Research article
Ερευνητική εργασία

Management in child and adolescent psychiatry: How does it look in the Balkans?

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This paper examines the situation of child and adolescent psychiatry in the following Balkan countries: Greece, Serbia, Bulgaria, Romania, Bosnia and Herzegovina, FYROM, and Montenegro. With the exception of Greece, these countries are new democracies, with their mental health services in a transitional stage of organization. Overall, they have initiated programmes to move psychiatric care towards deinstitutionalization, developing outpatient infrastructures to handle psychiatric disorders. Child psychiatry as a specialization is still less developed than adult psychiatry at a significant, albeit different degree among these countries. The number of mental health services offered to children and adolescents is deemed insufficient, and the type of services limited and lacking. This situation is also reflected in the small number of child psychiatrists and other mental health specialists for children and adolescents, as well as in the complete lack (Montenegro) or deficiency of special programmes and actions for children and adolescents. The same also applies to mental health legislation. Greece is the exception in the development of the entire spectrum of services, the number of specialists, and the establishment of an adequate legislation framework reinforced by the incorporation of all international treaties on children's rights; although the recent economic crisis has affected the country negatively, threatening with regression to pre-reformational practices. Children and adolescents in need of mental health care have been increasing in all countries. The effect of violent and sudden changes taking place in most countries is a major factor for the emergence of increased and stress-related psychopathology and psychosocial problems in children and families. In all countries, there is a significant development of non-governmental organizations undertaking a large part of reformation work. There is also the disconcerting phenomenon of professional exhaustion and the migration of experts from their countries. Finally, there is the common need to develop educational programmes and related clinical practices in all degrees of prevention, promoting interdisciplinary cooperation, the biopsychosocial approach to understanding and dealing with mental health issues, as well as the development of

cooperation among all institutions concerning children (education, health, etc.). All this should be reflected in a national plan to promote child mental health as the foundation upon which the necessary cooperation among Balkan countries would be established in order to promote research, the exchange of experiences, common practices, mutual understanding, and common interests.

Key words: Child psychiatry, services, mental health, Balkans countries.

Introduction

The Balkans represents a mixture of developed and developing regions, with contrasting modern and traditional parts. All, except Greece, of the Balkan countries are post-communist countries with a complex history in the past 20 years that includes wars, violent regime changes, and extensive population migration. In the past decade, Balkan countries have witnessed rapid change in the form of social, political and economic transition, which led to high unemployment rates, as well as to drastic social and societal changes leading to an unsatisfactory situation regarding human rights, problems with corruption and abuse of power, as well as malfunctioning of government-provided services along with their ongoing reform.[1] The percentage of state budgets for mental healthcare from the gross national income is very low in most of the countries of the region, but differs significantly from country to country, mainly due to differences in gross national income per capital, which show great variability in the region.[2]

Due to the above described factors, healthcare systems have deteriorated and are facing specific problems such as the "brain drain". Mental healthcare reform is under way, but it is a difficult and time-consuming task.[1,3] At the same time, psychiatric services are in a high demand in the region, because of an increase of the prevalence of mood and anxiety disorders.[3] The reform of psychiatric services is facing serious challenges due to economic difficulties, political instability in the region, and because of marginalization of psychiatry in the society, with high levels of stigmatization of psychiatric patients as well as psychiatrists.[1,2,4]

Child and adolescent psychiatry is a relatively new medical specialty in the region, and as such faces additional challenges to those already described. Some of the challenges are the same ones faced by specialists everywhere, such as lack of research and evidence-based procedures or limited resources, as well as the lack of an adequate number of specialists even in the developed countries. In the region, there is a general lack of trust in government institutions in the adolescent population, as well as growing rates of youth unemployment, community disorganization, increasingly registered high risk behaviors (alcohol abuse, drug addiction); all of which lead to a greater need for well-organized and accessible child and adolescent psychiatric services.[1,3]

Even in the developed countries, only a minority of youth and children with mental health problems receive the necessary treatment, even though virtually all of them are included in the educational system and many are seen on a regular basis in the primary healthcare setting.[5–7] The picture of child and adolescent psychiatry in the Balkans is currently unclear. Differing approaches in different countries along with a lack of adequate financial support of the services create difficulties to the users as well as to medical professionals to utilize all the available resources.[7]

A study has shown that there are two crucial points in beginning the proper treatment in the child and adolescent population: problem recognition and adequate, timely referral from primary care physicians.[8] So there is a need for specific well educated medical professionals who practice in a healthcare system designed to be user – friendly and accessible, which could easily be reached. However, even in the developed countries no strictly defined linear pathway exists for reaching CAMH services.[9] In order to create new strategies for the development of child and adolescent mental healthcare, short-term and long-term goals have to be defined, and that can only be done if current resources and shortcomings are properly evaluated.

Study design

In this study, we sought to evaluate the current state of child and adolescent psychiatric services in the region by assessing its major aspects. First, we examined the percentage of children and adolescents who receive the necessary help. Our second goal was to

assess national policies and legislation in the region, and to compare types of services offered in different countries.

This paper was designed as a descriptive, comparative study of the organization and resources available to mental health professionals in the Balkans who work with children and adolescents. For information gathering, we used a specifically designed questionnaire that covers demographic information, the percentage of children and adolescents who receive the necessary help, a survey of legislation and national policies, services offered in the private and the public sector, the type of training for mental health workers, special educational services offered, types of outpatient and inpatient care, and different treatment modalities used in everyday practice.

Results

Seven countries have participated in this study, and following people provided us with the information Bosnia and Herzegovina (only Republica Srpsla as an informer), Bulgaria, Former Yugoslav Republic of Macedonia (FYROM), Greece, Montenegro, Romania and Serbia.

Demographic information about the countries which have participated in this survey, including the number of children and adolescents in respective populations, are shown in table 1.

The percentage of children and adolescents who receive help was available for FYROM, Greece, and Romania only, 20–25% of FYROM children and adolescents require some kind of psychiatric assistance, but only 10–15% receives help. In Greece, 10% need help, but 20–30% of them receive it. In Romania, 880, 709 children and adolescents require the use of mental healthcare system, but only 120,000 receive help.

CAMH policies and legislation

In The Republic of Srpska, CAMH issues are covered by the Law for the Protection of People with Mental Health Disorders. In Bulgaria, there is a National Strategy for Child Protections (2008–2018) and Child Protection Act against Abuse and Exploitation by Adults (2000). FYROM CAMH is protected and planned by several documents: National Policy on Mental Health (2006–2010), National Strategy on Adolescent Health, Standards of Early Learning and Development (2009), Programme for Active Health Promotion for Mothers and Children, and Programme for Systematic Examinations.

Greek CAMH services are regulated under the National Health and Welfare Policy. A large-scale reform aiming at re-organization and modernization of an outdated mental health provision system has been in progress since the mid-1980s in Greece.[10,11] The above aims of psychiatric reform were supported by the following legislation:

- Law 1397 of 1983 provided the basic legal framework
- Law 2071 of 1992 introduced the principle of "sectorisation"
- Law 2444 of 1996 dealt with the legal guarantees for persons under court protection orders
- Law 2716 of 1999 set the basic principles of mental health practice in Greece, identified the "units of mental health" and introduced the concept of "social cooperative units" (ΚΟΙΣΠΕ) which would, hopefully, provide persons with mental illness the opportunity to work and ideally live on this work.

In FYROM, there is only an action plan titled Strategy for the Improvement of Mental Health. In Montenegro, there is no legislation specifically aimed at children and adolescents. Romanian CAMH policies and legal regulations are more numerous: Protection of Persons with Mental Illness, Mental Health Law 487/2002, National strategy for the Mental Health of Children, Law Integrated Healthcare, Education and Social services from 2010, and Law for the Protection and Promotion of Child's Rights 272/2004.

Serbia is, along with other countries in the region, at the very beginning of the reforms of the mental health protection system. These reforms include a complex set of measures with the fundamental goal of improving mental health protection, ensuring bet-

Table 1. Demographic data regarding the countries participated in the survey.

Country	*Total population*	*Population under 18*
Republic of Srpska	1,400,000	n/a
Bulgaria	7,504,868	1,117,52
FYROM	2,052,722	402,387
Greece	11,500,500	2,500,000
Montenegro	672,656	125,764
Romania	21,500,000	4,403,542
Serbia	7,498,001	1,654,421

n/a=no data available

ter prevention of mental disorders as well as better strategies for mental health improvement, for the improvement of service quality, availability, equality, and destigmatization. These are some of the goals set in the National Policy and the Action Plan for the protection of mental health made by the National Commission for Mental Health of the Republic of Serbia, founded in December of 2003 by the Republic of Serbia's Ministry of Health. Serbian CAMH is covered by the National Strategy for Youth, National strategy for Mental Health, and mental health legislation.

CAMH services

Child and adolescent mental health programs, as separate residential programs at Medical Schools, exist in Serbia, FYROM, and Greece.

Over 50% of all CAMH services are provided by public, government-owned facilities. In FYROM, joint ventures between the public and the private sectors also significantly contribute to the overall number of services provided, with up to 40%. Most private services are offered and provided in Romania, and they make up one third of all the services provided.

The percentage of services offered by psychiatrists varies between 20% and 90% in different countries in the region. The lowest percentage is in Montenegro, around 20%. In FYROM, 60% of services are provided by psychiatrists, in Bulgaria 70%, 75% in Serbia, and 90% in Greece.

Pediatricians participate in providing services with 5% and 10% in Bulgaria and Serbia respectively, with 30% in Montenegro and FYROM, whereas in Greece the percentage is 70%.

There is no information available for Republic of Srpska or the entire Bosnia and Herzegovina.

Special educational services are provided for children and adolescents with learning disabilities, speech/ language development problems, mental retardation, and socialization difficulties in all countries except for Bulgaria and Romania, where special education in social skills is provided instead. No information was available for FYROM.

The number of child and adolescent psychiatrists (CAPs) varies greatly in the region. There is no exact data for the number of CAPs in Romania and FYROM, and in Montenegro there aren't any at all. In Serbia there are 25 CAPs, in Bulgaria 21, in Republic of Srpska only 4. In Greece, however, there are almost 300. Psychologists, social workers, speech therapists, and psychiatric nurses are available in all the surveyed countries.

There are specific training modules for children and adolescents incorporated in the education and training of psychiatrists, psychologists, pediatricians, social workers, speech therapists, and nurses in all countries.

Montenegro has no organized community-based outpatient care, while organization and services offered differ in other countries. Some or all of the following services are offered in all countries except for Montenegro: outpatient departments, private offices, outreach services, day patient programs, group homes and foster care.

In the Republic of Srpska, there are only outpatient departments and private offices. This part of Bosnia and Herzegovina lacks day hospitals, outreach services, group homes, and organized foster care. Bulgaria lacks only day patient programs, while Serbia and FYROM also offer every type of outpatient service except for outreach services, which are yet to be developed.

Greece is the only country that has all the services in operation although nowadays the financial crisis has had a very negative impact on child psychiatric provision of services.[12]

The profile of inpatient mental healthcare facilities is shown in table 2.

The types of psychopharmacological treatment used in each of the countries studied here are listed in table 3. Other treatment modalities are also available in some or all of the mentioned countries, and they include: herbal medicine (not available in Greece, Serbia, and Republic of Srpska), behavioral modification, learning assistance, speech training, social skills training, parental training and foster care (no data available for Montenegro)

Discussion

Almost all the surveyed countries have developed national plans and strategies regarding child and adolescent mental health. All countries have relatively low percentage of institutionalized patients at the onset of the mental health care reform and a relatively short time period from referral to CAP appointment and examination. In some countries, there are a number of psychosocial programs created by a variety of non-governmental organizations.

However, almost all the countries, except Greece, have an insufficient number of professionals engaged in children and adolescents mental health care protection and promotion; the principle of community mental health care is not promoted, and the cooperation between institutions is not always well developed as it should be. Another possible danger of the chronic lack of specialized professionals is the work overload of working specialists that can lead to emotional exhaustion and burnout, with consequently lowered work efficiency. Burnout syndrome is not uncommon among child psychiatrists even in countries with better developed mental health-care systems.[13] In countries where child health-care protection is insufficiently developed, burnout should be taken into consideration as a serious problem that can reduce the overall quality of care.

A study from USA has shown that an efficient way to reduce emotional exhaustion of professionals working with children is to implement evidence-based procedures.[14] Unfortunately, at this time, there is a lack of epidemiological studies and relative scientific research that could help point the way in which child and adolescent psychiatric services in the region should develop. In order to reform and improve the system, it is first necessary to epidemiologically estimate current needs. A possible reason for this is that there are no well-developed computerized systems for registering and monitoring the incidence and prevalence of mental disorders.

CAMH promotion

In some countries, CAMH is promoted through Children and Adolescent Mental Health Centers; these are good examples of practice. By increasing the number of patients treated in primary healthcare centers, the pressure on CAP services should be decreased. Also, this enables a greater number of children and adolescents to be screened for possible mental health problems. The development of mobile educative teams for mental health of children and adolescents within primary health-care centers would enhance a more proactive approach to CAMH promotion.

Developing anti-stigma strategies and programs, as well as psychological support and assistance within

Table 2. Inpatient mental healthcare facilities in the countries participated in the survey.

Country	*General hospitals*	*Pediatric hospitals*	*Beds (n)*	*Hospital treatment duration*	*Time from referral*
Republic of Srpska	n/a	n/a	9	15	n/a
Bulgaria	n/a	n/a	3 (50)	10–15	
FYROM	n/a	n/a	n/a	7	5–7 days
Greece	200/50	500/200	50	50	–8 months
Montenegro	n/a	n/a	None	n/a	n/a
Romania					7–14 days
Serbia			50	20	1 month

n/a=no data available

Table 3. Pharmacological treatments used in the countries studied.

Country	*Type of medication*	*Provisions for medication*
Republic of Srpska	All, except for psychostimulants, newer antidepressants and antipsychotics	No
Bulgaria	All, except for newer antidepressants and antipsychotics	No
FYROM	All recommended drugs	Yes
Greece	All known	Yes
Montenegro	No data	n/a
Romania	All known	Yes
Serbia	All recommended, except for newer antidepressants and antipsychotics	No

n/a=no data available

different services offered to children and adolescents (e.g. schools, kindergartens) are possible forms of actions that could be taken along with establishing peer groups and development of youth clubs and preventive work through schools and mass media.

CAMH policy in new democracies – How to invest in basic modern principles

Promotion and prevention needs to be based on strengthening the resilience of children and parents, and not on stigmatizing them after a problem is identified. A balance within the biopsychosocial paradigm needs to be restored and a debate is needed with evidence-based arguments. Management of each case needs to be based on empowerment, nurturing protective factors, individual strength, family and community, instead of looking only for individual pathology and its cure. CAMH field is too complicated to be dominated by a narrow biomedical model. Coalition of "willing" individuals and organizations needs to be formed, including professionals, service users, and relatives, politicians, mass media, and the emerging NGO sector.

Conclusion

All CAMH professionals from Balkan countries believe that a combination of "top-down" and "bottom-up" approach is needed in developing CAP in the region. A combination of passion (enthusiasm) and rational (evidence-based) decisions is necessary. On the other hand, a combination of biopsychosocial paradigm with modern public health approaches which are promoting the open debate and reasonable compromises with opponents of reforms, without losing the main direction. Consensus on common goals and on the best way to reach them, in combination with involvement and motivation of main stakeholders may result in improving services, legislation and approach to children and adolescents. We need to look at the process of transition, not as a risk, but as an opportunity for success.

Παιδική και εφηβική Ψυχιατρική: Η κατάσταση στα Βαλκάνια

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Στην παρούσα εργασία εξετάζεται η κατάσταση της παιδικής και εφηβικής Ψυχιατρικής στις ακόλουθες βαλκανικές χώρες, Ελλάδα, Σερβία, Βουλγαρία, Ρουμανία, Βοσνία και Ερζεγοβίνη, ΠΓΔΜ και Μαυροβούνιο. Αυτές οι χώρες είναι νέες δημοκρατίες, εκτός της Ελλάδας, και βρίσκονται σε μεταβατικό στάδιο οργάνωσης των υπηρεσιών ψυχικής υγείας. Στο σύνολό τους έχουν ενεργοποιήσει προγράμματα αλλαγής της ψυχιατρικής περίθαλψης στη κατεύθυνση της αποασυλοποίησης και της ανάπτυξης εξωνοσοκομειακών δομών αντιμετώπισης των ψυχικών διαταραχών. Η Παιδοψυχιατρική ειδικότητα εξακολουθεί να υπολείπεται σε ανάπτυξη της Ψυχιατρικής των ενηλίκων σε πολύ

σημαντικό, αν και διαφορετικό, βαθμό μεταξύ αυτών των χωρών. Ο αριθμός των προσφερόμενων υπηρεσιών ψυχικής υγείας για παιδιά και εφήβους κρίνεται ανεπαρκής και το είδος των υπηρεσιών περιορισμένο και ελλιπές. Η κατάσταση αυτή αντανακλάται και στον περιορισμένο αριθμό των παιδοψυχιάτρων και των άλλων ειδικών ψυχικής υγείας για παιδιά και εφήβους. Καθώς και στην παντελή απουσία (Μαυροβούνιο) ή την ανεπάρκεια ειδικών προγραμμάτων και δράσεων για τα παιδιά και τους εφήβους. Το ίδιο ισχύει και για τη νομοθεσία για την ψυχική υγεία. Η Ελλάδα αποτελεί την εξαίρεση τόσο στην ανάπτυξη όλου του φάσματος των υπηρεσιών, του αριθμού των ειδικών, όσο και στη διαμόρφωση επαρκούς νομοθετικού πλαισίου με την επιπρόσθετη ενίσχυση τού από την υιοθέτηση όλων των διεθνών συμβάσεων για τα δικαιώματα του παιδιού. Σ' όλες τις χώρες παρατηρείται μεγάλη αύξηση των παιδιών και εφήβων που έχουν ανάγκες ψυχικής υγείας. Ιδιαίτερη σημασία δίνεται στην επίδραση των βίαιων και απότομων αλλαγών, που συνέβησαν στις περισσότερες χώρες, στην εμφάνιση αυξημένης και συνδεόμενης με το στρες ψυχοπαθολογίας και ψυχοκοινωνικών προβλημάτων στα παιδιά και τις οικογένειες. Παρατηρείται ιδιαίτερη ανάπτυξη των Μη Κυβερνητικών Οργανώσεων σε όλες τις χώρες, οι οποίες αναλαμβάνουν να πραγματοποιήσουν σημαντικό μέρος του μεταρρυθμιστικού έργου. Επισημαίνεται η ανησυχητική παρουσία του φαινομένου της επαγγελματικής εξουθένωσης και της μετανάστευσης των ειδικών από τις χώρες τους. Τέλος υπογραμμίζεται η κοινή ανάγκη για την ανάπτυξη εκπαιδευτικών προγραμμάτων και αντίστοιχων κλινικών πρακτικών στο σύνολο των βαθμών πρόληψης που να ευνοούν τη διεπιστημονική συνεργασία, τη βιοψυχοκοινωνική προσέγγιση στην κατανόηση και την αντιμετώπιση των ζητημάτων ψυχικής υγείας καθώς και η ανάπτυξη της συνεργασίας όλων των θεσμών γύρω από το παιδί (εκπαίδευση, υγεία κ.λπ.). Όλα αυτά κρίνεται σκόπιμο να αποτυπώνονται σε ένα εθνικό σχέδιο προαγωγής της ψυχικής υγείας των παιδιών, στη βάση του οποίου θα μπορούσε να αναπτυχθεί η απαραίτητη διακρατική συνεργασία των βαλκανικών χωρών για την προαγωγή της έρευνας, της ανταλλαγής εμπειριών, των κοινών πρακτικών, της αλληλοκατανόησης και του αμοιβαίου οφέλους.

Λέξεις ευρετηρίου: Παιδοψυχιατρική, υπηρεσίες, ψυχική υγεία, βαλκανικές χώρες.

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