

## **The former Yugoslav Republic of Macedonia**

### **General Information**

The former Yugoslav Republic of Macedonia is a country with an approximate area of 26 thousand sq. km. (UNO, 2001). Its population is 2.066 million, and the sex ratio (men per hundred women) is 100 (UNO, 2004). The proportion of population under the age of 15 years is 21% (UNO, 2004), and the proportion of population above the age of 60 years is 15% (WHO, 2004). The literacy rate is 97% for men and 91% for women (UNESCO/MoH, 2004).

The country is a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 6.8%. The per capita total expenditure on health is 331 international \$, and the per capita Government expenditure on health is 281 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Macedonian and Albanian. The largest ethnic group(s) is (are) Macedonian, and the other ethnic group(s) are (is) Albanian, Turkish, Roma, Vlachs and Serb. The largest religious group(s) is (are) Macedonian Orthodox Christian (three-fourths), and the other religious group(s) are (is) Muslim and Roman Catholic.

The life expectancy at birth is 69 years for males and 75.1 years for females (WHO, 2004). The healthy life expectancy at birth is 62 years for males and 65 years for females (WHO, 2004).

### **Epidemiology**

There is a paucity of epidemiological data on mental illnesses in The Former Yugoslav Republic of Macedonia in internationally accessible literature. Milcinski and Mrevlje (1990) compared the rate of suicide across different regions. The study showed that there was a wide variation in rates of suicide, with the northern region having very high rates (among the highest in Europe) and the southern and eastern regions including Macedonia having very low rates (among the lowest in Europe).

### **Mental Health Resources**

#### **Mental Health Policy**

A mental health policy is absent.

A mental health policy has been reviewed and it is in the process of being adopted by the Government. The document is constituted of three parts, namely National Policy, Strategy with Action Plan and Legislation on Mental Health.

#### **Substance Abuse Policy**

A substance abuse policy is present. The policy was initially formulated in 1999. A substance abuse action plan is available, launched for the period 1999-2002, by the Inter-ministerial National Commission for Prevention of Illegal Drug Trafficking and Abuse.

## **National Mental Health Programme**

A national mental health programme is absent.

A National Master Mental Health Plan is already prepared by the National Task Force Team (assigned by the Minister of Health) in collaboration with WHO. It is expected to be adopted shortly by the Government.

## **National Therapeutic Drug Policy/Essential List of Drugs**

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

There is a list of essential drugs covered by the Health Insurance Fund as part of the health insurance scheme. Currently, this list is under revision to reflect prevailing needs.

## **Mental Health Legislation**

Currently, some of the legislative regulation is incorporated in the Law on Health Protection, and some under criminal law, but little relates to human rights of people with mental disorders and compulsory hospitalization. The mental health legislation is in a draft form. Compulsory hospitalization is under review with the aim to reflect international trends.

Details about the year of enactment of the mental health legislation are not available.

## **Mental Health Financing**

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is social insurance.

There are budget allocations for mental health services as part of the Law for Health Protection and Law for Health Insurance (Government budget and Health Insurance Fund).

The country has disability benefits for persons with mental disorders. Mental health patients according to the newly developed law are treated in the same way regarding employment as persons with somatic disabilities. There are examples from practice in cities of Gevgelia and Skopje where there are companies that facilitate the employment possibilities of mentally ill persons, an issue that previously was available only for persons with somatic disabilities.

## **Mental Health Facilities**

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Severe disorders are mainly treated at secondary and tertiary level.

Regular training of primary care professionals is carried out in the field of mental health. Regular training of primary care professionals is carried out in the field of mental health. A training programme for primary health care persons has been organized by the World Bank in 2000 and by the WHO since 2001.

There are community care facilities for patients with mental disorders. The country had a traditional hospital-based mental health services. New policy developments recognize the need for reform in this sector especially towards decentralization and community-based services. Current developments of the community based mental health programme and services are due to the joint endeavour of the Ministry of Health and WHO, with support from the international community. A National Board for promotion and implementation of community-based services on mental health has been created.

### **Psychiatric Beds and Professionals**

Total psychiatric beds per 10 000 population	8.2
Psychiatric beds in mental hospitals per 10 000 population	6.2
Psychiatric beds in general hospitals per 10 000 population	2
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	7.5
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	24
Number of neurologists per 100 000 population	5
Number of psychologists per 100 000 population	2
Number of social workers per 100 000 population	1.5

There are 320 administrators. The country has traditional hospital-based mental health services, which are not efficient and largely depend on a centralized organization; they have not been able to meet these extensive needs. The services are unsatisfactory from the medical, psychological, human, outcome, efficiency or economic points of view. Over the last 20 years a 20% reduction in the number of beds in psychiatric hospitals has been achieved. Forty mental health professionals have been trained in a one-year postgraduate course entitled, 'Psychosocial and traumatic stress - understanding, prevention, treatment'.

### **Non-Governmental Organizations**

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation. The NGOs are also working in the field of legislation formulation and fight against stigma.

### **Information Gathering System**

There is mental health reporting system in the country. Information is collected as part of Annual National Statistics by the Republican Institute for Health Protection.

The country has no data collection system or epidemiological study on mental health.

### **Programmes for Special Population**

The country has specific programmes for mental health for children.

The host families, local health and social services, the local communities and society in general are all involved in tackling the refugee and internally displaced persons problem. Some effort has been put into prevention of substance abuse, child abuse and domestic violence, mostly by NGOs, as well as in schools with the cooperation of NGOs and the Ministry of Education.

### **Therapeutic Drugs**

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

A list of drugs are covered by the health insurance, which is constantly changing the so-called positive list (with drugs covered by the national fund). Drugs like risperidone and sertraline are available in the positive list.

### **Other Information**

The four challenges facing the country are: elaboration of a national programme for mental health; adoption of mental health legislation; preparation of a national register of mental disorders, a database and epidemiological research.

### **Additional Sources of Information**

- Milcinski, L., Mrevlje, G. (1990) Epidemiology of suicide in Yugoslavia--methodological questions. *Medicinski Pregled*, 43, 453-456.
- Ministry of Health.
- Republic Institute for Statistic.
- Republic Institute for Health Protection.
- WHO, Country Office Skopje – Mental Health Programme.