



SWISS SUPPORT TO MENTAL HEALTH REFORM in Bosnia & Herzegovina

Report of the Fact-Finding-Mission, B&H October 5-15, 2008

EXECUTIVE SUMMARY

Bosnia and Herzegovina (B&H) stays in midst of a transformation process to become a modern state, being able to adhere to the European Union. The same is true for its mental health system: ***a modern psycho-social care is an explicit prerequisites for becoming a member state***. The political will to embark on this fundamental transformation process is evident, but the capacities to put policies and programs into reality are still weak, despite international and regional support with hardware and capacity building since the war.

Caring for mentally disabled people, especially those who were suffering from psychological torments as a result of armed conflicts, has been considered an essential ingredient to stabilize the Western Balkan. It is this rationale which led to the establishment – under the auspices of the Stability Pact and the South East European Health Network – of an important regional reform project, the South East European Mental Health project. In its final phase, Switzerland became one of its sponsors.

This project aimed at reinvigorating the psychiatry transformation process in the nine countries involved: the tough change from a centralized, institution based, frequently inhuman and old fashioned psychiatry into a new, decentralized, community based mental health care *‘with a human face’*. Switzerland, as one of the few donors in health in B&H, supporting a successful family medicine project, has decided to add mental health to its health portfolio of the coming years, in order to help closing the remaining implementation gap.

A particularity of the Swiss involvement in MH in B&H is the commitment of Swiss cantons in a joint cooperation effort. Initially, some cantonal offices for ‘international relations’ or ‘development cooperation’ (Geneva, Jura, Fribourg, Bern) showed interest to engage in small projects in B&H on their own, and MH seemed a promising field of activity – as recommended by SDC. But finally the things turned out differently, when SDC decided itself to add to its country cooperation strategy an important ‘sub-domain Mental Health’. With this move, a challenging endeavour was born: a joint Swiss development cooperation by both, national and cantonal agencies, a promising approach with – hopefully - mutual benefits.

To start this joint project, a common ‘fact finding mission’ was launched, with a consultant for SDC and representatives of the four Cantons. This report summarizes the outcome and conclusion of this mission.

The conclusion can be put in a nutshell as follows: both entities in B&H have advanced considerably in the direction of a modern mental health paradigm, in theory (policies, programs) as well as in the field (Community Mental Health Centres). But despite strong political will, the targeted beneficiaries do not get what they need: there is a big lack of leadership and managerial skills, and the professional work force is inadequate in number and quality. And still, mental disorders are seen as a stigma and not as a treatable disease by the population.

It's obvious that B&H needs a strong partnership to overcome this gap: a Swiss cooperation effort is not only warmly welcomed by all stakeholders but can really make a difference.

The two contrasting paradigms¹ below illustrate the challenging 'roadmap of transformation' facing Bosnia and Herzegovina (called 'de-institutionalization of psychiatry'):

from an old-fashioned paradigm² >>>>>>>>>> towards a modern paradigm of MH

- Large psychiatric **hospitals**
- **Jail-like** structures
- **Filthy, inhuman living conditions**
- **Physical restraint** commonly misused
- **Few trained staff**
- **No psychiatric diagnosis** to justify hospitalization
- **Institutionalization without benefit**, e.g. people with epilepsy or mental retardation
- **No routine diagnostics** available

- **Care in the community**
- **Empowerment** of patients
- **Ambulatory** services
- **Services within local settings**, close to home
- **Partnership with family or care takers**
- **Treatment and care specific to diagnosis**
- **Services coordinated**
- **Supportive Legislation**

The objective of the Swiss support to MH in B&H must be to enable the country's politicians, health care managers and psycho-social professionals to move faster and more efficiently 'from the old to the new paradigm'. This must mainly be done through training of people involved in the process at all levels, decision makers of both entities, of regions and cantons, as well as health staff in their undergraduate and postgraduate education.

The definition of the concrete project components should be done through a thorough and comprehensive selection process, encompassing valuable representatives of all stakeholders in mental health care, public and private, users and service providers. This inception process should capitalize on progress made during the past years in this field and involve committed 'prime movers'.

By supporting this unfinished transformation agenda, and by focusing on the most relevant and effective components of it, Switzerland's contribution can improve significantly the quality of life of thousands of people in B&H, people who many times were condemned to poverty and discrimination only because of their disease.

¹ 2001 World Health Report, 'Mental Health: New understanding, new hope', pp 51-53

² Excerpt from the list of "appalling and unacceptable" conditions found by Human Rights Commissions visiting psychiatric hospitals in both industrialized and developing countries

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