling for youth and families)
educational system	All schools have PP Office - referrals to CSW and health centre
Non-government sector	Red Cross, Women’s Association “Jefimija” (economic empowerment of women), Initiative for Plandište, Ecumenical Humanitarian Organization, Novi Sad - pending licensing procedure for the service Homecare Help for Children and Youth
Private sector	Psychotherapy in Plandište and Vršac
Other	Youth Office

MUNICIPALITY OF ŠID

IDENTIFIED CHALLENGES



- Difficulties in providing continuous support to adults and elderly over the course of entire year
- Lack of support services for youth and adults with development difficulties after completing school

SERVICES AND RESOURCES



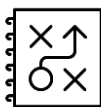
Social protection	CSW – basic services; Homecare Help for Adults and Elderly, Personal Escort for Children; Sremska Mitrovica - Marriage and Family Counselling Centre
Healthcare	Health Centre Šid – Psychological and psychiatric services (individual and group counselling), Family Counselling Centre, Counselling Centre for Victims of Violence; General hospital Sremska Mitrovica – Child psychiatrist
educational system	All schools have PP Offices - referrals to CSW and health centre; Special Schools - Elementary School "Jovan Jovanović Zmaj" Šid and Elementary and Secondary School "Radivoj Popović" Sremska Mitrovica
Non-government sector	Society for Aid to Persons with Mental Insufficiencies (MNRO) Šid, PIN - Psychosocial Innovation Network (psychological support for refugee population)
Private sector	Nursing home „Luana“, Private polyclinic “Lasermedic” (psychiatry and neurology), private defectology practice

CITY OF UŽICE

IDENTIFIED CHALLENGES



- Lack of community-based mental health services for children and youth
- Difficulties caused by pandemic (depression, anxiety, addictions)
- Insufficient human resources for provision of service in the mental health domain at primary healthcare level



SERVICES AND RESOURCES

Social protection	CSW – basic services; Service Centre - Marriage and Family Counselling Centre, Assisted Living for Youth, Day Care for Children with Development Difficulties and Disabilities, Homecare Help for Adults and Elderly, Homecare Help for Children and Youth, Personal Assistance, Personal Escort for Children; Inclusion Centre Užice - Support for children with development difficulties and persons with disabilities and their families
Healthcare	Health Centre Užice - Development Counselling Centre, Youth Counselling Centre Medical Centre Užice - Adult Psychiatry Office
educational system	All schools have PP Office
Non-government sector	Association „Jefimija“ (counselling centre for breast cancer patients), associations that provide assistance to persons with development difficulties (e.g. Association of dystrophic patients, Association of persons with disabilities caused by cerebral palsy and polio)
Private sector	Counselling centre „Pisho Art“, private polyclinics

MUNICIPALITY OF RUMA



IDENTIFIED CHALLENGES

- Increased number of children with development difficulties and increased need for support
- Domestic violence
- Lack of community-based mental health services for children, youth and adults
- Stigmatization of mental health difficulties



SERVICES AND RESOURCES

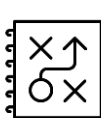
Social protection	CSW – basic services; Services Center Solidarnost – Homecare Help for Adults and Elderly, Personal Escort for Children, Personal assistance, Day Care Children and Adults with Development Difficulties and Disabilities, Hypo therapy for Children and Adults (service provided within Day Care), Marriage and Family Counselling Centre
Healthcare	Health Centre Ruma - psychological and psychiatric services
educational system	All schools have PP Office
Non-government sector	Čovekoljublje, Red Cross
Private sector	Polyclinic “Rumedik” (psychiatric and psychotherapy services for children and adults), private psychotherapy and defectology services
Other	Church

MUNICIPALITY OF KRUPANJ

IDENTIFIED CHALLENGES



- Children and adults with disabilities and/or development difficulties
- Stigmatization of mental health difficulties
- Young parents that lack capacities, families under risk and domestic violence
- Lack of human resources for provision of psychological support



SERVICES AND RESOURCES

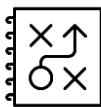
Social protection	CSW – basic services; Homecare Help for Adults and Elderly, Personal Escort for Children, Day Care for Persons with Development Difficulties and Disabilities
Healthcare	There are no services focused on mental health, except referrals to specialist treatment in general hospital in Šabac and Loznica which is issued by selected general practitioner
educational system	All schools have PP Office
Non-government sector	Association Zora (Day care for adults with development difficulties and disabilities)
Private sector	There are no services focused on mental health (services available in Loznica and Šabac)

CITY OF LOZNICA

IDENTIFIED CHALLENGES



- Children and adults with disabilities and development difficulties
- Isolation and lack of amenities for elderly
- Services focused on children of young calendar age (no development counselling)



SERVICES AND RESOURCES

Social protection	CSW - basic services, Personal Escort for Children, Day Care Children and Adults with Development Difficulties and Disabilities, Homecare Help for Adults and Elderly; Club for Elderly
Healthcare	There are no services focused on mental health within primary healthcare; General hospital Loznica - psychological and psychiatric services
educational system	All schools have PP Office
Non-government sector	Association of Citizens „Svetionik“ (occupational workshops, group and individual support for children and families)
Private sector	Psychotherapy, Nursing Home in Tršić

CITY OF SREMSKA MITROVICA

IDENTIFIED CHALLENGES



- Lack of support in mental health domain for youth after graduation and community-based mental health services for adults and elderly
- Increased rate of anxiety and suicides during pandemic



SERVICES AND RESOURCES

Social protection	CSW – basic services, Homecare Help for Adults and Elderly, Personal Escort for Children, Day Care for Children with Development Difficulties and Disabilities, Homecare Help for Children with Difficulties and Disabilities, Assisted Living for Youth, safehouse for women victims of violence, social housing under protected conditions for refugees, internally displaced and socially vulnerable persons
Healthcare	Health Centre Sremska Mitrovica - Development Counselling Centre, Youth Counselling Centre, Occupational Medicine Office General hospital Sremska Mitrovica - Department of Mental Health (psychological testing, psychiatric services for children and adults, addictions treatment, inpatient treatment)
educational system	All schools have PP Offices - referrals to CSW and health centre; Special School - School for Primary and Secondary Education "Radivoj Popović"
Non-government sector	Caritas Sremska Mitrovica, Red Cross, Society for Aid to MNRO, Association of Pensioners, Associations of Parents of Children with Autism, Association for Helping the Persons with Down Syndrome, Association of Refugees, Internally Displaced Persons, Socially Vulnerable and National Minorities
Private sector	Psychology Centre TRI - centre for psychotherapy and counselling, Centre for Speech Therapy and Healthy Living Logo M (speech treatment for children and adults, consultations with psychologists and psychiatrists), polyclinics, private psychotherapy
Other	Youth Office, Office for Reduction of Poverty

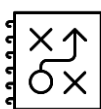
MUNICIPALITY OF ARILJE

IDENTIFIED CHALLENGES



- Difficulties caused by pandemic (anxiety, frustration, reduced coping capacity in general population)
- Stigmatization of mental health difficulties
- Addictions (alcohol, gambling)
- Domestic violence

SERVICES AND RESOURCES



Social protection	CSW – basic services and referrals to other municipalities; Homecare Help for Adults and Elderly, Personal Escort for Children, Day Care for Persons with Development Difficulties and Disabilities, SOS telephone for victims of violence
Healthcare	Health Centre Arilje - psychological counselling and group support for addictions, referrals for specialized treatment in Health Centre Požega and Health Centre Užice issued by selected general practitioner
educational system	All schools have PP Office
Non-government sector	There are no services focused on mental health
Private sector	Psychotherapy

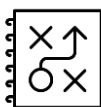
MUNICIPALITY OF KOSJERIĆ

IDENTIFIED CHALLENGES



- Parents with lack of capacities
- Domestic violence
- Lack of community-based mental health services for children, youth and adults, and vulnerable groups
- Support for women before, during and after pregnancy

SERVICES AND RESOURCES



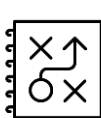
Social protection	CSW – basic services; Homecare Help for Adults and Elderly, Personal Escort for Children;
Healthcare	There are no services focused on mental health, except referrals for specialist treatment in Health Centre Požega and Medical Centre Užice which is issued by selected general practitioner
educational system	All schools have PP Offices - referrals to CSW
Non-government sector	Association „Moje pravo“ (occupational activities and psychological support for persons with disabilities), Association „StartHub“ (support for women), Association „SOS-KOS“ (licensed service providers, Personal Escort for Children and Homecare Help for Adults and Elderly)
Private sector	Psychotherapy, doctor's office (psychiatrist)
Other	Church

MUNICIPALITY OF PRIJEPOLJE

IDENTIFIED CHALLENGES



- Lack of community-based mental health services for children, youth and adults
- Need for caregivers for provision of service
Homecare help for adults and elderly - demand exceeds the capacity of available geriatric caregivers
- Challenges regarding social and economic integration of Roma population



SERVICES AND RESOURCES

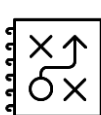
Social protection	CSW – basic services; Homecare Help for Adults and Elderly, Personal Escort for Children, Day Care Centre for Youth (youth with behavioural problems and problems with the law)
Healthcare	Health Centre Prijepolje - psychological evaluation and support; General Hospital Prijepolje - outpatient psychiatric services, emergency psychiatric care
educational system	All schools have PP Offices - counselling for children and parents, referrals to CSW and Health Centre
Non-government sector	Forum „Žene Prijepolja“ (women victims of violence), Red Cross
Private sector	Psychotherapy services
Other	Office for Youth, religious communities

MUNICIPALITY OF SJENICA

IDENTIFIED CHALLENGES



- Lack of community-based mental health services for children, youth and adults
- Stigmatization of use of mental health services
- Demand for service Homecare Help for Adults and Elderly exceeds the capacities
- Exceptional demand for accommodation and support for victims of violence
- Challenges regarding social and economic integration of Roma population



SERVICES AND RESOURCES

Social protection	CSW – basic services; Association “Povetarac” - Homecare Help for Adults and Elderly, Day Care for Children with Development Difficulties and Disabilities
Healthcare	Health Centre - psychological support for children, youth and adults, psychiatric services
educational system	All schools have PP Offices - counselling for children and parents, referrals to CSW and Health Centre
Non-government sector	Association „Povetarac“, Association of Citizens for Social Development “Connect” (psychological support for youth), NGO “Flores” (educational activities for youth), Association of Persons with Disabilities “Dilavni”, Red Cross
Private sector	Psychiatric and neuropsychiatric services
Other	Religious communities

MUNICIPALITY OF PRIBOJ

IDENTIFIED CHALLENGES



- Lack of community-based mental health services for children, youth and adults
- Stigmatization of use of mental health services
- Large number of elderly households

SERVICES AND RESOURCES



Social protection	CSW – basic services; Centre for Development of Social Protection Services - Homecare Help for Adults and Elderly, Day Care for Elderly, shelter for victims of violence, Day Care for children with development difficulties and disabilities, assisted living for youth, Personal Escort for Children
Healthcare	There are no services focused on mental health within primary healthcare; General hospital Priboj - psychiatric services which include individual counselling, support for persons with mental and development difficulties, as well as support for persons suffering from addictions
educational system	All schools have PP Office
Non-government sector	Society for Cerebral Palsy and Polio, Society for Aid to MNRO, Women Initiative Priboj, Red Cross
Private sector	There are no services focused on mental health
Other	Youth Office, religious communities

MUNICIPALITY OF PEĆINCI

IDENTIFIED CHALLENGES



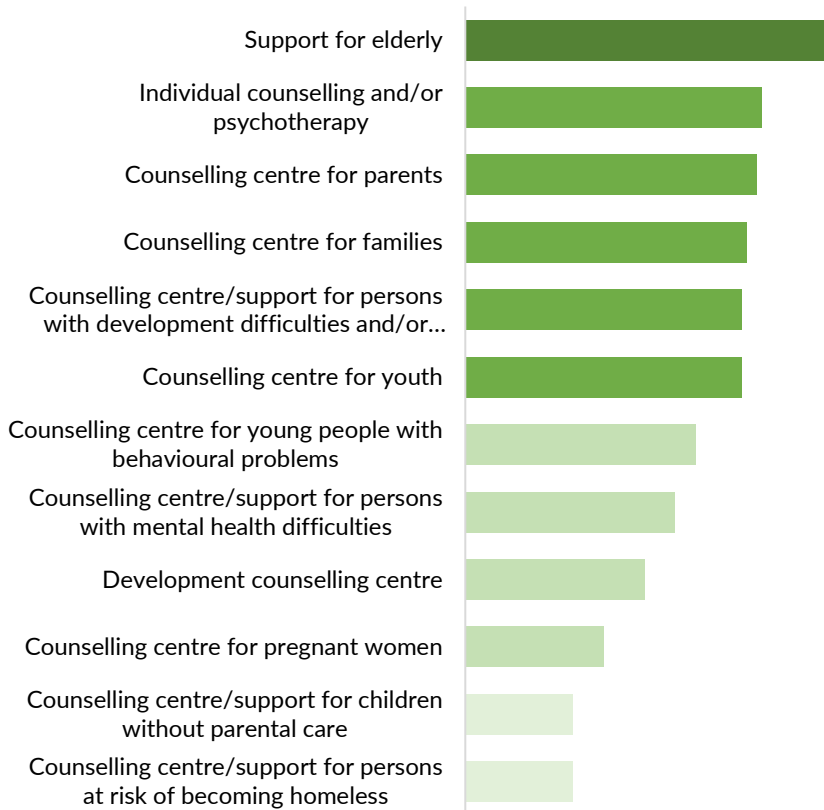
- Large number of young people with behavioural problems
- Domestic violence
- Lack of community-based mental health services for children, youth and adults



SERVICES AND RESOURCES

Social protection	CSW – basic services, Homecare Help for Adults and Elderly, Day Care for Children with Development Difficulties and Disabilities, Personal Escort for Children, Club for Elderly – preventive healthcare
Healthcare	Health Centre Pećinci - Neuropsychiatric Services, Occupational Medicine Office
educational system	All schools have PP Offices - referrals to CSW and Health Centre
Non-government sector	Association Socio-ekološki; Red Cross; Several women associations
Private sector	There are no services focused on mental health
Other	Church

Representatives of 15 LSGs assessed the extent in which development of various services needs to be prioritized in their local community. Summary results for all municipalities are shown in Graph 1.



Individual results of priority of service development in each municipality are shown in Table 1.

	Support for elderly		Individual counselling and/or psychotherapy		Parents Counselling Centre		Family Counselling Centre		Youth Counselling Centre		Counselling centre/support for persons with development difficulties and/or disabilities		Counselling Centre for youth with behavioural problems		Counselling centre/support for persons with mental health difficulties		Development Counselling Centre		Pregnant Women Counselling Centre		Counselling centre/support for persons under the risk of becoming homeless		Counselling centre/support for children without parental care	
Lajkovac	5	4	4	4	4	5	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mionica	5	3	1	1	1	3	1	3	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	
Plandište	5	1	1	1	1	1	5	2	1	3	1	3	1	1	3	1	1	1	1	1	3	1	3	
Šid	5	5	4	3	3	3	5	3	4	3	3	3	3	2	1	2	1	2	1	2	1	2	1	
Užice	4	3	3	4	5	3	3	3	2	2	2	2	2	2	2	2	1	2	2	2	1	2	2	
Ruma	5	5	5	5	3	5	5	5	3	3	1	3	1	3	1	3	1	3	1	3	1	3	1	
Krupanj	5	5	5	5	5	5	4	4	4	1	2	3	3	1	2	3	3	1	2	3	3	1	3	
Loznica	5	2	3	5	3	5	2	5	5	2	2	2	5	5	2	2	2	2	2	2	2	2	2	
Sremska Mitrovica	5	5	1	1	1	1	3	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	
Arilje	5	3	5	1	4	5	2	2	2	2	2	2	2	2	2	2	1	2	2	1	2	1	2	
Kosjerić	5	3	5	5	3	5	1	1	4	2	1	1	4	2	1	1	1	4	2	1	1	1	1	
Prijepolje	5	5	5	5	3	5	3	5	3	3	5	3	5	3	3	3	1	3	3	1	3	1	3	
Sjenica	5	4	5	5	5	4	3	4	3	3	3	4	3	3	3	3	1	3	3	1	3	1	3	
Priboj	4	5	5	5	5	4	1	4	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	
Pećinci	3	5	5	5	5	1	5	3	2	2	2	2	3	2	2	2	1	2	2	1	2	1	2	

CONCLUSIONS

The conclusions derived from mapping the availability of services focused on mental health and psychosocial support in the local communities:

- Services focused on mental health and psychosocial support are available in a number of sectors: social protection, healthcare, educational system, private sector and civil society organisations, while the role of LSGs is to coordinate the existing services;
- No mechanisms for assessment of population needs at local level were identified;
- Increased prevalence of mental health difficulties caused by COVID-19 pandemic was identified;
- There are limited human and financial resources available to meet the current needs;
- A disbalance between different municipalities and sectors in terms of service availability has been identified;
- Educational sector is recognized as a resource that is not sufficiently used for promotion and prevention focused on mental health;
- The services focused on mental health and psychosocial support are not sufficiently recognized in the social protection system because there are no standards for licensing of counselling and therapy services;
- An obvious disbalance is observed in terms of availability of services focused on mental health in the healthcare system, as well as the trend of decreasing number of psychologists and psychiatrists in primary healthcare;
- A significant lack of community-based services focused on mental health for adult population, primarily individual support and psychosocial support;
- Stigma surrounding the mental health difficulties and insufficient availability of free services have been identified as the most common reasons why people rarely seek help;
- The need for improving the mechanisms of informing the citizens on services that are available in the community is identified.

Identified services that are the process of development: Homecare Help for Children with Development Difficulties (Plandište), Day Care for Youth and Adults with Development Difficulties and Disabilities (Šid), Marriage and Family Counselling Centre (Krupanj), Personal Escort for Children (Sjenica) and Children and Youth Counselling Centre (Pećinci).

RECOMMENDATIONS

The recommendations for the improvement of services focused on mental health and psychosocial support in the local communities:

- Develop the mechanisms for assessment of needs to be used by decision-makers when planning for services to be developed and by service providers when preparing an adequate response to existing needs;
- Provide sufficient human and financial resources to respond to identified needs;
- Define which services are available and to what extent in each sector, in order to ensure availability of service at all levels - from mental health promotion and prevention, via counselling and psychological support to psychiatric care;
- Develop and adopt standards for provision of counselling and psychotherapy services in order to formalize provision of these services within social protection system and to ensure higher availability and visibility;
- Make availability of different services uniformed and ensure that free services are available to all potential users (e.g. individual counselling for adult population);
- Define procedures for intersectoral cooperation and referral to services focused on mental health and psychosocial support;
- Develop campaigns to raise public awareness about importance of mental health care and develop mechanisms to inform communities on services that are currently available.

The priorities in terms of development of community-based services focused on mental health that have been identified by citizens, service providers and decision-makers are:

- individual psychological and psychosocial support
- support programs for youth and families
- support programs for elderly



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