Bosnia and Herzegovina

General Information

Bosnia and Herzegovina is a country with an approximate area of 51 thousand sq. km. (UNO, 2001). Its population is 4.186 million, and the sex ratio (men per hundred women) is 98 (UNO, 2004). The proportion of population under the age of 15 years is 16% (UNO, 2004), and the proportion of population above the age of 60 years is 15% (WHO, 2004). The literacy rate is 98.4% for men and 91.1% 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 7.5%. The per capita total expenditure on health is 268 international $, and the per capita government expenditure on health is 99 international $ (WHO, 2004).

The main language(s) used in the country is (are) Bosnian, Serbian and Croatian. The largest ethnic group(s) is (are) Bosniac, and the other ethnic group(s) are (is) Croat, Serb, Roma and Slovenian. The largest religious group(s) is (are) Muslim, and the other religious group(s) are (is) Catholic and Orthodox Christian.

The life expectancy at birth is 69.3 years for males and 76.4 years for females (WHO, 2004). The healthy life expectancy at birth is 62 years for males and 66 years for females (WHO, 2004).

Epidemiology

Community studies in war torn areas showed enormous increase of mental disorders (total: over 60%, neurotic disorder: over 40%, psychotic disorders: about 20%). Dahl et al (1998) assessed 209 displaced women in a war zone in 1994 using a 10-item Posttraumatic Symptom Scale (PTSS-10). The proportion of caseness (defined by a score of six or more symptoms) was highest (71%) among women who had survived the most severe trauma (concentration camps or other kinds of detention) in comparison to others (47%) with less severe trauma. Caseness was also associated with severity of trauma and marital support (absent husband) in a multivariate analysis. Goldstein et al (1997) found that the majority of children in their sample had faced multiple stresses (separations from family, bereavement, close contact with war and combat and extreme deprivation) and that the prevalence and severity of experiences were not significantly related to a child's gender, wealth or age, but were related to their region of residence. Almost 94% of the children met DSM-IV criteria for posttraumatic stress disorder. High levels of other symptoms were also found. Children with greater symptoms had witnessed the death, injury or torture of a member of their nuclear family, were older and came from a large city. Allwood et al (2002) assessed 791 children aged 6 to 16 years during the 1994 siege in Sarajevo with the help of the Impact of Event Scale, PTSD Reaction Index, the Children's Depression Inventory, the Child Behavior Checklist, and the War Experience Questionnaire (completed by children and their teachers). Nearly 41% had clinically significant PTSD symptoms. Children were adversely affected by exposure to both violent and non-violent war-traumas. An additive effect of trauma exposure on trauma reactions was also found. As part of a UNICEF-sponsored Psychosocial Programme in Bosnia, Smith et al (2001) collected data from a representative sample of 339 children aged 9-14 years, their mothers and their teachers in order to investigate risk and moderating factors in children's psychological reactions to war. Self-report data from children revealed high levels of post-traumatic stress symptoms and grief reactions, but normal levels of depression and anxiety. Mothers' self-reports also indicated high levels of post-traumatic

stress reactions, but normal levels of depression and anxiety. Structural equation modelling showed that child distress was related to both their level of exposure and to maternal reactions. Among the children and adolescents there was an increase of neurotic and psychotic disorders in the very beginning of the first year of the war, and a decrease of the same diagnoses during the second year. Stein et al (1999) who examined 147 displaced children residing in refugee centres in Bosnia reported that symptoms of posttraumatic stress, anxiety and depression showed a greater decrease in boys relative to girls over time. A study on soldiers showed that alcohol abuse was 3.7 times more frequent in participants of combat actions compared to those who did not have such assignment (Plavljanic & Mijic, 1997). Loga et al (1999) reported that stress/reactive psychoses increased and alcoholic psychoses decreased in clinical samples during the war. Studies on Bosnian refugees in Croatia are detailed under the relevant section of Croatia.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1996.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Basic elements of the mental health policy are: decentralization and sectorization of mental health services; intersectoral activity; comprehensiveness of services; equality in access and utilization of psychiatric service resources; nationwide accessibility of mental health services; continuity of services and care, together with the active participation of the community.

Substance Abuse Policy

A substance abuse policy is absent. A substance abuse policy is in the implementation phase. Government and Parliament of Federation of Bosnia and Herzegovina have approved the Action Plan for Prevention and Treatment of Addictions, while a similar Plan still needs to be approved by the Parliament of Republic of Srpska. The best achievements in prevention and treatment of addictions are in two Cantons - Sarajevo and Tuzla.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1996.

The national plan needs are: postdoctoral study seminars on stress, PTSD, trauma psychology, treatment of war trauma; training programmes for staff including doctors, psychologists, psychiatric nurses, social workers, teachers and students of medicine and psychology; psychiatric and psychological services for individual and group counselling, psychotherapy for psychiatric patients, supervision of staff; mobile professional emergency teams for psychological trauma, with screening for PTSD, depression, suicidal states and other kinds of psychiatric emergencies; institutions for forensic psychiatry; telepsychiatry service for assessment of callers and their reported problems; national plan for mental health care.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1996.

Mental Health Legislation

The mental health legislation is in the form of a general law, 'Law on protection of persons with mental health'. A similar law in the Republic of Srpska is awaiting the approval of the Parliament.

The latest legislation was enacted in 2000.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance and out of pocket expenditure by the patient or family.

Local authorities also contribute a small proportion of financing of mental health care.

The country has disability benefits for persons with mental disorders. The Complete Health Care Insurance takes care of any disability benefits.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care services are available for some cases.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 200 personnel were provided training. A network of community mental health centres is operational. An efficient and useful training of the staff in these centres has been carried out. Training programmes for family doctors and general practitioners are also available.

There are community care facilities for patients with mental disorders. Community care services are partially developed and are in the process of development. After the war, 38 community mental health centres (with catchment areas of 25 000-50 000 inhabitants) were proposed in Bosnia and Herzegovina and 7 in Republic of Sprska with funding by World Bank. These were to be established within or appended to the existing health centres and serve a catchment area of 50 000 to 100 000 inhabitants. Their aims were to provide clinical services for the mentally ill people and psychosocial rehabilitation to those traumatised by war. They offer a variety of services. Most personnel have changed their attitudes to mental health and relevant service provision and devoted to implement mental health reforms. Studies show that mental health personnel would like to have more influence on decision making for future service and policy improvements and that service users are satisfied with the service provided.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	3.6
Psychiatric beds in mental hospitals per 10 000 population	2.4
Psychiatric beds in general hospitals per 10 000 population	1
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	1.8
Number of neurosurgeons per 100 000 population	0.08
Number of psychiatric nurses per 100 000 population	10
Number of neurologists per 100 000 population	0.4
Number of psychologists per 100 000 population	0.5
Number of social workers per 100 000 population	0.03

Even during the war (1992-1995), WHO and the Universities in Sarajevo and Tuzla conducted a one year post-graduate course on 'Psychological Trauma and Healing' for psychiatrists, psychologists and social workers. There is continuous education in the field of mental health since 1999. Sarajevo University in cooperation with Centro di Studi in Trieste, Italy and within the TEMPUS Project organized postgraduate study 'Community psychiatry' for young psychiatrists, psychologists and social workers. Sarajevo University, in cooperation with Umea University, Sweden, is organizing a full postgraduate study in Child and Adolescent Psychiatriy and Psychology.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. Many NGOs and international organizations, e.g. UNICEF, Médicins sans Frontières, Save the Children and Oxfam, have mental health programmes in the country with a focus on crisis counselling but a long term perspective. They have established accessible counselling centres and trained local counsellors and supervisors. Others like SweBiH (Swedish-Bosnian Association for Psychological and Social assistance to Bosnia & Herzegovina, founded by Swedish East Europe Committee and financed by SIDA), and HNI Bosnia-Hercegovina have focused on training of personnel from different professions. Users are a key element in the operation of mental health services. Five associations of former psychiatric patients, have organized under the umbrella Alliance at the state level.

Information Gathering System

There is mental health reporting system in the country. But the system is not fully functional. The lacks of the system now represent a danger to the implementation and the future of the system itself.

The country has no data collection system or epidemiological study on mental health. There is a need for development at the national level of a data set on mental health.

Programmes for Special Population

The country has specific programmes for mental health for refugees, disaster affected population and children. It is estimated that in the Srpska Republic, there are more than 500,000 refugees (from ex-Yugoslavia, Croatia, etc.) and about 20,000 internal displaced persons (from Kosovo and the Federal Republic of Yugoslavia). These refugees are living in collective shelters, in private accommodation, or with relatives and friends all over the country. The more vulnerable subjects have developed serious psychiatric disorders. In the country, there are only 5 centres for community-based rehabilitation. The main clinical problems which most urgently require attention are: enduring personality change, post-traumatic stress disorder and suicide. Special centres or special programmes within psychiatric clinics are urgently needed to treat existing problems of these kinds. The main goals of projects concerned with psycho-social support and rehabilitation of persons with PTSD are: education and training for nurses, doctors, psychologists, social workers, teachers, and students of medicine and psychology, as well as volunteers; detection of traumatised persons, as a consequence of stressful experiences; development of a programme for the treatment and evaluation of each high-risk group; psychological and psychiatric help, as well as psycho-social support and rehabilitation for psychologically traumatised persons with symptoms of PTSD or anxious-depressive and psychosomatic reactions; prevention of suicide.

The reorganization of services for the mentally ill is aimed at both war victims and others; and this is organized at community mental health centres. Similarly, a public mental health approach was used to develop and implement a school-based postwar trauma/grief intervention programme for adolescents. This approach included the development of multilateral partnerships with various stakeholders, systematic assessment that yields a detailed understanding of the specific range and severity of trauma and loss experiences, current adversities and trauma reminders among the affected population, and a training programme aimed at developing the capacities of local service providers and an indigenous support infrastructure so that the intervention programme could be directed and sustained by people within the communities served.

Therapeutic Drugs

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

Other Information

The country comprises of two separate entities - Bosnia and Herzegovina and Srpsca Republic. The information is a combination of information available from both parts.

The country comprises of two entities Federation of Bosnia and Herzegovina and Republic of Srpska, as well as District Brcko. The first neuropsychiatry unit was set up in Sarajevo University in 1947, and since then the psychiatric services have gradually expanded (Ceric et al, 1995).

Additional Sources of Information

•Allwood, M. A., Bell-Dolan, D., Husain, S. A. (2002) Children's trauma and adjustment reactions to violent and nonviolent war experiences. Journal of the American Academy of Child & Adolescent Psychiatry, 41, 450-457.

•Beganovic, M., Lagerkvist, B., Masic, I., et al (1999) Rehabilitation of war victims in the Federation of Bosnia and Hercegovina with special reference to physical injuries. Medicinski Arhiv, 53, 179-180.

•Ceric, I., Gavranovic, M., Oruc, L. (1995) History of the neuropsychiatric health service in Bosnia-Herzegovina. Medicinski Arhiv, 49, 117-119.

•Ceric, I., Loga, S., Sinanovic, O., et al (1999) Reconstruction of mental health services in the Federation of Bosnia-Herzegovina. Medicinski Arhiv, 53, 127-130.

•Dahl, S., Mutapcic, A., Schei, B. (1998) Traumatic events and predictive factors for posttraumatic symptoms in displaced Bosnian women in a war zone. Journal of Traumatic Stress, 11, 137-145.

•De Clercq, L., Lagerkvist, B., Kapetanovic, T., et al (2000) Assessment of community mental health care in The Federation of Bosnia-Hercegovinia (FBH) after the 1992-95 war. Medicinski Arhiv, 55, 105-112.

•de Jong, K., Ford, N., Kleber, R. (1999) Mental health care for refugees from Kosovo: the experience of Medicins sans Frontieres. Lancet, 353, 1616-1617.

•Goldstein, R. D., Wampler, N. S., Wise, P. H. (1997) War experiences and distress symptoms of Bosnian children. Pediatrics, 100, 873-878.

•Lagerkvist, B., Jacobsson, L. (2001) Development of community psychiatry in Bosnia-Herzegovina with focus on support from Sweden. Medicinski Arhiv, 55, 33-35.

•Lagerkvist, B., Maglajlic, R. A., Puratic, V., et al (2003) Assessment of community mental health centres in Bosnia and Herzegovina as part of the ongoing mental health reform. Medicinski Arhiv, 57, 31-38.

•Loga, S., Ceric, I., Stojak, R., et al (1999) Psychosocial research during the war in Sarajevo. Medicinski Arhiv, 53, 139-144.

•Plavljanic, R., Mijic, R. (1997) Alcohol abuse in soldiers of the Herzegovina Corps of the Republic of Serbia Army during the 1992-1994 war. Vojnosanitetski Pregled, 54, 469-472.

•Saltzman, W. R., Layne, C. M., Steinberg, A. M., et al (2003) Developing a culturally and ecologically sound intervention program for youth exposed to war and terrorism. Child & Adolescent Psychiatric Clinics of North America, 12, 319-342.

•Smith, P., Perrin, S., Yule, W., et al. (2002) War exposure among children from Bosnia-Hercegovina: psychological adjustment in a community sample. Journal of Traumatic Stress, 15, 147-56.

•Stein, B., Comer, D., Gardner, W., et al (1999) Prospective study of displaced children's symptoms in wartime Bosnia. Social Psychiatry & Psychiatric Epidemiology, 34, 464-469.