

WHO-AIMS

**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN THE FORMER YUGOSLAV
REPUBLIC OF MACEDONIA**



**World Health
Organization**

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MENTAL HEALTH SYSTEM
IN THE FORMER YUGOSLAV
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A report of the assessment of the mental health system in The former Yugoslav Republic of Macedonia using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

Skopje, The former Yugoslav Republic of Macedonia

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Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.

http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in the Republic of Macedonia. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable the Republic of Macedonia to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

The Republic of Macedonia's mental health policy was enacted by the Parliament on October 13Th 2005. There is a comprehensive essential medicines list which includes all 5 drug groups. There is no emergency/disaster preparedness mental health plan and the mental health plan is in its preparation phase. Government spending for mental health in 2004 was 3% of health expenditures. Of all mental health expenditures, 69% is directed towards mental hospitals. There is a national human right review body which performs regular inspections and review complaints processes. 75% of hospitals reported at least one inspection of human rights in 2004.

There is a National Mental Health Committee and a Coordinator for mental health, both appointed by the Minister of Health. The coordinator and the committee have the authority to provide advice on policy and legislation and are responsible for service planning, monitoring and quality assessment of mental health services. The majority of beds (59%) are provided by mental health hospitals, followed by beds in "other residential facilities" (26%). 11% of beds are located in inpatient psychiatric units within 13 medical centers and 5% are beds in forensic units within mental hospitals and the rest of 1% is located in community residential facilities. The majority of users (1575 per 100,000 population) were treated in outpatient facilities, followed by mental hospitals and inpatient units (220 and 173 per 100,000 population respectively) .

The diagnoses of users also vary by facility type: neurotic disorders are the most prevalent diagnosis in outpatient facilities and inpatient units while, schizophrenia, schizotypal and delusional disorders are the most prevalent one among patients in mental hospitals.

The longest length of stay is in mental hospitals (57 days). Thirteen days is the average length of stay in community-based psychiatric inpatient units.

Psychotropic drugs are available all year long in mental hospitals as well as psychiatric inpatient units. The same drugs are available in 91% of outpatient facilities.

5% of training for medical doctors and nurses is devoted to mental health. As for refresher trainings, only 3% of doctors working in PHC have received at least two days refresher training, while no such training has been provided for nurses or other staff. All PHC clinics are physician-based. Few of them make on average one referral to mental health professionals or have interaction with alternative/traditional practitioners. Only PHC doctors are allowed to prescribe psychotropic drugs but with restrictions.

The total number of human resources working in mental health is 858 (131 psychiatrists, 37 other medical doctors, 467 nurses, 48 psychologists, 29 social workers, 23 occupational therapists and 123 other health or mental health workers). All health professionals involved in provision of mental health care are Government employees. 232 doctors, 4 psychiatrists and 601 nurses graduated in 2004 in the Republic of Macedonia. The number of psychiatrists who emigrated to other countries after completion of training is unknown. There are 355 and 74 members of consumer and family associations, respectively; both entities have been involved in formulation and implementation of mental health policy, plans and legislation.

The Ministry of Health in collaboration with NGOs and International organizations has been involved in promotion of public education and awareness campaigns; they have targeted both general public and professional groups. Only 44% of primary and secondary schools have mental health professionals and few implement activities to promote mental health and prevent disorders. No police officers and judges have participated in education on mental health; the majority of prisons have at least one prisoner per month in contact with mental health professionals. Of people who receive social welfare benefits, 1% does so for mental health disability.

There is a formally defined list of individual data items that are to be collected by mental health facilities; however, the extent of data varies among mental health facilities. 18% of health research in 2004 targeted mental health, mainly focusing on epidemiological clinical studies, non-epidemiological clinical assessment of mental disorders, services research and biology and genetics.

Introduction

The former Yugoslav Republic of Macedonia is a country with an approximate geographical area of 25,333 square kilometres and a population of 2.066 million people (UNO, 2005). The sex ratio (men per hundred women) is 100 (UNO, 2004). The main languages used in the country are Macedonian and Albanian. The largest ethnic group is Macedonian, and the other ethnic groups are Albanian, Turkish, Roma, Vlachs and Serb. The largest religious groups are Macedonian Orthodox Christian (three-fourths), and the other religious groups are Muslim and Roman Catholic. The country is a lower middle-income group country (based on the 2004 World Bank criteria).

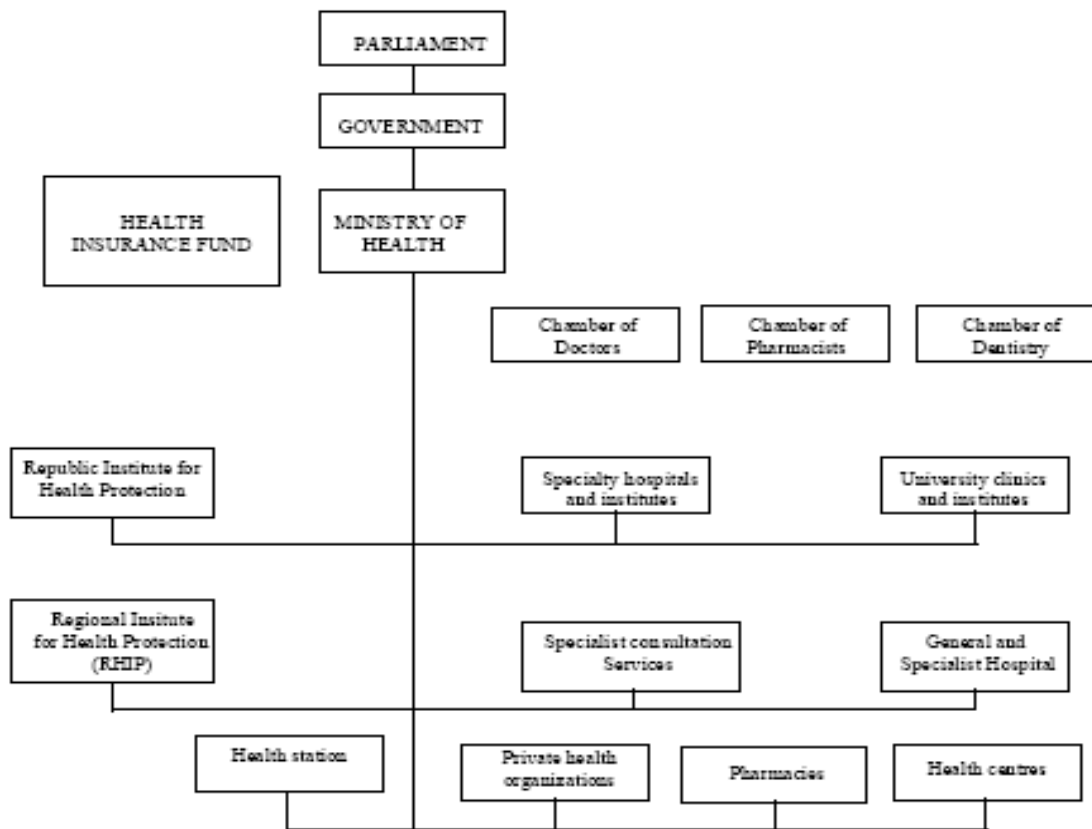
The proportion of population under the age of 15 years is 21% (UNO, 2004), and the proportion of population above the age of 60 years is 15% (WHO, 2004). The literacy rate is 97% for men and 91% for women (UNESCO/MoH, 2004). 40.5% of the population resides in rural areas (HFA, 2002). The life expectancy 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).

The proportion of health budget to GDP is 6.8% (2002, WHO). The per capita total expenditure on health is 331 international \$, and the per capita government expenditure on health is 281 international \$ (WHO, 2004).

The Health Care Law of August 1991 sets the basis for the current healthcare system in the Republic of Macedonia, defining the basis of the health insurance system, the rights and responsibilities of service users and service providers, the organizational structure of health care and the disposition of funding streams. The Republic's Constitution states clearly the principle of universality of health care access.

The Health Insurance Law (April 2000) underscores the basis of the health services funding process and confirms the independence of the Health Insurance Fund and its board of management. The main organizations and groups involved in the health sector are set out in Fig. 1:

Fig. 1. Organizational chart of health care system (Source: HiT, FYROM 2000)



Compulsory health insurance is the main source of health care revenue. It covers employees in the public and private sectors, retired people, students, disabled people, and their dependants. Certain citizens who are not covered by health insurance (e.g. stateless persons, social care recipients), are subsidized by the state budget, as it is the case for child and maternal care for the uninsured.

There are 479 hospital beds per 100,000 population (National Public Health Institute, year 2004). 4117 (42.4%) of the beds are based in general hospitals. In addition, there are 1475 (15.2%) beds in special hospitals, 605 beds (6.2%) in rehabilitation centres and spas. Outpatient beds account for 0.9% of the total number of beds (91). 0.16% of all hospital beds are in the private sector (HFA-DB, data for year 2001)

There are 4490 general practitioners (222 per 100,000 population) in the Republic of Macedonia. In terms of primary care, there are 1063 physician-based primary health care clinics (475 in the public sector and 588 in the private) in the country (NPHI, 2004). There are no non-physician based primary health care clinics in the Republic of Macedonia.

Health care for persons with mental health problems is provided on three conventional levels: primary, secondary and tertiary. Primary health care physicians are the first contact between the patient and the health system and they serve as gatekeepers to detect the problem and refer patients to higher levels of health care. Secondary health care is provided by the neuropsychiatry consultative-specialist out-patient services that function within the Medical Centres throughout the country, as well as the Institutes for Children and Youth in Skopje and Bitola. Neuropsychiatry wards within 13 Medical Centres throughout the country provide in-patient secondary care (wards provide hospitalization of both neurological and psychiatric patients; in general, most patients suffer from neurological disorders).

The tertiary level is represented with three specialist psychiatric hospitals that have been and still are mainly providing care for patients with mental health problems. Patients are hospitalized on a principle of residing in the respective region. Additional tertiary inpatient mental health care is provided by the University Clinic of Psychiatry and Neuropsychiatry ward in the Military hospital of Skopje.

As a part of the support for the reforms of the Ministry of Health in the mental health sector, the Mental Health Project of the World Health Organization (WHO), Skopje Office, created 3 community mental health services (CMHC) in Skopje, Prilep and Tetovo, between 2000 and 2004,. The Ministry of Health, financially supported by the Regional Project of the Stability Pact for Mental Health, established the fourth CMHC in Strumica at the beginning of 2004. Another CMHC in the central city area of Skopje replacing the current Mental Health Dispensary is expected to be opened by the end of 2005. This center will also be supported by the WHO Mental Health Project. The training for the multi-disciplinary teams working in the CMHCs has been provided by WHO Country Office in Skopje.

Data was collected in the period August-September 2005 and is based on the year 2004.

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

The Republic of Macedonia's mental health policy was enacted by the Parliament on October 13th, 2005. It includes the following components: (1) developing community mental health services; (2) downsizing large mental health hospitals; (3) developing a mental health component in primary health care; (4) human resources; (5) involvement of users and families; (6) advocacy and promotion; (7) human rights protection of users; (8) equity of access to mental health services across different groups; (9) financing; (10) quality improvement and (11) monitoring system.

An essential medicines list exists in the country, and it includes all five groups of medicines: antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptic drugs.

There is no mental health plan in the country, it is in its preparation phase and its content is the subject of debate of the National Mental Health Committee. There is no disaster/emergency preparedness plan for mental health.

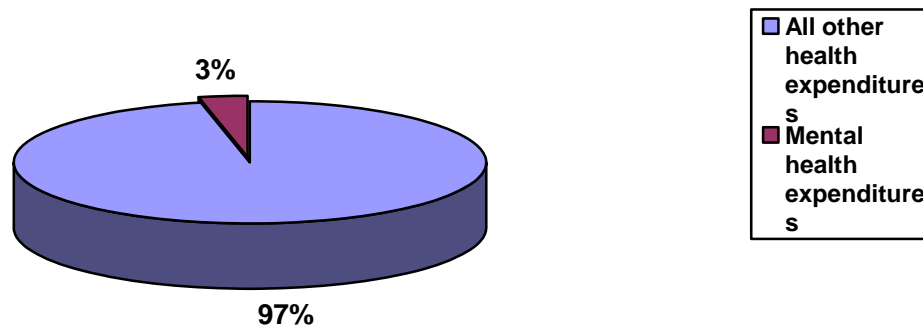
Regarding legislation there was an amendment supplement to the Law on Health Protection which allowed for the establishment of new institutions called "Mental Health Centers" in the mental health public services (Official Gazette of Republic of Macedonia, May 2005) These Mental Health Centers have the responsibility to organize and implement measures which provide treatment to people with mental health problems of any kind, to promote mental health and prevent mental illnesses, to provide psychosocial care and rehabilitation and to reintegrate people with mental illnesses into the community. The Mental Health Center can also provide home treatments.

The last piece of mental health legislation was enacted on October 13, 2005. The following components were included in the legislation: (1) Access to mental health care including the access to least restrictive care; (2) Rights of mental health service consumers, family members and caregivers; (3) Competency, capacity and guardianship issues for people with mental illness; (4) Voluntary and involuntary treatment; (5) Accreditation of facilities; (6) Law enforcement and other judicial system issues for people with mental illness and (7) Mechanisms to oversee involuntary admission and treatment practices. However, there are no mechanisms to foster implementation and implementation has been very slow.

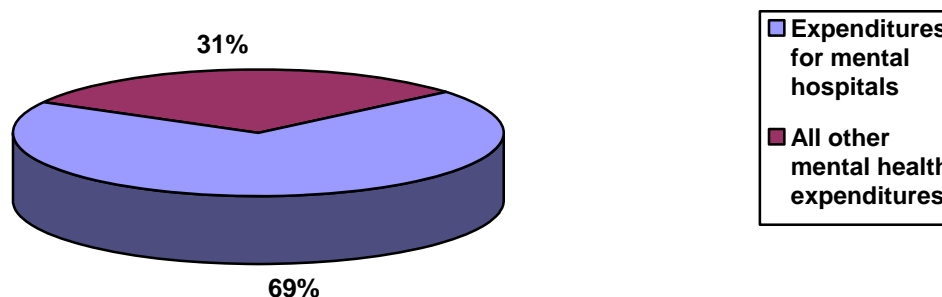
Financing of mental health services

Three percent (3%) of health care expenditures by the government health department are directed towards mental health. Of all the expenditures spent on mental health, 69% is directed towards mental hospitals.

GRAPH 1.1 HEALTH EXPENDITURE TOWARDS MENTAL HEALTH



GRAPH 1.2 MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS



Only (some) severe mental disorders are covered in social insurance schemes. However, 100% of the population has free access (at least 80%) to essential psychotropic medicines. For those that have to pay out of pocket, the cost of antipsychotic medication is 1.05 MKD/day and antidepressant medication is 0.3 MKD/day.

Human rights policies

A national human rights review body exists which has the authority to oversee regular inspections in mental health facilities and review complaints investigation processes.

Seventy five percent of mental hospitals have at least one review/inspection of human rights protection of patients per year, while 31% of community-based inpatient psychiatric units and community residential facilities have such a review.

In terms of training, 100% of mental hospitals staff and 38% of inpatient psychiatric units and community residential facilities staff have had at least one day training, meeting, or other type of working session on human rights protection of patients in 2004.

Domain 2: Mental Health Services

Organization of mental health services

A national mental health authority exists (National Mental Health Committee and Coordinator for mental health, both appointed by the Minister of Health) and it provides advice to the government on mental health policies and legislation. The mental health authority also is involved in service planning, monitoring and quality assessment of mental health services. The authority is not involved in service management and coordination.

Mental health services are not organized in terms of catchment/service areas; the process of regionalisation and sectorisation is ongoing.

Mental health outpatient facilities

There are 22 outpatient mental health facilities available in the country, of which 14% are for children and adolescents only. The total number of users treated in outpatient facilities is estimated to be 1575 per 100,000. Of all users treated in mental health outpatient facilities, 45% are female and 6% are children or adolescents.

It's estimated that the users treated in outpatient facilities are primarily diagnosed with neurotic, stress-related and somatoform disorders (47%) and schizophrenia, schizotypal and delusional disorders (19%). The average number of contacts per user is 2.89

Twenty-three (23%) of outpatient facilities provide routine follow-up care in the community, while 9% have mental health mobile teams.

In terms of available interventions, 51-80% of the outpatient facilities offer psychosocial interventions. In 20 out of 22 (91%) mental health outpatient facilities at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) was available in the facility or at a near-by pharmacy all year round.

Day treatment facilities

There are six day treatment facilities available in the country, of which three provide treatment for children and adolescents only. The number of users treated in these facilities is unknown.

Community-based psychiatric inpatient units

There are 13 community-based psychiatric inpatient units available in the country serving both neurological and psychiatric patients. The number of beds for psychiatric patients only is 264 (13.05 beds per 100,000 population). In all of these facilities, there are no beds reserved for children and adolescents only. Forty-six percent (46%) of admissions to community-based psychiatric inpatient units are female and 1% are children/adolescents.

The diagnoses of admissions to community-based psychiatric inpatient were primarily from the following two diagnostic groups: neurotic, stress-related and somatoform disorders (31%) and schizophrenia, schizotypal and delusional disorders (24%). On average, patients spend 13.09 days per discharge.

21-50% patients in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year. 100% of community-based psychiatric inpatient units had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Community residential facilities

There are three community residential facilities available in the country for a total of 23 beds (1.14 beds/places per 100,000 population). In the residential facilities, there are no beds reserved for children and adolescents only.

No children have been treated in community residential facilities;. The number of users in community residential facilities is unknown

Mental hospitals

There are four mental hospitals available in the country for a total of 1307 beds (64.6 beds per 100,000 population). All of them (100%) are organizationally integrated with mental health outpatient facilities. 1% of these beds in mental hospitals are reserved for children and adolescents only. The number of beds has decreased by 23% in the last five years (2000-2004).

The patients admitted to mental hospitals belong primarily to the following two diagnostic groups: schizophrenia, schizotypal and delusional disorders (50%) and mental and behavioural disorders due to psychoactive substance use (29%).

The number of patients in mental hospitals in 2004 was 4460 (220.6 per 100,000 population). The average number of days spent mental hospitals is 57.44. Thirty nine percent of patients spend less than one year, 30% of patients spend 1-4 years, 16% of patients spend 5-10 years, and 15% of patients spend more than 10 years in mental hospitals. The occupancy rate of mental hospital is 138%.

51-80% patients in mental hospitals received one or more psychosocial interventions in the last year. All mental hospitals (100%) had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Forensic and other residential facilities

There are 123 beds in the mental hospitals for persons involved with the criminal justice system. 32% of the patients in these beds spend less than one year, 39% spend 1-4 years, 12% spend 5-10 years, and 17% spend more than 10 years.

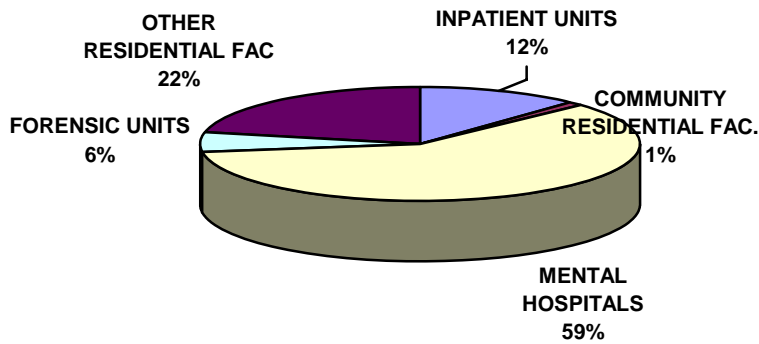
There are 477 beds for persons with mental disorders in other residential facilities.

Human rights and equity

Four percent of all admissions to community-based inpatient psychiatric units and 4% of all admissions to mental hospitals are involuntary. Between 2-5 % of patients were restrained or secluded at least once within the last year in community-based psychiatric inpatient units and in mental hospitals. More than twice as many psychiatric beds per capita (2.37) are located in or near the largest city. Such a distribution of beds impedes access for rural users.

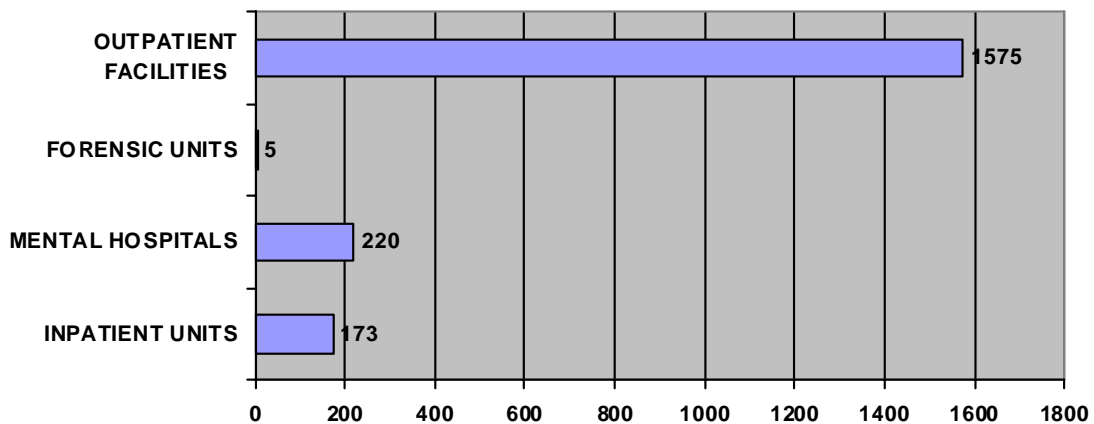
Summary Charts

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES



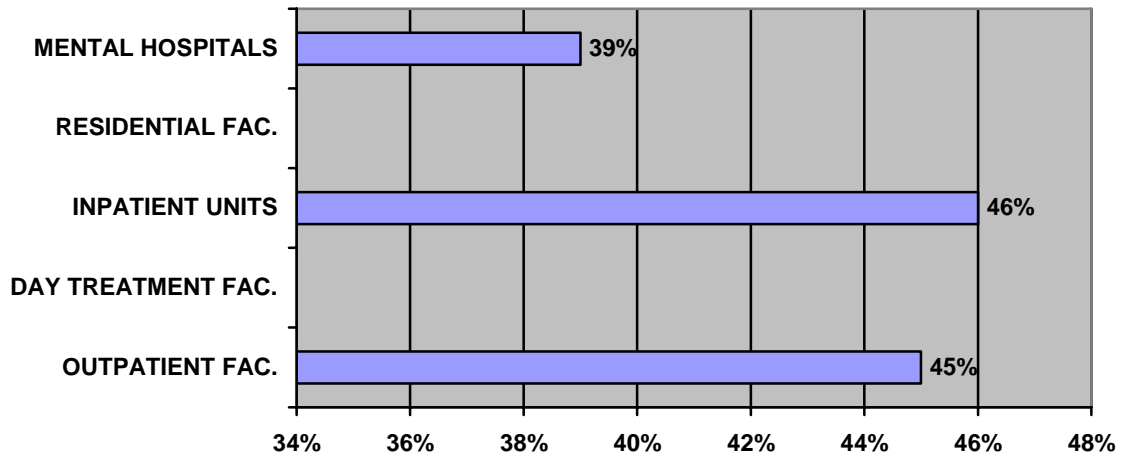
The majority of beds in the country are provided by mental hospitals (59%), followed by beds in other residential facilities (22% - Special institute Demir Kapija and Institute for care of children and adolescents with intellectual disabilities "Topansko Pole" Skopje); 12% of beds are located in inpatient psychiatric units that are parts of Medical centers, 6% are beds in forensic units in mental hospitals and 1% of beds are located in community residential facilities. All facilities are inside the mental health system.

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)



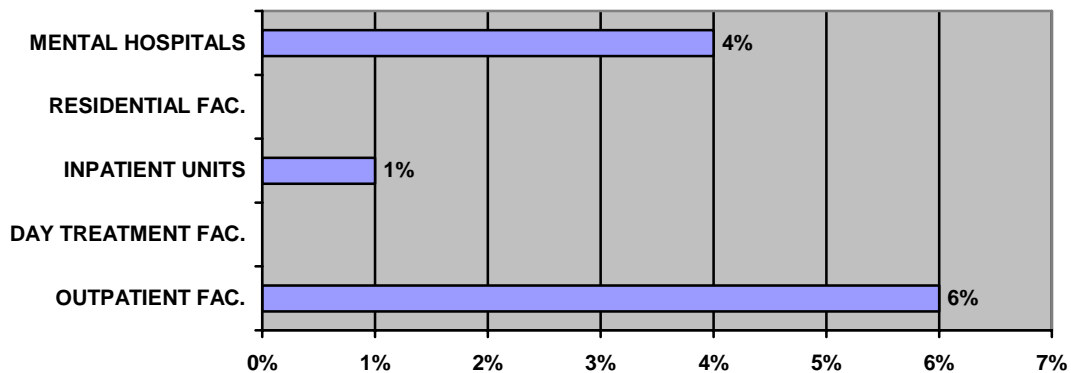
The majority of the users are treated in outpatient facilities (1575 per 100, 00 population), followed by mental hospitals (220 per 100,000 population), while the number of users treated in inpatient units and forensic units within mental hospitals is lower (inpatient units: 173 per 100,000 population; forensic units within mental hospitals: 5 per 100,000 population). The number of users treated in day treatment facilities and community residential facilities is unknown.

GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



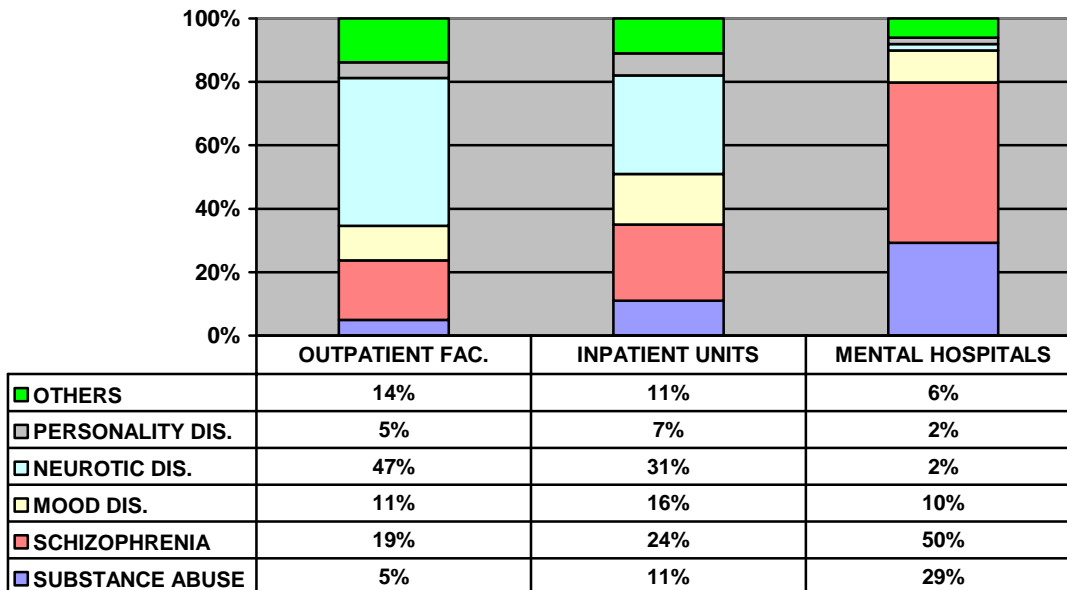
Female users make up less than 50% of the population in all mental health facilities in the country. The proportion of female users is highest in inpatient units (46%) followed by outpatient facilities (45%), and then mental hospitals (39%).

GRAPH 2.4 - PERCENTAGES OF CHILDREN AND ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES



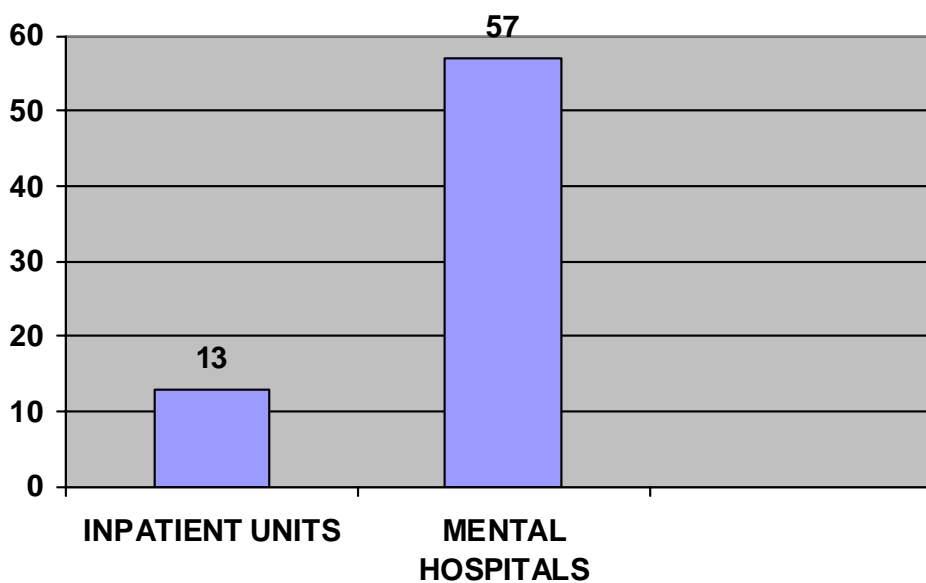
The percentage of users that are children and/or adolescents varies substantially from facility to facility. The proportion of children users is highest in mental health outpatient facilities (6%) followed by mental hospitals (i.e. 4%). The lowest proportion of children and adolescents treated is in community inpatient units (1%).

GRAPH 2.5 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS

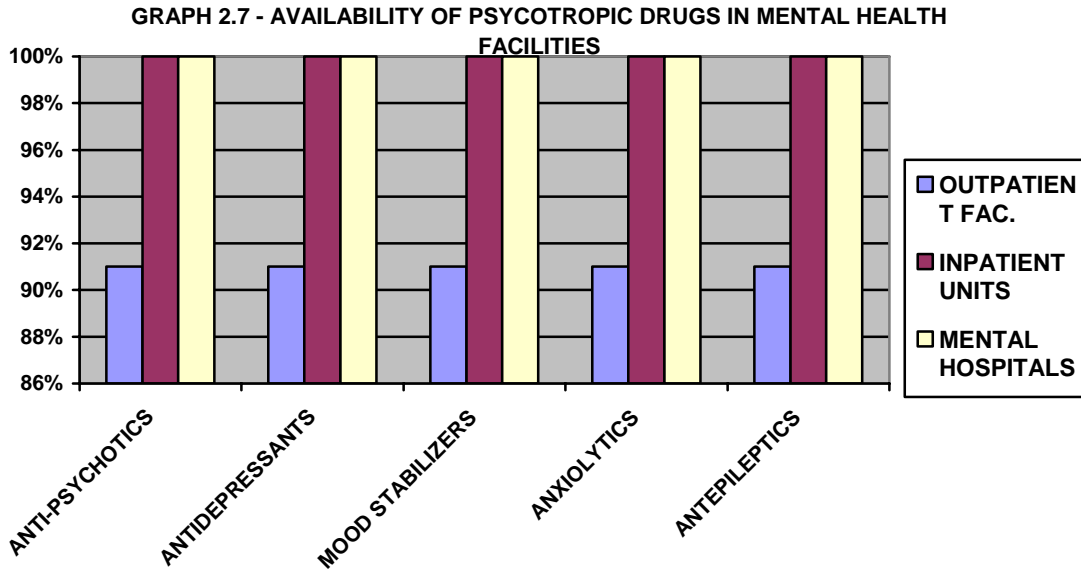


The distribution of diagnoses varies across facilities: neurotic disorders are the most prevalent diagnosis in outpatient facilities and inpatient units, while within mental hospitals, schizophrenia, schizotypal and delusional disorders are the most frequent one.

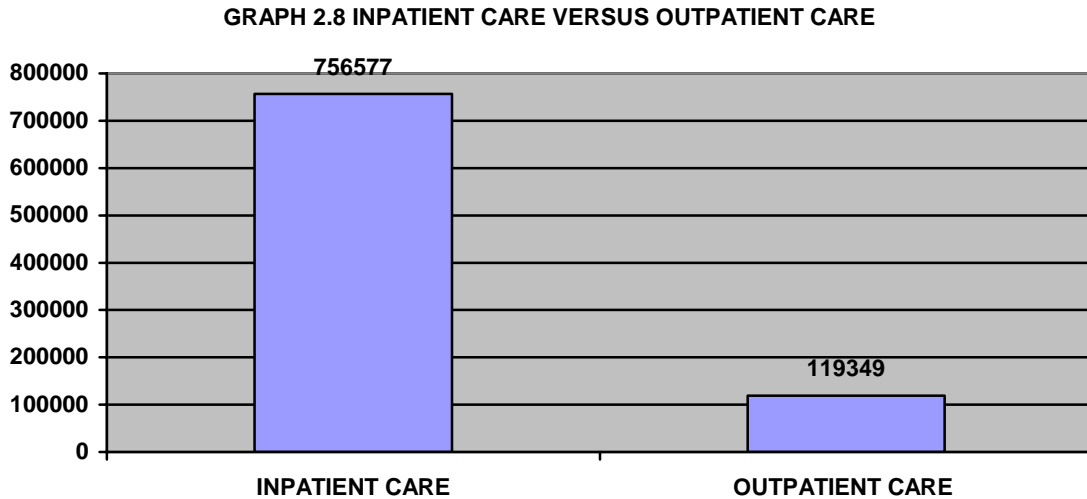
**GRAPH 2.6 - LENGTH OF STAY IN INPATIENT FACILITIES
(days per year)**



The longest length of stay for users is in mental hospitals (57 days), followed by community-based psychiatric inpatient units (13 days).



Psychotropic drugs are mostly widely available in mental hospitals and psychiatric inpatient units within general hospitals (100%), followed by outpatient mental health facilities, where drugs are available in 91% of them.



The ratio between outpatient/day care contacts and days spent in all the inpatient facilities (mental hospitals, residential facilities and general hospital units) is an indicator of extent of community care: in the Republic of Macedonia, the ratio is 6.3 inpatient days for every outpatient visit.

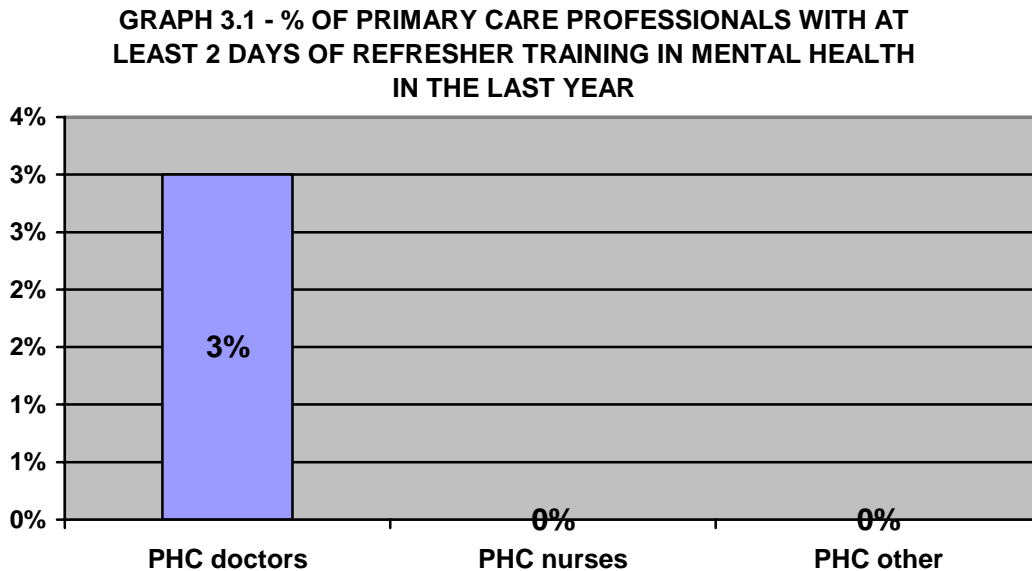
Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

Five percent of the training for medical doctors and nurses is devoted to mental health. The number of training hours devoted to mental health for non-doctor/non-nurse primary health care workers is unknown.

In terms of refresher training, three percent of primary health care doctors have received at least two days of refresher training in mental health, while 0% (none) of the nurses and non-doctor/non-nurse primary health care workers have received such training.

Graph 3.1: Percent of primary health care professionals with at least two days of refresher training in mental health in the last year



Mental health in primary health care

All PHC clinics are physician based; there are no non-physician based primary health care clinics. None of them have available assessment and treatment protocols for key mental health conditions. A few (1-20%) of physician-based primary health care clinics make on average at least one referral to a mental health professional. As for professional interaction between primary health care staff and other care providers, a few (1-20%) of primary care doctors have interacted with a mental health professional at least once in the last year. A few (1-20%) of physician-based PHC facilities have had interaction with a complimentary/alternative/traditional practitioner.

Prescription in primary health care

Primary health care nurses, non-doctor and non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstance. Only primary health care doctors are allowed to prescribe but with restrictions (they are not allowed to initiate prescription, but are authorised to continue prescription, once a specialist has prescribed the drug).

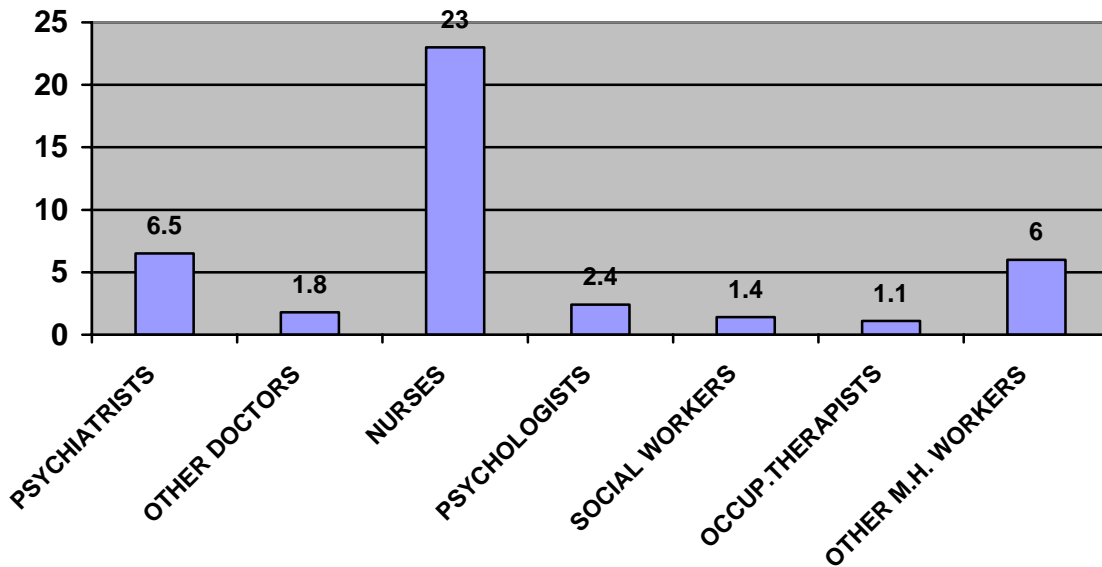
As for availability of psychotropic medicines, all or almost all of the clinics (81-100%) of physician-based PHC clinics have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic).

Domain 4: Human Resources

Number of human resources in mental health care

The total number of human resources working in mental health facilities or private practice per 100,000 population is 35.4. The breakdown according to profession is as follows: 131 psychiatrist, 37 other medical doctors (not specialized in psychiatry), 467 nurses, 48 psychologists, 29 social workers, 23 occupational therapists; 123 are classified as other health or mental health workers.

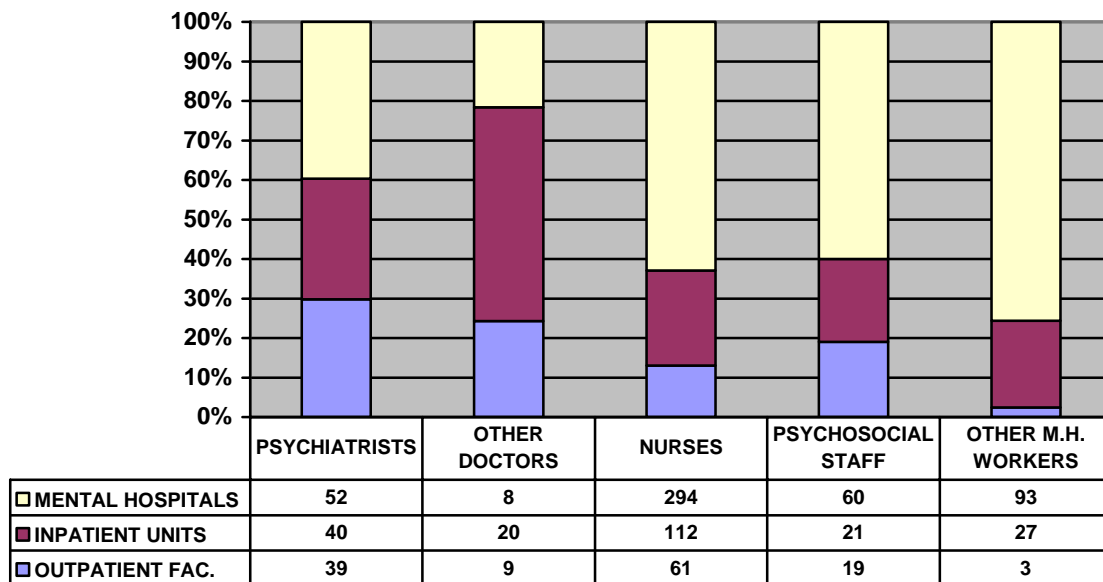
**GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)**



All psychiatrists, psychologists, social workers, nurses and occupational therapists work only for government administered mental health facilities.

Regarding the workplace, 39 psychiatrists work in outpatient facilities, 40 in community-based psychiatric inpatient units and 52 in mental hospitals. Nine other medical doctors, not specialized in mental health, work in outpatient facilities, 20 in community-based psychiatric inpatient units and 8 in mental hospitals. As far as nurses, 61 work in outpatient facilities, 112 in community-based psychiatric inpatient units and 294 in mental hospitals. 19 psychologists, social workers and occupational therapists in outpatient facilities, 21 in community-based psychiatric inpatient units and 60 in mental hospitals. As regards other health or mental health workers 3 work in outpatient facilities, 27 in community-based psychiatric inpatient units and 93 in mental hospitals.

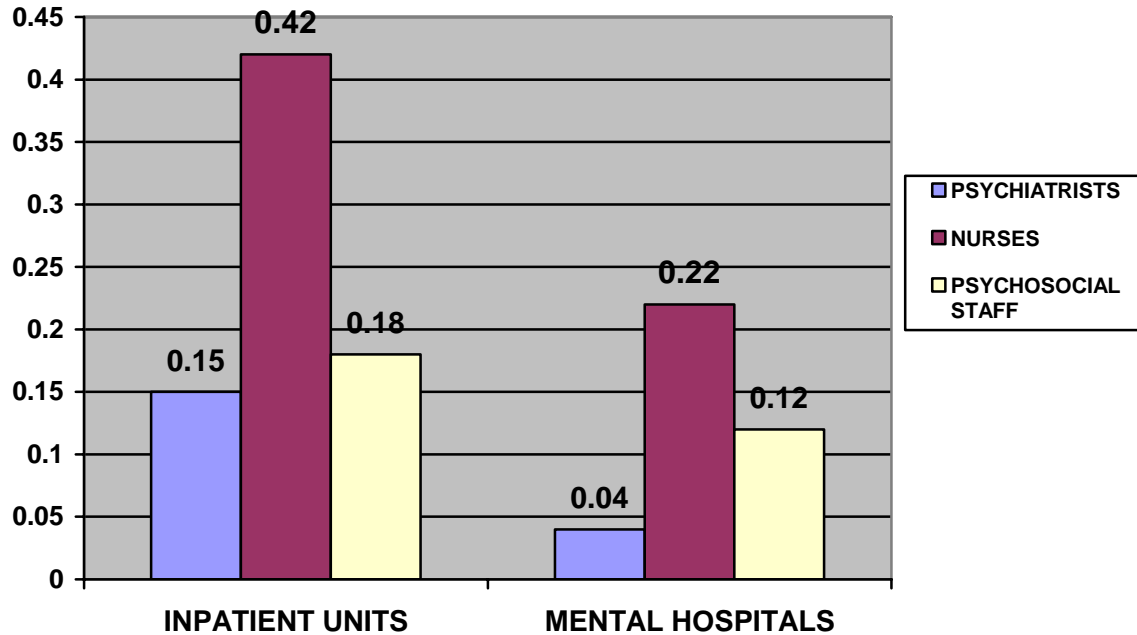
GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



In terms of staffing in mental health facilities, there are 0.15 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.04 psychiatrists per bed in mental hospitals. As for nurses, there are 0.42 nurses per bed in community-based psychiatric inpatient units, in comparison to 0.22 per bed in mental hospitals. Finally, for other mental health care staff (e.g., psychologists, social workers, occupational therapists, other health or mental health workers), there are 0.18 per bed for community-based psychiatric inpatient units, and 0.12 per bed in mental hospitals.

The distribution of human resources between urban and rural areas is more proportionate for nurses than for psychiatrists. The density of psychiatrists in or around the largest city is 1.61 times greater than the density of psychiatrists in the entire country. The density of nurses is 0.91 times less in the largest city than the entire country.

GRAPH 4.3 - RATIO HUMAN RESOURCES/BEDS

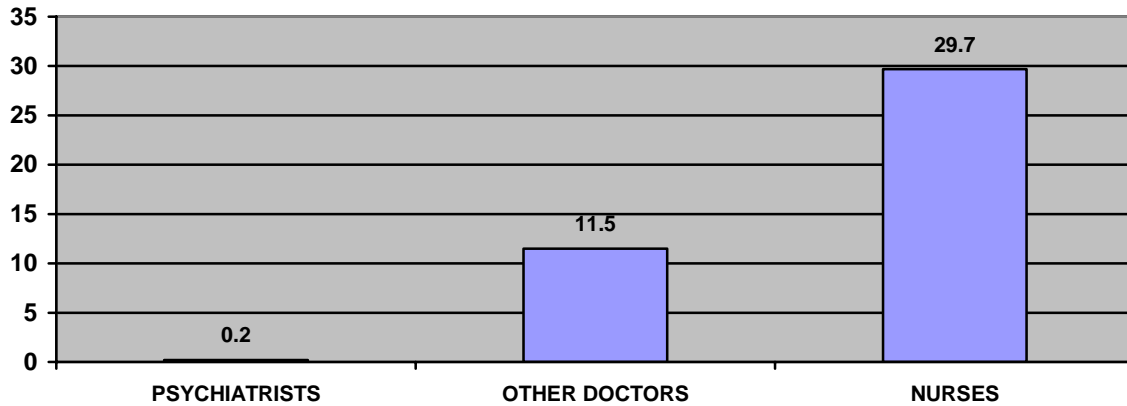


Training professionals in mental health

The number of professionals graduated last year in academic and educational institutions per 100,000 is as follows: 11.5 doctors, 0.2 psychiatrists and 29.7 nurses. The number of nurses with at least 1 year training in mental health care, psychologists with at least 1 year training in mental health care, social workers with at least 1 year training in mental health care, occupational therapists with at least 1 year training in mental health care, other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors) is unknown.

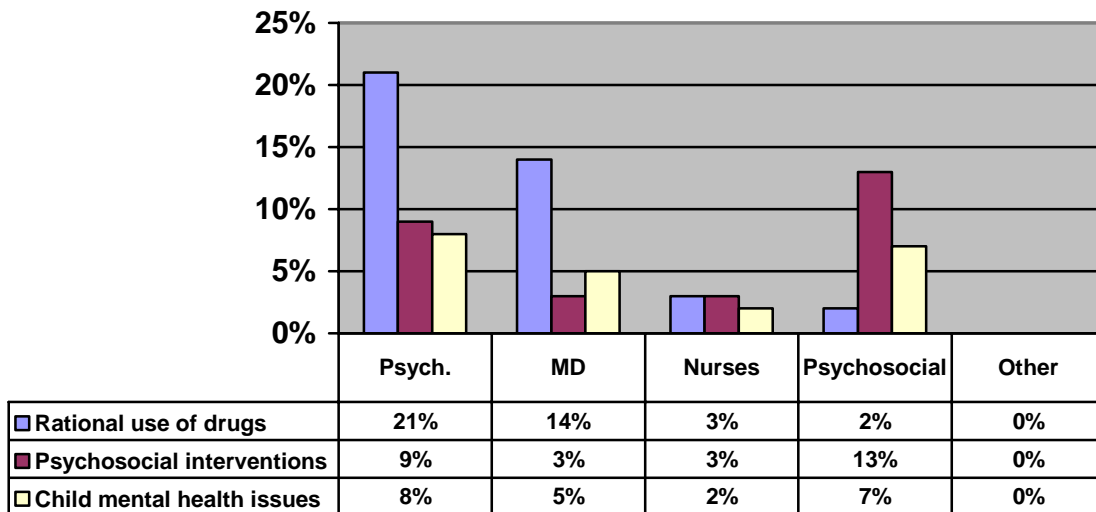
The number of psychiatrists emigrated to other countries within five of the completion of their training is unknown.

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



The following graph shows the percentage of mental health care staff with at least two days of refresher training in the rational use of drugs, psychosocial interventions, and child/adolescent mental health issues.

GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN THE PAST YEAR



Consumer and family associations

There are 355 users/consumers that are members of consumer associations, and 74 family members that are members of family associations. The government does not provide economic support for either consumer or family associations.

Both consumer and family associations have been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. A majority of mental health facilities have interacted with both consumer and family associations.

The number of other NGOs in the country involved in individual assistance activities such as counselling, housing, or support groups is unknown.

Domain 5: Public Education and Links to other Sectors

Public education and awareness campaigns on mental health

There is a coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Government agencies, NGOs, professional associations and International organisations have promoted public education and awareness campaigns in the last five years.

These campaigns have targeted the following groups: general population, children, adolescents, trauma survivors and other vulnerable or minority groups. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers, teachers and other professionals linked to the health sector.

Legislative and financial provisions for persons with mental disorders

There are no existing legislative and financial provisions to protect and provide support for users for the following: legislative provision against discrimination at work, legislative and financial provision for housing and legislative, and provision against discrimination in housing. In addition, the provision for employment exists, but it is not enforced.

Links with other sectors

As stated by the Coordinator for mental health in the Ministry of Health, in addition to legislative and financial support, there are no formal collaborations with the departments/agencies responsible for primary health care/community health, HIV/AIDS, reproductive health, child and adolescent health, substance abuse, child protection, education, employment, housing, welfare, criminal justice, the elderly and other departments/agencies.

In terms of support for child and adolescent health, 44% of primary and secondary schools have either a part-time or full-time mental health professional, but a few (1-20%) of primary and secondary schools have school-based activities to promote mental health and prevent mental disorders.

The percentage of prisoners with psychosis is less than 2%, and the corresponding percentage for mental retardation is also less than 2%. Regarding mental health activities in the criminal justice system, majority of prisons (51-80%) have at least one prisoner per month in contact with a mental health professional. As for training, no police officers and no judges and lawyers have participated in educational activities on mental health in the last five years.

In terms of financial support for users, a few (1-20%) of mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, 1% of people who receive social welfare benefits do so for a mental disability.

Domain 6: Monitoring and Research

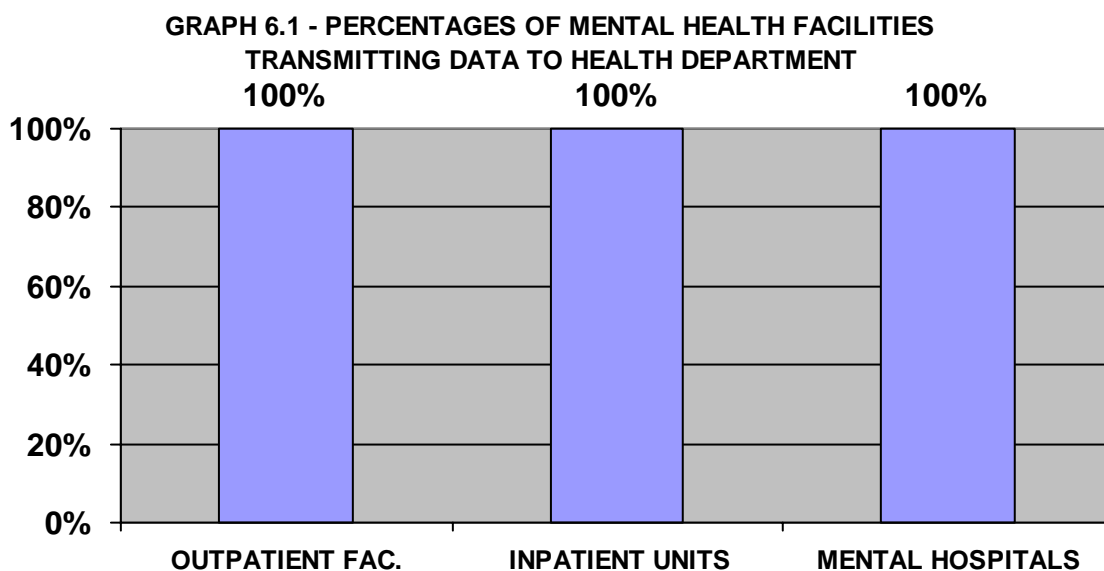
A formally defined list of individual data items that ought to be collected by all mental health facilities exists. As shown in the table 6.1, the extent of data collection is variable among mental health facilities.

In 2004, the Government health department received data from 100% mental hospitals, 100% community based psychiatric inpatient units, and 100% mental health outpatient facilities. Based on this data, a report was published but it did not include comments on the data.

In terms of research, 18% of all health publications in the country were on mental health. The research focused on epidemiological studies in community and clinical samples, non-epidemiological clinical assessment of mental disorders, services research, biology and genetics, psychosocial and psychotherapeutic interventions, pharmacologic interventions.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

	MENTAL HOSPITALS	INPATIENT UNITS	OUTPATIENT FAC.
N° of beds	100%	77%	---
N° inpatient admissions/users treated in outpatient fac.	100%	77%	100%
N° of days spent/user contacts in outpatient fac.	100%	77%	100%
N° of involuntary admissions	75%	23%	---
N° of users restrained	75%	23%	---
Diagnoses	100%	62%	100%



Main findings

The former Yugoslav Republic of Macedonia mainly has traditional hospital-based mental health services, which are not efficient and largely depend on a centralized organization. These services have not been able to meet the extensive needs and are unsatisfactory from the medical, psychological, human, outcome, efficiency or economic points of view.

The reforms of the Ministry of Health created the foundation for the Mental Health Project of WHO, Country Office Skopje, which has created several community mental health services since 2000. Four Community Mental Health Centres (CMHC) have been established in various parts of the country: CMHC Prolet in Skopje, CMHC in Prilep, CMHC in Tetovo, CMHC in Gevgelija. Another CMHC “Idadija” in the central city area of Skopje replacing the current Mental Health Dispensary is expected to be opened by the end of this year. The Ministry of Health, with the support of the Regional Project of the Stability Pact for Mental Health, has formed another CMHC in Strumica at the start of 2004.

There are budget allocations for mental health services as part of the Law for Health Protection and Law for Health Insurance and the country has disability benefits for persons with mental disorders, but details about benefits for mental health are not available. Regarding employment, mental health patients are treated in the same way as persons with somatic disabilities. Severe disorders are mainly treated at the secondary and tertiary levels.

Regular training of primary care professionals is carried out in the field of mental health through programs for PHC professionals, organized by the World Bank in 2000 and by

WHO in 2001. However, these trainings seem to be rather insufficient and do not cover identified needs for education. New policy developments recognize the need for reform in this sector, especially the need for decentralization and community-based services. Forty mental health professionals have been trained in a one-year postgraduate course entitled, 'Psychosocial and traumatic stress - understanding, prevention and treatment'.

The host families, local health, social services, 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. The NGOs are also working on legislation and the fight against stigma (Mental Health Atlas 2005, Country Profile).

Next Steps in Planning Mental Health Action

- ◆ Even though the primary health care (PHC) system seems to be geographically spread to be as close to the population as possible, evident weaknesses have to be addressed and worked on:
 - Health professionals involved in PHC do not receive necessary additional education or training in addressing problems of persons with mental health disorders.
 - Doctors in PHC act only as gatekeepers and cannot perform effective primary and secondary mental health prevention in the mental health area. In addition, there is poor coordination between PHC and the specialist secondary health care which results in high rates of referral to secondary care and psychiatric hospitals that furthermore extends negative outcomes, social exclusion and stigma.
- ◆ Outpatient services include only the medical-psychiatric aspects of treatment, without any emphasis on the social rehabilitation of these persons.
- ◆ Mental health care in Macedonia has been and still is mainly provided by three specialist psychiatric hospitals, in which patients are hospitalized regionally. Therefore it is necessary to prepare detailed Action Plans for downsizing and transformation of the three psychiatric hospitals in the country and the creation of new Community Mental Health Services.
- ◆ Psychiatric departments in general hospitals should serve as a place for inpatient treatment of mental health patients. The staff in the psychiatric departments should be trained in order to provide this service.

Mental health of children adolescents

Mental health care for children and youth in the Republic of Macedonia is far from satisfactory and is a low priority compared to physical health care. Programs for promotion and prevention of the mental health of this vulnerable group are neither

sufficient, nor comprehensive. Only two mental health services for children and youth exist in Skopje and Bitola. Community mental health services for children and youth are underdeveloped or non-existent; therefore they are far from meeting the need of the population. There is a lack of professional staff (child and adolescent psychiatrists, child and adolescent psychologists and social workers).

Dissemination

A copy of this report should be sent to the Ministry of Health, Ministry of Labor and Social Policy, Community Mental Health Center “Idadija” and Community Mental Health Center “Prolet”; and to the WHO Country Office in Skopje. The report contains aggregated data relevant to the current organisation of the mental health system and this information will assist relevant organisations in future planning.

Planning workshop

Potential participants for a workshop should include main stakeholders in MNH, professionals from different mental health institutions and members of the National Commission for protection of mental health.

Some of the workshops should focus on the preparation of the detailed Action Plans for downsizing and transformation of the three psychiatric hospitals in the country and the creation of new Community Mental Health Services.

It is also necessary to plan the transformation of the inpatient units in the general hospitals into the psychiatric and neurological departments with staff that are trained to provide psychiatric patients.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used for collecting information about the mental health system in the Republic of Macedonia. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring change. Data is based on the year 2004.

There is a National Mental Health Committee and a Coordinator for Mental Health, both appointed by the Minister of Health. The Republic of Macedonia has had a mental health policy and mental health legislation since 2005. The mental health plan is under preparation. There is a national human right review body which performs regular inspections and reviews complaints processes. Three percent (3%) of the health expenditures in 2004 were devoted to mental health. Of all mental health expenditures, 69% is directed towards mental hospitals. The majority of beds (59%) are provided by mental hospitals. The majority of users were treated in outpatient facilities (1575 per 100,000 population), followed by mental hospitals (220 per 100,000 population). The distribution of diagnosis varies by type of facilities: neurotic disorders are the most prevalent diagnosis in outpatient facilities and inpatient units; while schizophrenia, schizotypal and delusional disorders are the most prevalent one in mental hospitals. Psychotropic drugs are available all year long in mental hospitals as well as psychiatric inpatient units. 5% of training for medical doctors and nurses is devoted to mental health. The total number of human resources working in mental health is 858 (42.42 per 100,000 population).