



Institution Name – **INSTITUTE OF MENTAL HEALTH** / www.imh.org.rs

Name of the relevant department, unit, section or area of the institution – **WHO COLLABORATING CENTRE FOR MENTAL HEALTH WORKFORCE DEVELOPMENT**

City – **BELGRADE**

Country – **SERBIA**

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Title: **WHO COLLABORATING CENTRE FOR MENTAL HEALTH WORKFORCE DEVELOPMENT – REPORT ON ACTIVITIES**

WHO Collaborating Centre for Mental Health Workforce Development was assigned on 24 September 2009, for period of 4 years. Two years after the nomination, during which time the Institute of Mental Health (IMH) had confirmed its credibility, proficiency and quality, the World Health Organization designated this institution as its Collaborative Center. The Institute of Mental Health (IMH), a University health care institution and the scientific and teaching base of the School of Medicine, Belgrade University, Serbia, is a leader in the number of certified training programs, quality of scientific and research work, and comprehensive treatment of patients who seek help at the IMH. Qualified experts, led by Prof. Dr Dusica Lecic-Tosevski, accepted this nomination as recognition of decades of professional work.

Terms of Reference are defined as: 1) Training of multidisciplinary staff working in community mental health services and evaluation of services. Partnership with psychiatric services in the region as well as with the WPA, EPA, Stability Pact for SEE, NGOs, and other professional groups. 2) Continuous training in mental health issues of primary health care workers (general practitioners, pediatricians, nurses) in order to create competent workforce for early identification and treatment of mental health problems, prevention of mental disorders and mental health promotion. 3) Training in child and adolescent mental health care. The early recognition of mental health problems in childhood and youth is of the utmost importance for prevention of mental disorders in adulthood. 4) National guidelines for early detection and prevention of alcoholism. 5) Education of families of mentally ill members. 6) Support workforce development in social care homes.

Subjects of the collaboration between Collaborating Centre and WHO are: Mental health and neurosciences; Human resources for health (excluding nursing); Ageing. It is to be realized through further types of activity: Training and education; Implementation of WHO programmes and activities at country level; Providing technical advice to WHO.

1) Training of multidisciplinary staff working in community mental health services and evaluation of services. Partnership with psychiatric services in the region as well as with the NGOs, WPA and other professional groups

Community mental health teams (consisting of psychiatrists, psychologists, social workers and nurses) at primary care level (health centres distributed widely all over the country) are organized at the primary care level, through the recommendation of the National Committee for Mental Health Care chaired by director of the IMH, prof. Dusica Lecic-Tosevski and officially approved by the Ministry of Health.

2) Continuous training in mental health issues of primary health care workers (general practitioners, pediatricians, nurses) in order to create competent workforce for early identification and treatment of mental health problems, prevention of mental disorders and mental health promotion

During the last 12 years, starting from 2001, five educational courses for general practitioners were organized by Institute of Mental Health Belgrade, Institute of Public Health of the Sarajevo Canton, Bosnia and Herzegovina, and supported by the Committee for Human Rights, Norwegian Medical Association. Each course was organized in the same way in both countries and consisted of the Planning meeting (during which participants agreed on objectives, framework and content of the training and of the GPs exchange visits), Education and Pre/Post-evaluation Meetings. All of the three parties from Norway, Sarajevo and Belgrade participated in the meetings organization. It was agreed that the training process should contribute to: 1. Knowledge improvement through better understanding of theoretical concepts of mental health care including diagnosis, treatment, referrals and follow up; 2. Skills development through improved efficiency in management of cases and of communication skills; 3. Holistic approach to mental health care. Each of the educational courses lasted 4 days (during the same month in both countries) and the programme was identical both in Belgrade and in Sarajevo.

Lecturers were prominent experts in mental health care, including the chair of the National committee for mental health, professors and assistant professors from the School of Medicine, University of Belgrade and Sarajevo as well as general practitioners. Balint groups (organized at the end of each educational course) were organized and led by trained psychiatrists from the Institute of Mental Health. All participants received the printed material with all the lectures included. Participants and lecturers received certificates of attendance at the end of the courses. Pre-evaluation and post-evaluation questionnaires were applied for all participants.

In addition to this, the IMH has translated and disseminated the following WHO publications (as authorized translator and publisher):

1. The ICD-10 Classification of Mental and Behavioral Disorders – Clinical Description and Diagnostic Guidelines, 1992.
2. The ICD-10 Classification of Mental and Behavioral Disorders – Diagnostic Criteria for Research, 1993.
3. Refugee Mental Health Assistance – Draft Manual for Field Testing, 1993.
4. Psychosocial Consequences of Disaster – Prevention and Management, 1993.
5. Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Ch. V, Primary Care, 1996.
6. World Health Report 2001, Mental Health: New Understanding, New Hope, 2003 (disseminated and promoted during 2003/2004 at workshops in 16 regional health centers in Serbia; more than one thousand mental health and other related professionals, policy makers and users participated in those workshops).
7. Prevention of Suicide (six booklets), 2005.

The topics of educational programmes during the last 12 years were:

A. Education on psychiatric problems in general practice – part I (2001) – Seminar on Health Care Systems in Transition and Ethical and Human Rights Issues

Topics: The present situation for the primary health care sector; Priorities and dilemmas in organizing health care systems; Human rights and medical ethics issues to be considered in countries undergoing a transition; Post graduate and continuing education; The role of the medical associations.

B. Education on psychiatric problems in general practice – part II (2003)

Topics: Stress (burn out); Substance abuse; Violence; Patient rights.

C. Education of general practitioners on treating patients with mental health problems – part III (2005)

Topics: Stress; Psychosomatic disorders in general practice; Prevention of mental disorders; Mental health promotion.

D. Education of general practitioners on treating patients with mental health problems – part IV (2007)

Topics: Violence and aggression in adolescents; Gender mental health; Mental health in the elderly; Psychotic disorders in general practice.

E. Training of general practitioners on the treatment of patients with mental health problems – part V (2009)

Topics: Physical illnesses in people with mental disorders; Somatoform disorders; Personality disorders; Sexual and gender identity disorders; Mental health care and quality of life.

The course was accredited by the Health Council of the Republic of Serbia. Two exchange visits were organized between general practitioners from Sarajevo and Belgrade (as well as in the fourth course). The visits were important and evaluated as satisfying both on professional and personal levels.

The overall goal of this joint programme was to improve the knowledge of general practitioners concerning the mental disorders as well as to enhance their competencies in working with patients with mental disorders or mental health problems.

Pre-evaluation and post-evaluation results confirmed that organization of the training and the lecturers was excellent. The needs of GPs were recognized and they found answers to the most frequent questions concerning selected topics. Most of them would like this education to continue in the future, finding that it enables them to learn more and improve self confidence to treat patients with mental health problems. The active, participatory involvement of the GPs was an equally valuable feature of the Training.

3) Training in child and adolescent mental health care. The early recognition of mental health problems in childhood and youth is of the utmost importance for prevention of mental disorders in adulthood

1. Training of prevention of violence among children and youth

The early recognition of mental health problems in childhood and youth is of the utmost importance for prevention of mental disorders in adulthood. Relying on numerous studies and existing experiences, under the auspices of the Serbian Ministry of Health and WHO, the IMH created an educational program focused on strengthening of such competencies for professionals in the local community. The program was designed for medical professionals and their co-workers from other domains as important partners in prevention of youth violence. The program was realized during November and December 2009. The program covered the following topics:

- Understanding aggressiveness and violence of children and youth in the biopsychosocial context
- Modes of youth violence expression
- Risk and protective factors
- Diagnosis, prevention and treatment of youth violence
- Preventive interventions in local communities at primary care level.

The overall goal of the education was to improve the knowledge of medical professionals and their co-workers from other domains concerning the issue of prevention of children's and youth's violence. The program promoted important aspects of prevention efficiency such as early start and continuity of preventive activities, as well as inclusion of various professionals, along with participation of children, youth and parents.

Program evaluation indicated participants' satisfaction by the provided theoretical and practical contents, as well as by the form of education. Over 75% of the participants reported feeling more competent

in work with the problems of youth, after the program. Education program on youth violence prevention included the publication of the Manual entitled “Prevention of Violence among Children and Adolescents”.

Recommendations for the future:

- To continue and develop closer cooperation of tertiary, secondary and primary health care professionals.
- Better connection of health care professionals with local communities in addressing problems of children’s and youth violence.

2. Training program on prevention of suicide and suicidal behavior of the youth

The training program Prevention of suicide and suicidal behavior of the youth has been successfully implemented during the period October-December 2009. This program has been part of a project named „Prevention of suicide and violence of the youth“ which was carried out under the auspices of the Ministry of Health of the Republic of Serbia and the WHO. The Health Council of Serbia accredited this program as a course which consisted of several parts.

The course was in a form of a one day workshop, carried out in three Health Centers in Belgrade and in two Medical centers in central Serbia.

The overall goal of the education was to improve the knowledge of experts from primary and secondary health care services, as well as the experts that work with youth from other relevant sectors, concerning the issue of suicidal behavior of the youth.

The first part of the program consisted of lectures that covered seven theoretical modules from the most recent literature on suicidology of the youth. The second part of the program was work in small groups – two interactive workshops that discussed depression of the youth and personal experiences of working with young people who attempted suicide. The last part of the program consisted of two group supervisions of clinical cases and the discussion that focused on the exchange of experiences between the educators and participants (demonstration of clinical skills).

An evaluation which was done at the end of the course, confirmed that the organization, the structure, the content of the education and the interactive workshop activities received the highest grade and especially good grade was given to the exchange of clinical experiences through the group supervisions.

Education program included the publication of the Manual entitled “Prevention of suicide and suicidal behavior in adolescents”.

These programs are in accordance with the National Strategy for the Development of Mental Health Care which was approved by the Serbian Government and published in 2007, both in Serbian and English. The IMH has prepared, as a leader of the National Committee of Mental Health (NCMH), the National Policy in Mental Health and the Action Plan for the period 2004-2015. This Policy has been prepared as part of the Mental Health Project of the Stability Pact for SEE. It is in accordance with the WHO Helsinki Declaration and Action Plan on Mental Health Care.

Recommendations for the future were:

- The further courses ought to be organized with one-day training on clinical work with adolescents in primary, secondary and tertiary health care. In this way a need for the continuous education in the area of youth suicides would be underlined.
- Establishment of a stronger and clearly defined cooperation network between the health sector, schools and centers for social work aimed at reducing the rate of suicides and suicidal behavior of the youth.

The IMH is participating in a European study coordinated by the Lopez-Ibor Foundation on data from around Europe concerning suicides and socioeconomic in Europe for the years 2000-2011 (involving 31 countries).

3. Training on the importance of genetic counselling

The contemporary theoretical and clinical understanding of the child development favours the ecological model which looks at child development as a product of constant interactions between biological and environmental factors. The training was organized around the significance of genetic counselling with the aim to prevent certain hereditary disorders in order to have healthy offspring and consequently a healthier society. A timely assessment and specific preventive measures in work with women in perinatal period and the puerperium with mental health problems are important in the system of health care. This is a way to recognize the most common problems of women in the postpartum period and possible prenatal mental health problems. Early recognition and efficient interventions of doctors and other health experts are extremely important. Still, understanding and support for women with these difficulties should include a wider net than the health care system; there should be an integrated ecosystem as an approach in the wider social context.

4. Training on early psychological development

In the last several years there was an increase in mental health problems of children and adolescents. The most visible signs are conduct disorders, an increase in violence, crime, alcohol and other substance abuse. In addition to that, depression is becoming more common along with other emotional problems culminating in serious self-harm and suicidal behaviour. Because of this, education was organized in the field of mental health promotion and mental health care of children and adolescents for primary health care experts, education and social care professionals. The topics covered contemporary concepts in mental health care and mental health promotion. Special attention was paid to knowledge and skills necessary for work with vulnerable groups, to recognition and removal of risk factors, to promotion of protective factors and early diagnosing of difficulties, as well as to basic principles for interventions.

Within the training about general and specific re-education of psycho-motor skills with relaxation programme, the goals were directed towards expansion and enrichment of theoretical knowledge and skills for recognition and treatment of developmentally challenged children. The goal of this method is to renew

and gain experiences about self, self in relation to time, space and others. In this way, problems faced by experts are integrated into a holistic approach to children with developmental problems.

5. *Training on parental skills and healthy parenthood*

The parent-child relationship is a dynamic and interdependent connection of expectations and influences. In the early development, the most important influence on this interaction is exerted by parents, the child's influence being increased over time. Absence of expected response by the child can trigger a variety of feelings and interpretations that influence parental reactions. Factors connected to familial relations and a wider social network also influence the way in which parents interpret child's behaviour and how they react to it. Numerous studies have shown a great need for parental social support. More and more evidence is emerging that demonstrates positive effects of parental support on the functional adaptations and strength as well as interaction styles within the family, and consequently effects on child behaviours and development. Primary health care experts and personnel from pre-schools are readily available for parents and can be extraordinarily important as sources of support.

Programme goals are: achieving higher competencies of pre-school children care personnel to help parents with parenting through psycho-educative work; mental health promotion of children and prevention of emotional and behavioural problems. Education consists of theoretical lectures and workshops designed to teach methods of working with parents.

6. *Training on prevention of child abuse and neglect and protection of abused children*

From December 2010 to December 2011, the project "Implementation of Special Protocol for Health Protection of Children from Violence and Abuse" was carried out. It was coordinated by the Institute of Mental Health (Department for Protection of Children from Violence and Abuse) in partnership with the Ministry of Health, Republic of Serbia and with support of UNICEF. The project results are the following:

- The programme of one-day education of teams in primary and secondary health care related to protection of children from violence and abuse and accredited by the Health Council within the Ministry of Health.
- Establishment of 4 regional teams of expert trainers (34 persons) in Belgrade, Novi Sad, Nis and Kragujevac who were trained to implement uniform education.
- Publication and promotion of the *Manual for the Implementation of Special Protocol for Protection of Children from Violence and Abuse in health care*.
- Education of 24 teams in primary and secondary health care in 4 regions (Belgrade, Novi Sad, Kragujevac and Nis). The total of 128 health workers and associates were trained for implementation of the *Special Protocol*.
- Establishment of basic capacities for implementation of the *Special protocol* in 24 institutions of primary and secondary health care.

- Establishment of a special working group within the Ministry of Health for implementation of the Special Protocol consisting of 15 experts. The special working group held six meetings.
- In coordination with regional coordinators, the special working group defined a set of new health services for protection of children from violence and abuse, secondary and tertiary levels of health care, and forwarded it to the Ministry of Health (New Technology Department).
- Proposal of internal form for reporting suspicious cases of violence and abuse in health institutions.

The programme of education of teams in primary and secondary care includes providing information on *General and Special Protocols for Protection of Children from Violence and Abuse in Health Care* (roles and responsibilities of teams, planning, procedures, reporting and cooperation with other sectors), as well as relevant information related to prevention, early recognition, documentation and remedying child violence and abuse. The education ensured basis for establishment of expert teams and providing basic knowledge for implementation of the Special Protocol. However, the basic knowledge that health professionals and associates acquired at the seminar was insufficient for operationalization of work of expert teams in primary health care related to protection of children from violence and abuse. The teams were not fully enabled and trained to assess violence and abuse, risks and procedure steps within the institution and outside of it, which are key components in child protection. The health professionals and associates need to establish cooperation with key activists in the community after a comprehensive insight of the significance for child protection from violence and abuse.

During 2012/2013 new project enabled additional strengthening of chosen health centres (expert teams) in 4 cities in Serbia (Belgrade, Nis, Novi Sad and Kragujevac) and prepared them for the next project phase which will focus on establishing sustainable mechanisms of intersectorial cooperation and which will be implemented by the Child Rights Centre with support of UNICEF.

General objectives were to increase efficiency in protection of children from violence and abuse within the health system and to contribute to prevention and protection of children from violence and abuse in the Republic of Serbia through multisectorial approach.

The results were the following:

- Building of basic capacities of employees in 12 health protection institutions in Belgrade (minimum 40 health workers – members of expert teams) with the aim of implementing the Special Protocol.
- Improved expert and operational work of 8 chosen health centres and their expert teams (5 in Belgrade, one in Nis, one in Kragujevac and one in Novi Sad) in 4 regions related to implementation of the Special Protocol in primary health protection institutions – all health workers and associates engaged in the work of the health centre team are involved in the implementation of the special Protocol.
- Establishment of direct cooperation with relevant local institutions and identification of problems in the existing intersectorial cooperation.

Target groups

Primary target groups:

- Health workers and associates, members of expert teams for implementation of the Special Protocol (minimum 85, 40 of them are included in the basic and 45 in the advanced educational package).
- Health workers and associates employed in 20 health centres (12 for the basic and 8 for the advanced package) in 4 regions in Serbia.

Secondary target groups:

- Children and their families whose protection from violence and abuse would be implemented through health sector.
- Local community activists involved in protecting children from violence and abuse.

Cooperation with already established regional teams for protecting children from violence and abuse in systems of health protection in Belgrade, Nis, Novi Sad and Kragujevac were realised through continuous communication and in team meetings.

With the aim of further prevention and intervention within protection of children from violence and abuse, an evaluation meeting was held with health centre representatives who attended basic trainings in the preceding period and major problems which were identified during full implementation of the Protocol will be defined.

In accordance with these findings and with the aim of full strengthening of 8 chosen health centres, regional teams will hold monthly expert consultations (by email and telephone) with expert teams in primary health protection where their expert work will be improved through consideration and analysis of reported suspicious cases of violence and abuse of children. At the same time, practical implementation of steps following the Special Protocol (i.e. implementation of the Manual for the Implementation of the Special Protocol) will be supervised. While the project is underway, at least two supervisory field visits to expert teams of all health centres will be organised.

Additionally, with support of regional teams, expert teams will organise "case conferences" in their communities with the aim of analysing reported suspicious cases of violence and abuse, reaching an agreement about intersectorial cooperation and joint work in protection of children from violence and abuse, as well as identifying problems in intersectorial cooperation.

Regional teams will also organize advanced interactive one-day seminars for 8 chosen health centres (one in Nis, one in Kragujevac, one in Novi Sad and five in Belgrade) with the aim of educating members of expert teams about treating children and parents/foster parents in situations where there is suspicion of violence and abuse, with special focus on reporting cases within the health system to the Institute of Public Health of the Republic of Serbia "Milan Jovanovic-Batut", as well as reporting cases and cooperation with other institutions, improvement of prevention and higher quality of intervention within the health system. The seminar agenda will be accredited by the Ministry of Health as the highest level of training for expert

teams in primary health protection. The training in Belgrade will be conducted by the Institute of Mental Health, whereas the one in Nis will be conducted by its regional team.

With the aim of including all health centres, Belgrade regional team will organize one-day basic seminar for 12 remaining health centres which will provide information on the General and Special Protocols (roles and responsibilities of teams, planning, procedures, reporting and cooperation with other sectors), as well as relevant information on issues of prevention, early recognition, documentation and handling of cases of violence and abuse. The precondition for education is additional cooperation with the Ministry of Health of the Republic of Serbia, which informs primary health protection institutions in Belgrade about their legal liability to form teams for protecting children from violence and abuse.

In general, more than 70 primary and secondary health care institutions passed basic education on child abuse and neglect and 13 more passed advanced level of education. We published **Manual for use of Special Protocol** and prepared posters and leaflets for health institutions (children's hospitals and health centres) and health workers.

7. During 2012/2013 projects connected with *Early development and developmental difficulties named Strengthening the primary health-care system to support early childhood development were performed.*

Project activities were implemented in collaboration with the Pediatric Association of Serbia (through PBILD project), with support by UNICEF.

The specific objectives of the Project were:

1. Contributing to development of national early childhood healthcare development programme package for primary health care professionals.
2. Increasing capacities of health care professionals to support early childhood development, particularly of children with developmental difficulties or disabilities.
3. Increasing awareness and capacities of parents of young children for early stimulation of all aspects of child's development.

Project activities consisted of 4 one day seminars, held in two regional health centres in South Serbia, with participants from 13 primary health care centres. Target group were health workers – 50 health workers from 13 primary health care centres – app. ½ of paediatricians and ½ of nurses – paediatric and patronage nurses. The project covered all 13 primary health care centres (PHCs) in South Serbia.

The content of seminars covered topics of early psychosocial and psychomotor development of children and ways of improving, preventing and recognizing early signs of developmental difficulties in the context of primary health care. The topics were covered through lectures and active participation of participants (group exercises, case studies, role play). The evaluation of activities done by participants, after each seminar, was very positive.

As part of Project activities, translation of ASQ (Ages and Stages Questionnaire) was done – aimed as introduction of possible screening instrument of early developmental difficulties that might be used more systematically in primary health care. The piloting of the instrument was agreed with the participants.

The other goal of the Project which was development and printing of guide for health professionals in primary health care, covering topics of early development stimulation, detection of developmental risks, problems and developmental disorders and communication and cooperation with parents, as well as horizontal and vertical referring (procedures) within the health system and between health and other systems and community actors is almost finished.

4) National guidelines for early detection and prevention of alcoholism

National guidelines for early detection and prevention of alcoholism

This program is based on two big projects:

- a. National program for alcoholism and drug abuse prevention.
- b. Education of general practitioners in primary health care settings for identification and diagnosis of alcoholism.

The Project “National program for alcoholism and drug abuse prevention” is continuously organized from 2008 onward, under auspices of the Ministry of Health of the Republic of Serbia. One of the subprojects within this project: „Good practice guidelines for treatment of alcoholism“ represents a pioneer effort in our country and is one among rare clearly structured guidelines on alcoholism in this part of Europe, aiming for physicians in primary health care. Within the same project, experts from the IMH have published “**Diagnostic-Therapeutic Manual for Alcoholism**”, for all professionals involved in alcoholism treatment. The Manual was published in 2009, by the IMH. Within the second subproject „Education of physicians in primary health care in early diagnose and alcoholism treatment“there were several seminars organized in different municipalities in Serbia during 2009/2010. A psychiatrist from the IMH is WHO national focal point for alcoholism.

The project “Education of general practitioners in primary health care settings for identification and diagnosis of alcoholism” is a joint project of the IMH and Institute for Public Health of Serbia. The Project is supported by International Association of Public Health Institutes (IANPHI), Finland. The project lasted 3 years (2008-2011). The sample consisted of 400 physicians from all municipalities in the Republic of Serbia and was developed in 3 phases.

During 2010, the educational part of the program started, conducted by experts from the IMH. Out of 20 planned, so far 9 workshops were conducted, according to foreseen dynamics. It consisted of working with small groups in a form of interactive approach. Attendance was excellent (around 90%), and the first feedback information, according to evaluation forms, is more than satisfying. According to plan, this phase was over in October 2011.

Education program included the creation of the Manual entitled “Diagnostic-Therapeutic Guidelines for Alcoholism”.

Within the cooperation program between Institute of Mental Health (IMH) and WHO named "Prevention of Alcoholism", since 2011, the IMH has implemented two huge projects: "National drug and alcohol abuse prevention program" and "Education of general practitioners in primary health care settings for identification and diagnosis of alcoholism". Unfortunately, due to the economic crisis that affected the whole world, including our country, we were not in a situation to continue to work on the new projects during 2012, and, therefore, the centre of activity and collaboration in the context of the "Alcoholism prevention" reduces the activity of individuals employed in IMH.

Most activities of the national "focal point" for alcoholism from The Institute of Mental Health, for the period 2011/2012 have been focused on collecting nation-wide data about the harmful use of alcohol and establishing connections with the Ministry of Health and other ministries. Main activities have been focused on establishing cooperation between the ministries whose actions could reduce the harmful use of alcohol. Communication has been established with the Statistical Office of the Republic of Serbia, Ministry of Trade, Ministry of Internal Affairs and Ministry of Finance. Primary goal of these activities is the preparation of a national strategy to combat alcoholism, which would include and mobilize the society as a whole. There has been good cooperation with the National Institute of Statistics, in order to clearly define monitoring mortality from alcoholism in Serbia. The contact with the responsible person at the Ministry of Internal Affairs was established in order to monitor social consequences related to alcohol abuse. The registries for the production or consumption of alcohol are less available, although of a great importance for the overall national strategy in order to reduce harmful use of alcohol in Serbia. The national "focal point" plans are to monitor further the WHO proposals on reducing harmful use of alcohol, and the need to implement the Global Strategy and its compliance with the national strategy. It is necessary to establish a cross-sectorial cooperation between all relevant ministries to achieve uniform national policy in the fight against alcoholism.

The member of the National committee for the prevention of substance abuse from The Institute of Mental Health, Dr Svetislav Mitrovic, participated in educational seminars, organized by the Council of Europe – Pompidou Group in Budapest, between 9th and 11th of May, and 17th and 21st September 2012. The seminar was entitled: Pompidou Group, 2012 Executive Training on Drug Policy on: Joint 'anti-drug' campaigns. Beside this, he attended the WHO meeting, called the WHO meeting of National Counterparts for Alcohol Policy in the WHO European Region, which was held in Warsaw from 31 May to 01 June 2012. The meeting was jointly organized by the Regional Office of the World Health Organization for Europe, and the State Agency for Prevention of problems related to alcohol use (PARPA). The main objective of the meeting was to exchange information between Member States on alcohol policy developments. Newly published report was presented: Alcohol in the European Union – consumption, harm and policy approaches. During two seminar days the participants from more than twenty European countries have presented the data about problems, dilemmas, expertises, and up to date studies in their countries, linked to alcohol consumption problems and alcohol misuse; some of the participants offered skilled solution views for these problems in their countries, as well. Array of presentations related to alcohol abuse statistical

parameters have been exhibited, also several ones related to the latest trends of medical consequences connected with alcohol consumption and as well, those linked with the description of possibilities for activation of preventive and similar campaigns, which should stress medical complications and other consequences resulting from alcohol consumption in European region.

WHO National focal point, Dr Roza Panoski, participated at The International Meeting of the World Health Organization for the European region that was held in Zurich, May 3–5, 2011. The main topic at the meeting was the Draft Proposal of the 'Global Strategy in diminishing the negative effects of alcohol consumption and its implementation in WHO member countries. The participants from WHO member countries were introduced with a working document for the implementation of this strategy. The conclusions of the meeting suggested for further analysis of the working document and completion of the final version of this strategy.

The IMH is preparing the National Guidelines for Treatment of Alcoholism which will be ready until September 2013 (duty assigned by the Ministry of Health).

5) Education of families of mentally ill members

Background

The program “Systemic approach with families with mentally ill member in the system of social care”, accredited by the Ministry of Work and Social Politics, Republic of Serbia was implemented during 2009/2010 in the form of lectures and workshops. The aim of the program was strengthening the capacity of professionals, who are employed at Day centre for children with disability in Paracin and at the Social services centre in the municipality of Paracin, to work with families with a mentally ill member.

Competencies developed by the program are: knowledge and skills for implementing emergency interventions in crisis in relation to the individual, family and community; knowledge and skills needed for working with families with mentally ill member – support and interventions with an aim of keeping the functional integrity of the families; skills in recognizing families with mentally ill member that are often marginalized in social environment; focusing on enhancement of available mechanisms for reducing vulnerability and social isolation of these families.

The results of the evaluation indicated that the training was successfully implemented. The participants assessed that the training program was useful as well as that it was presented clearly and comprehensibly. Most of the participants (70%) recognized the topics concerning the specificities of families with mentally ill member, as well as violence in families, as the most useful for future work. More than half of the participants stressed that they gained useful knowledge, skills and interventions significant for the approach, assessment and understanding of the problems of persons with mental illness and their family members.

Difficulties recognized during and after the course were the following:

- The mutual interdependence between mental health and family functionality is often not recognized, nor sufficiently understood.
- The importance of mental health for achievement of general health and well being, social and educational goals is often not recognized
- Lack of further funding to continue support.

Recommendations for the future:

- The development of further cooperation with professionals from the social care system which is necessary and highly significant for the approach towards individuals with mental illness and their families.
- Further expansion of this cooperation and of this program which would allow development of regional networking in giving efficient and comprehensive help to persons with mental illness and their families.

1. Psycho-educational and supportive group for families with mentally ill members

Psycho-educational and supportive group for families with mentally ill members which started in 2011 at The Institute of Mental Health was continued during 2012. It was directed to the close family members of the persons with psychotic mental disorders, above all parents or their siblings. The groups were organized twice per month and were led by the family therapists from the Department for Couple and Family at the Institute of Mental Health, including basic systemic interventions, counseling and psychoeducational type of work. The feedback from family members confirmed their need for such kind of help and support, as well as the usefulness of the programme. The group members expressed high level of motivation for working in the context like this and they reported positive changes in parental and family functioning in their families.

2. Training programme on “Systemic approach to families with mentally ill member in the system of social care”

The programme which has been accredited by the Ministry of Work and Social Welfare in 2009 was reaccredited on March 2011 for the next period 2011-2014 by the Republic Institute for Public Health. The programme is under way and it is in a phase where the interest for inclusion of various social welfare organizations is being identified.

3. a. Research activity / Parents’ functioning and mental disorders

The study which started during 2010/2011 was completed during 2012 and the results were statistically analyzed. The preliminary results showed that parents with psychotic disorders reported that they care for the needs of child together with the other parent; significant percentage of parents with psychotic disorder describe themselves as having the competencies to take the initiative in caring for the needs, behaviours and feelings of the child. The highest percentages of parents describe their parenting

style as “liberal type”, then as “democratic” and “authoritarian” style. There is a high percentage of parents with psychotic disorder stating that they do not use punishment in their repertoire of parenting behaviour, nor do they identify children’s patterns of behaviour that require the punishment. The differences could be observed in the level of assessed independence in functioning, manifested as the tendency of parents with psychotic symptoms to observe their functioning in the parenting role more often as independent. Their partners or other family members, who are involved in the treatment, more rarely observe them as independent. In accordance with the results obtained in this research, it is planned for 2013 to outline programs directed towards the psycho-education of parents with psychotic disorders and development of their parenting skills as well as the increase of their parental competence. Within the preliminary results obtained, the following focuses of the programs could be singled out: correction of parenting styles, support in the structuring of free time, gaining the better insight into the assessment of patients own capabilities in parent's role. The assumption is that the implementation of these programs would enable the achievement of the following objectives:

- Understanding the possible impact of mental disorder on the quality of parenting.
- Through the application of more focused and more effective preventive programs and treatment interventions (family and/or individual therapy) the risk of the development of the dysfunctional parental relationships and family system would be reduced.
- Development of necessary support for the parents, children and families with the mental disorder with the specific goal of protection of children in families that exhibit dysfunctional patterns, as well as the prevention of transgenerational transmission of trauma.

3. b. Currently the preliminary negotiations are taking place with a member of the **Systemic Clinical Outcome and Routine Evaluation (SCORE) Project Development team**, in relation to taking part in the standardization of the SCORE Questionnaire as well as in relation to taking part in cross-cultural study that is taking place across the Europe. The SCORE project is being implemented through the cooperation of: University of Leeds, Maudsley Hospital, Institute of Psychiatry, South London & Maudsley NHS Trust (SLAM). The SCORE (The Systemic Clinical Outcome and Routine Evaluation) is the instrument for full research protocol for the development of a novel outcome measure for assessing change following family therapy. We assume that inclusion of this instrument, after its standardization, will improve the work with families with mentally ill member, as well as the research in the field of family therapy.

4. During the 2011/12 the educational programme was created: **“Improvement of the approach to people with mental disorders in the social welfare system”**. The educational program is designed for professionals (psychologists, social workers) employed in the institutions of social welfare (Centres for social work, homes for the elderly) with the goal of: development of professional competencies of

employees in the area of social protection in the approach towards the users with mental disorders and their families; improvement of service quality in social care in working with clients with mental disorders and their families; empowerment of local resources in the approach to clients with mental disorders and their families, and development of community networks.

Activities of IMH members:

- Dr Milica Pejovic Milovancevic, appointed as a chair of Working Group of Ministry of Health, for Child abuse and neglect prevention and use of special protocol for action within health care system.
- Dr Nenad Rudic, appointed as member of Working Group of Ministry of Health, for Early Child Development. The activities of Working group are aimed at creating a National programme for early child development.
- Dr Nenad Rudic, appointed as member of Working Group of Ministry of Health for developing national action plan for the implementation of WHO declaration “Health of Children and Youth with Developmental Difficulties and their Families”.

RELATED INPUTS

- SRB-9 organized five Forums under auspices and in cooperation with the Ministry of Health, Republic of Serbia, and with participation of distinguished experts from the three continents. In designation period 2009/2013 the themes of the Forums were:
 - **Forum on psychotherapy – 70 years after Freud**, 23-24 April 2009, organized by The Institute of Mental Health under auspices of The Ministry of Health, Republic of Serbia.
 - **Comorbidity of mental and somatic disorders**, 11-12 April 2013, organized by The Institute of Mental Health, Serbian Academy of Sciences and Arts, Serbian Pszchiatric Association and under auspices of The Ministry of Health of the Republic of Serbia.
 - Topics of three previous forums were: Reform of Mental Health Care (2005), Prevention and Mental health promotion (2006), Child and Adolescent Psychiatry (2007).
- SRB-9 participated in FP7, *Grant agreement number HEALTH-2007-2.2.1-10-223423, named PSYCH-CNVs: Copy number variations conferring risk of psychiatric disorders in children*. The objective of this study was to generate new knowledge on genetic variants conferring risk of psychiatric disorders in children and adolescents. Consortium consisted of 8 research centres in Europe, lead by deCODE genetics, Iceland. The main objective is to study ASD (autism spectrum disorder) and psychosis, (schizophrenia and bipolar disorder). The overall strategy of the work plan can be divided into 4 specific aims: 1. Genome-wide association for susceptibility variants conferring risk of ASD and psychotic disorders in children and adolescents – Phase I., 2. Follow up

genotyping – Phase II, 3. Characterization of CNVs and search for causative variants and 4. Proving causality. <http://www.psych-cnv.eu/>

- SRB-9 participated in organization of WPA Co-sponsored joint XIV National Congress of the Serbian Psychiatric Association and III Congress of the Psychiatric Association for Eastern Europe and the Balkans (PAEEB) “Psychiatry for a changing world” which was held in Belgrade 18-21 April 2012, under the auspices of President of the Republic of Serbia. Chair of the organizing and scientific committee was Prof. Dusica Lecic Tosevski, Head of WHO CC and IMH and President of Psychiatric Association of Eastern Europe and the Balkans. The Congress had 600 registered participants. There were 10 plenary lectures, 17 symposia, which involved experts from 22 countries, as well as 159 poster presentations which were exhibited. Distinguished experts were participated: Wolfgang Gaebel (Germany), Juan José López-Ibor (Spain), Peter Tyrer (UK), Michelle Riba (USA), Hagop Akiskal (USA), Michel Botbol (France), George Christodoulou (Greece), Valery Krasnov (Russia), Norman Sartorius (Switzerland) and Allan Tasman (USA)
- SRB-9 cooperated with Caritas within the European program – Mental health care promotion in Serbia, funded by EU (2008-2010).
- Prof. Dusica Lecic Tosevski, Head of WHO CC and IMH, is a member of WHO Working group for ICD-11 Classification of Personality disorders.
- Prof. Dusica Lecic Tosevski, Head of WHO CC and IMH coordinated preparation and publication the Good Clinical Practice National Guidelines for Treatment of Depression, under auspices of the Ministry of Health, which was published in 2011. National Guidelines for treatment of schizophrenia are under preparation, coordinated by Prof. D. Lecic-Tosevski.
- Prof. Dusica Lecic Tosevski participated at the second scientific workshop of Work Package 3 within the ROAMER project, which took place on the 4-5th of February, 2012 in Paris. It is a three-year project funded by the European Commission, under the FP7, to create a coordinated road map for the promotion and integration of mental health and well-being research across Europe, based on a common methodology and conceptual framework that covers the full spectrum of biological, psychological, epidemiological, public health, social and economic aspects of mental health and well-being. Professor participated at WP on structuring of research capacity, infrastructures, capacity building and funding strategies in mental health research. The objectives were:
- In 2013 the IMH became member of the International College for Person Centered Medicine and World Federation for Mental Health.
- IMH is member of the Brain Council which is to become part of European Network.
- IMH is involved in international multicentric INTERPRET DD programme on Dialogue between Diabetes and Depression involving 17 countries (2012-2014).

2. Visits by WHO staff to the centre, visits by the centre staff to WHO (HQ and/or Regional Office), use of the centre staff by WHO, support provided by centre staff for courses cosponsored or organized by WHO (HQ and/or Regional Office), WHO financial support to the centre through contractual or Technical Services Agreement or other type of support provided by WHO, any other collaborative activities. Please mention any difficulties encountered in the collaboration and suggestions for increased and improved collaboration with WHO.

Institute of Mental Health as a WHO Collaborating Centre organized the meeting with the experts from WHO, Dr Matthijs Muijen, WHO Regional Advisor, Copenhagen and Dr Dorit Nitzan, Head of WHO Office, Belgrade, on November 18th 2009 at the Institute of Mental Health. The Institute of Mental Health has been inaugurated as the World Health Organization Collaborating Center, the only one in the region, owing to years of dedication of its leaders, experts of the WHO.

Prof. Dr Dusica Lecic Tosevski, Director, IMH, Prof. Dr Tomica Milosavljevic, Minister of Health, Dr Matthijs Muijen, WHO Regional Advisor, Copenhagen and Dr Dorit Nitzan, Head of WHO Office, Belgrade, addressed to the Meeting. During the Meeting, WHO cooperation programs were presented: Cooperation with WHO – Past, present, future; Prevention of violence in children and adolescents; Prevention of suicide and suicidal behavior in adolescents; Prevention of alcoholism; Systemic approach to families of the mentally ill in the social care system.

During 2011/2012 and 2013 (up to now) there were no visits of the WHO staff, neither any financial support of the WHO. There were no WHO co-sponsored activities. We do think that support and connections between local WHO and collaborating centres should be increased.

The national WHO counterpart for mental health care, Prof. Dusica Lecic-Tosevski, director of the IMH, participated at WHO Consultation on the Global Mental Health Action Plan and the European Mental Health Strategy held in Oslo, Norway, 3-5 September 2012, where she chaired a session.

Prof. Dusica Lecic-Tosevski was also invited to the meeting of WHO collaborating centres, which was held in Trieste, Italy, 6-7 November 2012 and chaired session on mental health services. Representatives of the European WHO Collaborating Centres for Mental Health (WHO CCs), of selected expert institutions and staff from the WHO Regional Office for Europe (WHO/EURO) met in Trieste to discuss support that WHO CCs could provide for the implementation of the European Mental Health Action Plan. The seven objectives of the European Mental Health Action Plan are as following:

Each objective of the WHO European Mental Health Action Plan was introduced and discussed during the meeting in order to identify potential roles, responsibilities and future involvement of WHO CCs in the implementation of the respective objectives. The purpose of this meeting comprised the following: to present the draft European MNH Action Plan; to agree activities and products and ways of dissemination

and implementation; to consult with participants on the areas for future collaboration; to begin the development of targets and indicators that will allow evaluation of progress.

3. Collaboration with other WHO Collaborating Centres: Briefly describe the nature and outcome of the collaboration and the name(s) of the other WHO collaborating centre(s) with which the centre has collaborated. If applicable, please mention the name of the network of WHO CCs to which the centre belongs. Also include suggestions for increased and improved collaboration with other WHO CC

During the meeting of WHO collaborating centres, which was held in Trieste, Italy, 6-7 November 2012, collaboration between WHO CCs were discussed and IMH suggested to be involved in the following objectives (the numbers of the objectives are taken directly from the report):

Objective 1. Everyone has equal opportunity to realize mental wellbeing throughout their lifespan, particularly those who are most vulnerable or at risk.

- School based mental health promotion and suicide prevention interventions (collate ‘best practices’ / working approaches). SRB-9 would be involved in 2nd wave.
- Prevention of child abuse: specific protocol is being developed and implemented within a joint project with UNICEF. SRB-9 has been involved in prevention of child abuse for the last 12 years and there is a Unit for Prevention of Child Abuse at the Institute of Mental Health. The Institute, in collaboration with UNICEF and Ministry of Health has published Protocol for Prevention of Child Abuse and is organizing training across the country. SRB-9 would lead and timeframe: 2012-2017.
- Prevention of child abuse in ID in different contexts, inc. schools (i.e. web activities). (CC-74 has experiences in teleassistance for ID, devoted to families, schools & rehab. centres (OasiNet and EuropaNet). SRB-9 would lead along with ITA-74 and timeframe: 2013-2018.

Objective 3. Mental health services are accessible and affordable, available in the community according to need.

- Aggregated info on social inclusion of socially marginalized groups / access to CBMH services and methodology. SRB-9 would be involved from summer 2013.

Objective 4. People are entitled to respectful, safe and effective treatment and to share in decisions.

- Develop papers on action points 4 (make service users share in decisions about the prioritization, development and implementation of innovative and effective treatments). SRB-9 would be involved.
- Share results of work in the area of continuous education / training of human resources for mental health. SRB-9 would lead in timeframe from 2013 (continuation of the process which started in 2002)

Objective 5. Health systems provide good physical and mental health care for all.

- A literature review on how to address co-morbidity. SRB-9 (Serbia is organizing Forum on comorbidity of mental and somatic disorders, CC from Dusseldorf was participating).
- Develop a guideline on how to improve physical health of people with mental disorders. SRB-9 would be involved.

Objective 7. Mental health governance and delivery are driven by good information and knowledge.

- Establish 1 hub in WHO CC SRB for SEE countries to assist in developing their research capacities. SRB-9 would lead.
- Collect and collate good practices on empowerment. SRB-9 would be involved.

Collaboration within Stability Pact for South-East Europe

The IMH is participating at the Mental Health Program of the Stability Pact for SEE, since 2002. Its member, Dr Oliver Vidojevic became part of the Group. The Regional Meeting of SEE Health Network Mental Health Counterparts was held in Belgrade, the Republic of Serbia from 22-23 March 2012 organized by the Ministry of Civil Health Development Centre on Mental Health in South-eastern Europe (RHDC on Mental Health in SEE) and hosted by the Ministry of Health of the Republic of Serbia. This meeting gathered the representatives from the SEE countries. Delegation from Serbia, three professionals from mental health, successfully participated.

The Regional Meeting of SEE Health Network Mental Health Counterparts was focused on introduction of the Project “Strengthening the Capacities of Mental Health Professionals and Users Associations” and preparation for the process of its implementation. The Regional Meeting of SEE Health Network Mental Health Counterparts was held in Sarajevo, Bosnia and Herzegovina, on 9 May 2012. This meeting was organized by the Regional Health Development Centre on Mental Health in South-eastern Europe (RHDC). This meeting brought together the National Mental Health Coordinators (NMHCs) from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, Republic of Macedonia, Republic of Moldova, Romania, and Serbia, as well as the representatives of the Swiss Agency for Development and Cooperation, the WHO Regional Office for Europe, and the experts in the field of mental health. The network welcomed Israel as a newly joined member.

During the meeting the most effective ways of implementation of the project “Strengthening the Capacities of Mental Health Professionals and Users associations”, financially supported by the Swiss Agency for Development and Cooperation, were discussed in depth, particularly training areas and target audience. Possibilities to link the project as well as overall network activities with other initiatives such as through collaboration with the EU have been also addressed. Furthermore, the overview of cooperation between individual SEE countries and WHO as per respective Biennial Collaborative Agreement 2012-2013 was presented and discussed. Subsequently, the country feedback on WHO European Mental Health Action Plan was provided by the National Mental Health Counterparts from SEE countries. The participants of the meeting also had a possibility to attend and contribute to the Conference “Mental health for all: good policy, better practice and better outcomes” organized by the Mental Health Project in Bosnia and Herzegovina on 10-11 May 2012 financially supported by the Swiss Agency for Development and Cooperation. Delegation from Serbia, one professional from Institute of Mental Health, successfully participated. The RHDC on

Mental Health in SEE will continue the implementation of the Project "Strengthening the Capacities of Mental Health Professionals and Users' Associations" in the coming year.

The implementation of this project is of great importance and benefit to the institutions and individuals who deal with mental health issues in the countries of our region, and represents a step forward in our joint action. The mental health reform is ongoing in the SEEHN member countries. Although the progress in this area is considerable, mental health issues are still increasing and have a significant influence on the development of a comprehensive and coordinated approach to the issue of mental health is necessary, what was recognized by the World Health Assembly that adopted the Resolution on Mental Health in May 2012. In this document the Member States expressed commitment to "promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of person with mental disorders". On our common path to the improvement of mental health in the region, taking into account the specifics of the health care system of each SEEHN member country, the exchange of experiences, practices and learning from each other provide great opportunities for improving the mental health services and the health system as a whole. The ultimate goal is an efficient and comprehensive care and treatment of people with mental health issues in their environment, also to take into consideration their personal choices and desires, and to ensure their involvement in the treatment process according to their needs and culture, while protecting them from neglect and abuse. In this context, it is necessary to provide support to non-governmental organizations active in the field of mental health and to stimulate the establishment of users associations, where the promotion of inclusion and empowerment of people with mental disorders is a key priority. The strong regional cooperation among the countries of the SEE Health Network and their partners provides the opportunity to face the challenges together on this journey and to pursue this goal – improving mental health and wellbeing of the population of South Eastern Europe.

In September 2012 the new representative of Serbia, from The Institute of Mental Health, in the Steering Committee for the Project "Strengthening the Capacity of the Mental Health Professionals and Capacities of the Users Associations" was nominated by MH, Associate Prof. Dr Saveta Draganic Gajic. The first Steering Committee Meeting of the Project „Strengthening the Capacities of Mental Health Professionals and Users' Associations” was held in Sarajevo on 21 February 2013. During the meeting, the Action plan of the Project for 2013 was presented in details and the terms for the workshops were confirmed. The first workshop on Change Management and Performance/Outcome Evaluation will be held on 6-7 June 2013. The proposed date for second workshop on Change Management and Performance/Outcome Evaluation was 23-25 October 2013. The Workshop: “Developing Project Proposals to Fight Against Stigmatization” was held in Sarajevo, Bosnia and Herzegovina, 10-12 April 2013 with a successful participation of delegates from all ten countries within a Mental Health Network in SEE. The delegation from Serbia, two professionals from The Institute of Mental Health, successfully participated. The next workshop on "Change management and performance and outcome evaluation" will be held on 06-07 June 2013 in Zagreb, Croatia and will be organized by the Ministry of Civil Affairs of Bosnia and Herzegovina, Regional Health Development Centre on Mental Health in South-eastern Europe.

The **Workshop: “Developing Project Proposals to Fight Against Stigmatization”** was held in Sarajevo, Bosnia and Herzegovina, **10th – 12th April 2013**. with a successful participation of delegates from all 10 countries within a Mental Health Network in SEE. Some representatives of the Users Associations from each SEE country were attending this training. An external expert, Ass Prof Bojan Šočić from Sarajevo International University was providing the training in evaluation of anti-stigma programs and activities. This workshop brought together the National Mental Health Coordinators (NMHCs) from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, Republic of Macedonia, Republic of Moldova, Romania, and Serbia as well as user associations representatives.

Delegation from Serbia consisted of two professionals from The Institute of Mental Health, SRB-9: Mrs. Marina Paunović, social worker in IMH, family therapist, charged for collaboration with user clubs and associations and Dr Oliver Vidojević, psychiatrist, the national coordinator in RMHN (**Regional Mental Health Development**)* Project for Serbia. During 3 days of intensive education, participants become familiar with a methodology and certain instruments and research tools used by Prof. P. Corrigan from Illinois Institute of Technology and his team in evaluation of anti-stigma programs for mental health patients and families in community. Translation of these instruments in Serbian, Bosnian, and Croatian languages will be accomplished in near future and that will be sent to all interested participants for further use.

Delegation from the IMH has fully participated. During an overall panel about achievements in the SEE countries they have emphasized a development of new legislation concerning mental health patients and patients rights generally in Serbia. We have underlined a positive and fundamental role and contribution of The Institute of Mental Health as a Collaborative Centre of WHO for development and education of mental health professionals, under a lead of Prof. dr Dušica Lečić Toševski, Director of IMH.

The strong regional cooperation among the countries of the SEE Health Network and their partners provides the opportunity to face the challenges together on this journey and to pursue this goal – improving mental health and wellbeing of the population in South Eastern Europe.

CONCLUSION

During the last four years of active collaboration the WHO CC SRB-9 successfully implemented activities agreed with WHO with focus on continuous training in mental health issues of primary health care workers (general practitioners, nurses, pediatricians) in order to create competent workforce for early identification and treatment of mental health problems, prevention of mental disorders and mental health promotion, training in child and adolescent mental health care while the early recognition of mental health problems in childhood and youth is of the utmost importance for prevention of mental disorders in adulthood. We developed national guidelines for early detection and prevention of alcoholism, education of families of mentally ill members, national guidelines for treatment of depression and many other important documents in mental health care.

The IMH CC contributed to cooperation in mental health care in the region, by joint projects, programmes, seminars and international conferences. The IMH is recognized as leader in mental health care, as well as a teaching hospital for many interested parties.

The CC participated in creating a protocol for Child abuse and neglect prevention, as well as of learning materials and practical handbooks for mental health promotion in schools, primary health care institutions, etc. The CC supported WHO in disseminating available evidence-based promotion mental health strategies and best practices.

The CC is actively involved in the development WHO forthcoming Global and European Mental Health Action Plans. It also needs to be noted that the CC constructively participated in relevant WHO networking and events.

The collaboration between WHO and CC has been fruitful. During the latest meeting of WHO CCs on mental health (November 2012) which was devoted to the forthcoming implementation of WHO European Mental Health Action Plan the CC indicated high interest and capacities to support WHO in achieving of a number of objectives. Possible future joint activities based on WHO EURO plans and strengths of the CC have been already discussed and outlined.

During the proposed re-designation period we expect collaboration in several areas such as mental health promotion, recovery, comorbidity, individualization of person centred mental health care, joint research, prevention of suicide and violence, especially among young people, well being of the elderly, etc.

With the above in mind we do hope that there will be a continuation of collaboration with the WHO, other WHO CCs and therefore suggest re-designating our Institute as WHO Collaborating Centre, hoping that it would be beneficial both to our country and the region.

Addendum:

1. List of references
2. Public Service paper about SRB-9

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