



I – BASIC INFORMATION

Name of the Project: Mental Health Project in Bosnia and Herzegovina (BiH)	
Main objective of the programme: Improved general well-being of people with mental disorders and of those at risk of developing mental health problems in BiH.	
Start of project: 05.06.2009	Scheduled duration: 28.02.2022
Start of the current phase: 01.03.2014	End of the current phase: 28.02.2018
SDC budget in Swiss Francs for the current phase according to Credit Proposal: 5'665'000	
Implementing organisations: Association XY (BiH)	
Main National Partners: Entity Ministries of Health	Main International Partners: Swiss Cantons of Jura, Geneva, Bern and Fribourg (previous project phases)

II – OUTCOMES AND RESULTS SO FAR

The project has achieved its planned outcomes for the previous two phases to a great extent and even beyond expected, and its impact hypothesis has been confirmed.

Outcome 1: Health institutions and service providers ensure quality and continuity of mental health protection in a sustainable manner

The project assisted the health authorities in standardizing mental health (MH) services, insuring their recovery-orientation and patient-centeredness and the collection of evidence for service planning and evaluation. Key achieved results under this component are as follows:

- Community-based services are available to the whole population of BiH and provided by a network of 74 Community-based Mental Health Centres (CMHCs); compared to 51 CMHCs in 2010 covering approx. 60% of the population. It is important to note that the new CMHCs have been opened by primary healthcare institutions and not by the project. This has happened because the results achieved with the project support have created an interest in investing in MH services by the managers of primary healthcare centres. All CMHCs are fully financed from the public health budgets. The current network of CMHCs is considered as optimal but there is an interest by some primary healthcare institutions managers to open CMHCs.
- 68% of CMHCs (43) have been accredited, compared to the planned 72% for the end of the Project. These centres apply procedures and services in line with the set quality standards, monitor recovery of their service users and have established a basis for planning and improving their work based on the monitoring. Collected data includes a feedback by service users.
- 68% of CMHCs in the Federation of BiH are collecting data on a selected set of indicators and applying it in planning services and quality improvement in their work. In Republika Srpska (RS), the data is collected by 100% of CMHCs, routinely processed by Health Insurance Fund (HIF) and delivered to the Ministry of Health (MoH) of RS. The data concerned provided services, number of people treated and their recovery. Changes made at the level of CMHCs based on the collected data have included

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improvements in treatment scheduling, shortening of waiting time, introduction of afternoon work, frequency of treatment, type of treatment adjustments to the service user needs, therapy group structure, introduction of new medicines, adjustment of pharmacotherapy, etc.

- Models of hospital patients' discharge for FBiH and RS to ensure continuity of care have been developed with participation of MH professionals from all CMCHs and psychiatric hospitals/clinics or wards in general hospitals and have been successfully piloted in 50% of the hospitals. The models are also provided for in the new draft Laws on Mental Health finalized in both entities.

Outcome 2: Persons suffering from mental disorders and those who are at risk of mental health problems, including children and adolescents, and their families receive an effective treatment and gender-sensitive mental health services in the community.

Under this component, the interventions focused on raising capacities of CMHCs' multidisciplinary teams for the provision of innovative, responsive, recovery-oriented and gender-sensitive MH services. Monitoring the recovery and satisfaction of service users with the new services has been introduced and systematically applied. Key achieved results have been as follows:

- 2,985 (48% f) most vulnerable persons with severe MH disorders and multiple needs have benefited from the introduced care coordination approach (inter- and intra-sectoral gender-sensitive care including joint care planning with a service user and his/her family) provided in 72 CMHCs. 80% of them show significant recovery and improved quality of life.
- Since 2017, 833 persons (51% f) were included in occupational therapy introduced in 55 CMHCs. Users' recovery at the level of social, health and psychological functioning as a consequence of the therapy has been monitored and 87% of them show significant recovery. Also, opening of the postgraduate studies in occupational therapy at the Medical Faculty in Zenica (FBiH) and expansion of the graduate program at the Medical College in Prijedor (RS) has been supported for the future generations. Occupational therapists have created a digital platform R/OTEL for educational and supervisory purposes.
- New services have been introduced: self-help groups, cognitive behavioural therapy, family therapy; and provided in 72 institutions in BiH (70 CMHC, 2 social institutions in FBiH). A total of 3,712 persons (52% f) have received these services. As a result, 90% (51% f) of them have begun successfully using effective strategies for coping with their MH problem, such as more adequate coping with anxiety and depression symptoms, reaching personal goals, making social contacts, better family bonding, better coping with emotional problems, and receiving their diagnosis within a shorter period of time (important for MH deterioration prevention). Also, 261 family members (65% f) benefited from these services.
- Service users expressed very high satisfaction with CMHCs' services (from 3.73 on a scale with max. 4 points).
- Preventive MH programmes were implemented in 22 communities under the guidance of entity Public Health Institutes (PHIs) reaching 1,184 children and adolescents (54% f) in 43 schools (focus on MH protective factors in schools, prevention of suicide and gambling addiction), 1,020 adults (61% f; focus on early detection of depression through family medicine); 279 elderly (64 f; focus on prevention of depression).

Outcome 3: Persons with mental health problems increasingly participate in economic, social and cultural life of their community

The associations of users of MH service have been supported in advocacy for respect of their rights and targeted activities for reducing discrimination and stigma against persons with MH problems. Service users described their experiences in this component as life-changing.

Achieved results include the following:

- 538 (65% f) persons with MH disorders have participated in social inclusion activities performed by associations of MH service users. Those included vocational education and prequalification for raised employability, exercising rights in the field of social protection, somatic health (reduced discrimination in family medicine departments), sports and leisure time activities in the community.
- 55 (40% f) service users have benefited from paid engagement in two pilot social entrepreneurship models (cultivation of berries) created in cooperation with SDC-funded Youth Employment Project.

Related to **the cost-effectiveness of the project intervention**, a study was done in one canton in the Federation of BiH where all needed data was available. It has shown that an improved performance of CMHCs and related reduction of hospitalisations of persons with MH disorders have led to annual savings of up to 0.5 Mio CHF in this canton. The estimations done independently by the health authorities indicate

overall annual savings in the MH system of 5 Mio CHF due to decentralisation of services from hospitals to community MH facilities.

TRANSVERSAL THEMES (GENDER AND GOOD GOVERNANCE)

Gender equality concerns were integrated into all educational materials and manuals and in the developed university curricula (on occupational therapy and clinical psychology) and in different training modules provided to MH professionals, offering practical tools for addressing specific needs of women and men and avoiding gender stereotyping in the service offers. Data collected are sex-disaggregated and gender indicators are used for creating and implementing gender responsive interventions.

As for **good governance**, the Project works within the MH system to improve its effectiveness and efficiency. The Ministries of Health steer the project interventions, based on their relevant strategies. The MH professionals have leaders' roles in project activities as coordinators, trainers or researchers, which are all found decisive for local ownership and sustainability of the project results.

III – LESSONS LEARNED

- ✚ **Thematic approach:** The project has succeeded in bringing the issue of mental health more into the focus and to mobilise decision makers and key drivers of change **to work on improving MH care services for the whole population**, which is particularly important to the post-war BiH. In this regards, the MH reform in BiH has become a good practice example promoted by WHO in the Western Balkans region.
- ✚ **Main innovations:** The project has been very successful in introducing innovative MH services which are recovery oriented and patient-centred, such as care coordination approach and occupational therapy. Both have proven to significantly contribute to recovery of service users and improved quality of their life. Continuous support (a training followed by supervision, mentoring and on-the-job support) to MH professionals in applying new services and in monitoring their effects on user recovery has proven to be very important for sustainable integration of these service in the practice. Inter-sectoral cooperation on social inclusion of persons with MH problems is also innovative in BiH and has shown promising results. However, it does require time and resources to be successful. Anti-stigma interventions target change of attitudes and thus require a long-term perspective. It is necessary to support the use of adequate monitoring instruments and the participation of all relevant stakeholders, especially the persons with MH disorders and their families. Special attention needs be devoted to communicating the progress made towards participants, programme partners and the wider community.
- ✚ **Partnerships and Alignment:** Political support and commitment of the project key stakeholders has been the prime factor that has led to the successful implementation of the project. The development of close partnerships with key stakeholders has been essential in ensuring their genuine engagement, their buy-in the process of change of practice, and integration of the introduced changes in the health system. It has come clear that appropriate and well planned involvement and coordination of the entity Ministries of Health in all stages of the project implementation is crucial for the success. Well-defined cooperation mechanisms with a clear set of objectives, timetable, decision making principles and allocation of responsibilities amongst the entity Ministries of Health, health institutions and the project has been agreed and regularly revised as required.
- ✚ **Communication:** Continuous, well-focused and understandable information about the project plans and achieved results through different channels (the media, social networks, a web-site, printed materials, round tables, public presentations) has proven to be a good instrument for reducing resistance to the reform among health providers and the general public. Particularly powerful have been personalised stories about service users and their benefits from the changes initiated by the project.

Main difficulties faced and efforts made to overcome them

- ✚ Monitoring and measuring results has been one of key challenge in project implementation. The targeted improvement of the country system's monitoring and evaluation capacities has proven to be difficult to achieve as it requires coordinated work by numerous stakeholders. Commitment and leadership by the health authorities in ensuring that data are routinely collected, analysed and used for planning MH resources and their efficient use need to be ensured for success.
- ✚ Ensuring existence and maintaining full teams of professionals in MH facilities in order to be able to provide quality services in line with the set standards of care. This issue is very much linked to limited available funding for healthcare institutions. The project has involved representatives of the health

authorities in solving this problem in respective institutions and engaged in policy dialogue for finding solutions at the level of the health system.

- ✚ The establishment and functioning of social cooperatives / businesses of persons with MH disorders is an extremely complex venture that requires a continuous multi-professional support. Also, it leads to work engagement of only a very limited number of persons, since most user associations do not meet the necessary criteria for establishment of a social cooperative. Therefore, it is needed to also develop other mechanisms for supported employment of persons with MH disorders.
- ✚ Multiple requirements from CMHC teams in terms of their participation in educational and other project activities and within other projects and an increased workload, with no incentives for good performance, leads to their fatigue and overload. In this regards, the project has engaged in policy dialogue with the health authorities to ensure the coordination of different activities and setting of priorities, management support, financial and other stimulation.

IV – EXIT STRATEGY AND SCALING UP

Phase 3 is the project exit phase focusing on consolidation of the project results and their full integration in the health system and addressing the remaining gaps in the reform. Ensuring sustainability of the introduced changes is particularly addressed in all planned project interventions. An elaborate advocacy plan is developed in partnership with the Entity Ministries of Health to be implemented at the last two years of the Project, with the following overall objectives: i) the health authorities in BiH should be able to maintain a sustainable system of community-based MH care which provides responsive and quality services; ii) the respect of human rights and dignity of women and men with MH disorders, their families and of those at risk of developing such disorders and quality of life of these persons should be improved. In order to achieve this, the project needs to ensure the following:

- ✚ The establishment of functional mechanisms for monitoring in the area of MH and planning MH resources and programmes in line with needs;
- ✚ The use of the model of patients hospital discharge providing for a clear patient pathway and referral system and inter-sectoral cooperation for ensuring continuity of care for persons with MH disorders;
- ✚ Savings made in the system thanks to the reform should be allocated to MH promotion programmes and creation of incentives for further performance improvement (accreditation and reaccreditation of MH institutions);
- ✚ The new and innovative services and the multidisciplinary teams are maintained and further strengthened;
- ✚ Sustainable development of capacities for the provision of quality MH services through the public education system;
- ✚ User associations are further empowered to fight discrimination in the community and be active promoters of rights of persons with MH problems and their social inclusion.
- ✚ User associations are supported in finding sustainable sources of funding for their activities and receiving the support by their local communities.

For more information please refer to: www.mentalnozdravlje.ba and www.asocijacijaxy.org.

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