



**STORIES FROM
THE CENTRE**

Title: STORIES FROM THE CENTRE

Editor-in-chief: Ahmed Novo

Editor and author: Almir Panjeta

Photography: Almir Panjeta

Graphic Design, Layout and DTP: Ljubomir Kravec

Translation into English: Desmond Maurer

Publisher: AKAZ – The Agency for Quality and Accreditation in Healthcare in the Federation of Bosnia and Herzegovina

Print run: 300 copies

STORIES FROM THE CENTRE

**AKAZ – The Agency for Quality and Accreditation in Healthcare
in the Federation of Bosnia and Herzegovina**

Foreword to the Stories from the Centre

Dear readers,

Having worked in healthcare for many years, I feel justified in saying healthcare professionals are among the most dedicated in any field. And some of the most dedicated healthcare professionals are our colleagues in mental health. This is our homage to them. We want the public to know about their contribution. We also hope this brochure will help make the stigma that still attaches to mental health a thing of the past.

This area has seen significant progress thanks to the Mental Health Project in Bosnia and Herzegovina, which is supported by the Swiss government and implemented by the XY Association, in partnership with the Federal Ministry of Health and the Ministry of Health and Social Welfare of the Republika Srpska, and with the active participation of the Agency for Quality and Accreditation in Healthcare in the Federation of Bosnia-Herzegovina (AKAZ). The coordinated care and occupational therapy services it has introduced have helped reduce the rehospitalisation of individuals with mental health problems by two thirds. AKAZ has been monitoring nine indicators for the past four years. The results make quite clear the impact of mental health professionals' efforts.

Monitoring and evaluation indicate significant improvements in the following areas: the percentage of patients receiving ongoing mental health centre treatment after hospitalisation, the percentage not re-hospitalised within two months, and reductions in both forced and voluntary hospitalisation. The percentage entered in the mental health centre treatment registry and so maintaining continuity of treatment has also increased significantly.

We begin our brochure with an interview with Dr Goran Čerkez, assistant to the federal minister of health, mental health expert, and the healthcare professional most responsible for implementation of this project and for the progress achieved. This is followed by our first story, from Ključ mental health centre. It offers a great opportunity to learn about the mental health centre's "job description." Then there is a story about the "inspirational cards" from the Visoko mental health centre and another about a session at the Mostar Club for Ex-Gambling Addicts. Then we take a trip to Zenica, where we describe how the mental health centre and Medica, an NGO, work together. This is followed by a visit to Vitez and the fantastic work they are doing with children. Next, Tuzla offers a shining example of what we would like readers to see as "coordinated care at its best." There is a story from Žepče, where the employees at the mental health centre work closely with the local religious communities, followed by an interview with AKAZ-certified quality surveyors from the Novi Grad and Ilidža mental health centres in Sarajevo. Finally, we visit the Travnik mental health centre, where the team are helping to socialise inmates from the Mental Health Institute, where some have been living for as many as 35 years.



Dr Vjekoslav Mandić, the Minister of Health of the Federation of Bosnia and Herzegovina, and Dr Ahmed Novo, AKAZ Director.

The brochure ends with an afterword by the author, Almir Panjeta, the journalist who came up with the idea of writing about the mental health centres and their work and who developed the approach taken here. He offers us his perspective on the process at the end.

Why have we called this brochure "Stories from the Centre"? First, the stories come from the mental health centres and they are about patients, but also healthcare workers, affected by processes of social marginalisation. It is our hope that, by publishing and distributing this brochure, we can help spread the anti-stigmatisation message as widely as possible and help put the focus of attention and public interest on people who need mental health support or who work in the area, as that is where it should be.

Dr Ahmed Novo, Director of AKAZ.



“WE ARE QUITE JUSTIFIED IN CLAIMING THAT BOSNIA AND HERZEGOVINA HAS THE BEST MENTAL HEALTH SYSTEM IN SOUTH-EASTERN EUROPE.”

Interview: Dr Goran Čerkez, Assistant to the Federal Minister of Health

Goran Čerkez is Assistant to the Minister of Health of the Federation of Bosnia and Herzegovina (FBiH) for international cooperation and coordination and development of federal strategy. He is also an expert in mental health and has been involved as a health-care professional with the Mental Health Project from its beginnings. We talked about how the project developed from idea to implementation and its many activities, which have yielded such important results over the years. Perhaps the most significant

is the establishment and ongoing improvement of the community-based mental health centres. We also discussed the mental health centres' concrete impact and what the future holds for them.

When did the story begin and can you recall what it was all like at the beginning?

We are in the ninth year of the current phase already. The first phase of the Project was from 1996 to 2000. It started immediately after the war. With World Bank support and loans, we built a network of 38 mental health centres. That phase lasted about five years and took a pragmatic approach, through projects to rehabilitate war victims. Then, a decision was made. Instead of restoring old and creating new large facilities for mental health patients within hospitals, we would begin decentralising, moving towards the creation of mental health centres in the community. There were 38 to start with. The first phase lasted until 2001. That was followed by activities at regional level. Thanks to our experience on the project, we were asked to lead the mental health component of a regional Program to Strengthen Social Cohesion under the Stability Pact, to be implemented in nine countries in South-East Europe. It involved creating similar mental health policies in all nine countries. We established a pilot mental health centre in each country, trained the staff, and showed them how it should work. There is still one of the centres active in Zagreb today. Some of the others have been closed, but they continue to operate in Macedonia, Albania, and some other countries. There hasn't been much serious devel-

opment of them, largely because of stigma and the classical blinkered biological psychiatric approach, which was promoted pretty hard in most of those countries in the past. That biological approach to psychiatry is rather closed in on itself, waiting for patients to come and present themselves, and then, and this is quite crucial, dumping them after release, treatment, or cure, but generally before that final stage, with their family and its resources. Maybe, the support of a single psychiatrist stationed at some healthcare centre, whose services they had access to, if they were lucky. It was a privilege of larger towns to have even one service of that sort.

What is the current vision in Bosnia and Herzegovina and what is being done now on the Mental Health Project?

For the past eight years, or rather during the final four years of the second phase of reform, we worked with the Swiss government seriously and in detail on preparing our program and activities. Then we drafted our strategy and policy, which, thanks to the current cycle of Swiss government support, we are now implementing in support of our vision - better protection and better mental health for everyone. What does this mean in real terms? At this point in time, we already have 42 centres. Some of the original 38 were shut, but there are between seven and eight new ones and at least another four scheduled to open soon. These centres are being opened with the support of their local communities, which have recognised the importance of mental health and the need for them. This I consider one of the main

indicators of the project's success. When you get a situation where people are talking about mental health and want to work on mental health protection in areas where there have never been any centres – that means that people have seen the evidence of good practice for themselves and want to pick it up and run with it. For me that is a major contribution.

What are the main changes the mental health centre concept introduces, compared to the approaches you mentioned at the beginning of the interview?

What we have now is quite different from the classical psychiatric approach through hospitals. These are community-based services. The reason these services are so important to us is that they ensure a basic principle in healthcare, continuity of care – the patient doesn't have gaps in their treatment, support, or care. They continue it in the local community. So, if somebody has been treated to the point where they can be released from hospital, they will continue treatment with us, continue working on their abilities, towards their recovery, and towards the moment of social inclusion, which is the end of the process. The centres are really important in this context, because they play a key role in preparing the coordinated care plan and the patient recovery plan, working more closely with the family and cooperating with other sectors, particularly with the social welfare sector, and ultimately with employers. Another thing, the centres save resources. Just take the rehospitalisation results. If the patient were in hospital, well, our approach involves a significant

saving in resources both for healthcare and for social protection. A lot of them would probably end up in social protection institutions, but this way they remain with their families and are capable of coping with everyday life. Now that we've established our community-based services, it's time to work on strengthening the links between our sector and the hospital sector, because community-based services can only succeed with effective hospitals. Coordination between the sectors is extremely important for our common goal.

What new services do the centres offer and how successful have they been?

We've introduced two very important services in the centres – one is coordinated care, the other is occupational therapy. According to assessment measurements, there is clear evidence of very high recovery rates for patients and service users who come to these forms of therapy. The coordinated care plan and the individual plan are normally prepared together with the family and the centre and then they are continuously monitored. Thanks to these new services, we are already seeing a reduction in rehospitalisation of around two thirds. We have examples like in Tomislavgrad, where there used to be 30 rehospitalisations per year and now we have just seven, or Goražde, where there were 26 and now there are around six. So, we've succeeded in helping these individuals enjoy better quality of life, recovery, and better integration in the community. As well as continuing with any drug therapy, the

centres also have another very important dimension, which has to do with environmental factors and related activities. Altogether, this can lead to significant improvements in patient condition. The project has also helped to strengthen nursing, which is an additional plus. The nurses' record-keeping has improved and the nurses themselves been trained to participate in coordinated care as important members of the teams.

How much attention is given to prevention?

The centres have both a preventative and a promotional function. This is important, because you can't just treat people who already have a problem. You have to protect younger generations, which is why over the past four years we have focused especially on child and adolescent psychotherapy, attempting to strengthen the services available to children and adolescents and linking together programs put in place by other agencies in a way that makes sense as part of our ongoing thorough reform of mental health care. The project has strong links to projects by World Vision, UNICEF, and other agencies. These are projects dealing with, for example, child abandonment, peer violence, and other issues. If something cannot be addressed adequately within the school, then it's important to have the centre there in the background, always ready to provide support to the schools. On the other hand, the promotional and preventive programs we operate with schools have a significant contribution to make to improving mental health. We have been working through

the schools on suicide prevention, for example, a program of the sort you find in the most developed countries around the world. With this, we can even claim to have joined the world elite, at least when it comes to mental health protection.

What type of problems do the centres face?

Well, obviously, one shouldn't avoid facing up to problems. The biggest one is staff. Carrying out the functions planned for the mental health centres would mean attaining much higher standards regarding staff numbers. There should be at least four psychologists, maybe another social worker, and reinforcement when it comes to nursing staff. It wouldn't be bad to have one more psychiatrist too. For the moment, the social workers can manage, given their role and functions, because they are essentially a link with the social welfare centres. Healthcare shouldn't really be taking over obligations from the social sector, but there does have to be good coordination, not just in this case, but also, for example, when people released from hospital have nowhere to go, when they have no families. They should be able to go to a social welfare centre or an institution like Drina or some such. The key is for our centres to work together with the social welfare centres to prepare recovery programs, so these individuals don't end up staying for the rest of their lives in these institutions and can be returned to the local community after a certain period, can be prepared and equipped for de-institutionalisation. There is a very broad spectrum of support.

How important is the ministry's cooperation with the non-governmental sector under the mental health project? Where can one see this cooperation at work?

Throughout the project, one sees how effective reform can be when implemented together with the non-governmental sector, engaging its capacities, dynamism, and speed. The non-governmental sector helps with the speed of implementation, as they are more efficient at mobilising resources, including experts. Joint planning also ensures greater efficiency and clearer roles for partners.

For example, implementing the Istanbul declaration has given the centres perhaps the main coordinating role in psychosocial treatment. In some cases, the centres now act as the judiciary's right hand. Whereas before juveniles might have been given up to three years in prison, now their sentences may involve recommendations for care or for psychosocial support at the mental health centres, and to ensure that they are going to school regularly. The project has brought together different programs being implemented and made linkages across different sectors to ensure coordinated action. That is the strength of this project, which is changing conditions in the field, particularly at local community level.

The Agency for Quality and Accreditation in Healthcare in the Federation of Bosnia and Herzegovina (AKAZ) is one of the partners on this

project. How significant is what AKAZ does for the centres and the Project overall?

When I said we were ensuring continuity of care, followed by recovery and reintegration, and that, thanks to new services, we were coordinating with new services, the family, and the schools, a major element guaranteeing that that's really the way it is – well, accreditation is like the cherry on top of the cake. Accreditation has given us the certainty that the centres will continue to carry out all the activities contained in the standards and procedures for receiving it. Quality accreditation and safety certification are quite crucial to the survival and continued quality of our services. They act as a guarantee that the centres will continue working to that standard. Legislation is another important element.

What's the current situation regarding the legal arrangements that underwrite how the centres operate?

We are currently drafting a comprehensive law, a mental health law. The time has come to improve the law on the protection of individuals with mental problems. Our vision is to prepare mental health legislation that provides legal recognition for all our experiences, standards, good practices, and the connections and links we have introduced and developed, while also offering security that the centres will continue to operate after this program. Of course, all our activities to date have been very properly dealt with from the legal side and enjoy the appropriate legal support, so that even now there is



“Through the mental health centres, we have helped ensure a better quality of life, recovery, and better integration into the community.”

no real risk of these centres having to close down their activities when the Swiss government support ends.

Could you mention some other special features of the mental health centres?

One good thing about community-based mental health centres is that, while they have a lot of similarities, they are also quite different. They're all based on a similar idea, which means they are all subject to the same operational standards and norms, but the different needs in the field mean that some are more oriented towards proactive programs, as they serve a younger population profile, while others, which serve an older population, are more oriented towards their needs.

How in-line are they with current trends in Europe and around the world?

The trend in the European Union is to take the issue of mental health increasingly seriously, not least because by 2020 depression will be the main cause of disability. There are also very high financial losses from absenteeism at work and, thanks to stress, our modern way of life, and increasing alienation because of information technology, there is an increasing focus on mental health. It is significant that, with this program, we have aligned ourselves with developments currently trending across the European Union.

The fight against stigma is an unavoidable theme in talking about mental health, isn't it?

When we embarked on this process, there was only one Service Users Association. Now there's any number of them with close links to the centres, which gave them support when they were being set up. We conduct anti-stigma programs with them, organise public speaking training, and prepare them to appear on the media and advocate effectively for their own needs, while at the same time showing the general public they are not like the common stereotypes. According to statistics, 90% of violence is actually against people like them. In the very few cases where they are the ones carrying out the violence, and it's a bit below 5%, as soon as they do commit any type of violence, they end up on the front pages. That's why we work with the media, include them in what we're doing, and it has shown results, including, I'm pretty sure, the between four and five new centres people are talking about opening in their own local communities, because they've been able to see what it's all about. In the Project, within our stigma-reduction framework, we've established a committee to protect persons with mental difficulties, which can gain entry to various institutions to carry out its analyses. The commission includes service users, psychiatrists, psychologists, lawyers, and social workers. They prepare reports which then allow us to monitor how the situation has changed, compared to the baseline report, and I have to say we are very satisfied, because we've seen the situation in many institutions change significantly for the better as a result.

How have the centres helped change public awareness of the importance of mental health?

To begin with, when we started, there were places where opinion was a priori against opening any centres. They said they didn't want people like that in their community, even though the statistics say that one out of every four will have a mental health problem during their lifetime. In the end, if we ask ourselves honestly, who of us has never been a bit depressed, hasn't gone through a period of mourning or grief for a loved one? We've all gone through such experiences. We have to get on-board with what the world is already doing – preventive activities. Look, every serious actor in the West, businessmen, they all have their own psychologists and pay them handsomely. On the other hand, we are offering the possibility here at the mental health centres to have access to psychologists and to counselling and consultations, and all of it on the medical card, as part of our public health insurance. It's in the title – mental health, not mental sickness, centres. They were established essentially to promote health and reduce stigma. People are beginning to understand that. This is a holistic approach to change that is underwritten on various sides – the law, quality, the monitoring committee, and all the rest of it really do entitle us to say that Bosnia and Herzegovina have the best mental health protection system, certainly in south-eastern Europe. It can already be compared realistically to other European countries, including some of the most developed ■



“Quality accreditation and safety certification are quite crucial to the survival and continued quality of our services and act as a guarantee that the centres will continue to work to that standard. Legislation is another important element.”



Nermina Krivić, dr. Behzad Hadžić i Elma Hadžić

EVERY MINUTE OF ATTENTION IS IMPORTANT

Ključ mental health centre users deploy conversation, love, and comics to overcome stigma and promote mental health.

When the doctors diagnosed her tumour, Nermina Krivić from Ključ says she thought it was the end, that she was facing a wall there was no getting around. "I've been going to dialysis for 35 years and have learned to live with that, but when

they told me I had cancer, I simply had no idea where to go or what to do. I felt totally lost. Then I got in contact with Dr Behzad Hadžić from the Ključ mental health centre, who I knew from earlier. He told me that there's always a solution and invited me to come along and see for myself," she says, after spending the past year as a member of a group of women with cancer.

"Our psychologist at the centre is Elma Hadžić. She introduced me to the other members and I got involved in the group. Life is a lot easier today. I have a group of women, friends, who have been through or are going through the same as me. It's

a group who can all say 'I know what you're feeling' when one of us tells the others something, because we all really do know. Behzad and Elma are always there for us, for a bit of a chat, or when you need advice, and all of that has helped me move on and not give up on myself," Nermina says.

She explains that they don't just talk about their sickness at the meetings:

"We did talk about the sickness at the beginning, or when a new member joins, or something happens to one of the members and they need ad-





vice. We socialise with each other, we talk about everything, we exchange recipes, we do things together, go on days out, go for coffee. We collect money and make presents or visit orphanages and have a nice time with the kids..." Nermina says, telling us about some of the group activities. The Ključ mental health centre passed external evaluation three years ago to receive accreditation from AKAZ for the quality assurance system. The team leader, Elma Hadžić, is now preparing for the reaccreditation process. Elma joins our conversation:

"I used to work as quality coordinator at the Ključ health centre and went through training with AKAZ there, so I fully understood the importance of the accreditation process, when this mental health centre entered it. We put in maximum effort. Some of it we'd already done and other things and procedures we improved. In the end, the centre was awarded unconditional accreditation for our quality assurance system, with 91% of standards met. I'm hoping that we will enter reaccreditation as part of the Mental Health Project, because we've really achieved a lot in the mean-

time and I think we are ready for a new successful evaluation," Elma Hodžić says.

"We try to do our best and maintain quality. Through accreditation from an agency like AKAZ we get external confirmation that we are doing things in line with all the standards, to a high level of quality, to the benefit of all our users," Dr Behzad adds.

"In our work, we promote an approach where the users propose themes. They decide what they want to talk about at the meeting, while it's our aim to focus on each individual's potential and capacities, and not on their incapacities," Elma Hadžić says.

Dr Behzad adds that helping service users build up their capacity to overcome stigma is also a priority:

"Our service users do manage to overcome stigma and become promoters of mental health in their local communities, where their role in some segments can actually be more important than that of the healthcare professionals. Nermina is a good example of the type of people who get involved quickly in promoting mental health," Dr Behzad says. It doesn't take long talking with the Ključ mental health centre users to be convinced of this – they all talk openly about their problems and difficulties, about how they have been offered and accepted help from other group members, or how they have helped others.

Hajrudin Čajić Čaja from Ključ is an active participant in the centre's activities and in promoting mental health. He says he first shared his story on local radio. He had a tremor from the nerves, he says, but he was so well accepted by the community and got so much encouragement from the mental health centre that he has continued to be involved actively in Tunnel, a mental health protection association from Ključ that cooperates closely with the centre. He has been engaged on a team to strengthen service user associations for the Mental Health Project in Bosnia and Herzegovina, travelling and contacting mental health protection associations all around the country, appearing on OBN television... It was through his involvement with Tunnel and the mental health centre that he met his wife, Jasmina, who is also a service user at the centre.

"I used to work as a secretary. At Tunnel, they were looking for somebody who knew how to use computers. I was there in the centre and they recommended me..." Jasmina tells us, adding that the activities at the centre and her marriage to Hajrudin have helped her through a very difficult time.

"First, we were colleagues in the Association, and then love was born," Hajrudin adds.

"We risked making that step and got married. We keep active, we maintain the house, we've been putting aside two convertible marks a day since October to have enough for firewood. We breed



Hajrudin Čajić Čaja met his wife Jasmina through activities at the mental health centre and the Tunnel Association.

Japanese quail and sell the eggs. Jasmina looks after some older people. We get by," Hajrudin tells us.

Edita Muhić is another mental health promoter. She is the author of an anti-stigma comic book, "Who am I?", as well as of some of the promotional material presented by the Ključ mental health centre and Tunnel at the mental health conference in Teslić in February 2018.

"I wanted to use my work to send a message against stigma in society, that nobody should be

looked on as weird or need be ashamed of their illnesses or difficulties. When people get to know a particular individual, they understand it better and give up their prejudices. Knowledge is the key to everything. What I want is to become a comic artist and illustrator and make my living from that," Edita tells us.

Besima Dervišević tells us she feels secure in the group and draws strength from it for life in the community:

"We all have our ups and downs in life, without

exception. I don't feel any less important than the rest of the world nor do I have any reason to. I will never allow anyone to insult or label any of the centre users in any way. I function in society, but I feel good here in the group. If I can't get all the answers from the group, then I can ask Behzad or Elma. And I'm here to help anybody, whenever they need it. For example, I gave quite a lot of advice to Šejla about dealing with pain over losing her husband and not passing through hell like I did..." Besima tells us.

Šejla Sejarčić adds:

"When my husband died seven and a half years ago, I shut myself in totally and took refuge in myself. I struggled with myself for five years. I wanted to come here more than once, but the stigma always got the better of me, like 'What could there possibly be for me there?' In the end, I called Elma, came in that first time, and then a second time. Since then, I've been coming regularly, to get my 'fix' of positive energy and 'replenish my batteries.' I always leave our meetings and



Edita Muhić, author of the "Who am I?" comic strip: "I wanted to use my work to send a message against stigma in society."

our activities happy and full of positive energy," says Šejla Sejarić.

Her experiences are seconded by other users from various support groups active within the mental health centre. They include Albina Draganović from "We Awaken Too," an Association for Children and Young People with Disabilities, Husnija Topalović, Azra Trožić, Azra Kananović, Namka Draganović, Fetha Adžemović, and Sutka Begić from the Cancer Patients Association in Ključ, Jasminka Filipović from the Association for those with

Impaired Hearing or Sight, the first chairwoman of Tunnel, Halida Draganović, and Jasmina Turković...

Everyone present underlines the importance of the time they spend together and the activities it results in:

"Every minute of attention means a lot," says Halida Draganović.

"I was depressed until I started coming here," adds Azra Kananović, while Namka Draganović stresses that the mental health centre is some-



"Every minute of attention means a lot," says Halida Draganović.



Dr Behzad Hadžić: "Empathy is the gold standard in mental health."

where she is happy to come. "I have somewhere to come. I've someone to listen to me, understand me, a place where I feel that I'm worth something," she says.

"I used to live in France and underwent therapy there. When I came back to Ključ, I came here and I was very happy with the welcome I got from Elma and Behzad and how they, and the other users, looked after me. I can tell you, the approach here is a lot warmer than what I saw in France," says Jasmina Turković.

"When I'm going to one of our meetings, I say I'm going to a seminar, and I can tell you they are excellent seminars," jokes Fedha Adžemović...

Stories from the centre

Dr Behzad emphasises that the greatest strength lies in how the users serve as each other's co-therapists:

"The mental, therapeutic, moral, and general life-skills of the group are greater than those of any individual. Our goal is to fight against stigma as an addition to trauma. We're trying to make mental health more accessible and raise the profile of mental health first aid. We talk about it, we act in the community, we fight against institutional stigmatisation, which you quite often find even in healthcare institutions, where our users run up against all sorts of misunderstandings."

"The centre's work is 24/7. This isn't so much a job



A group of high school students got the help they needed to implement their project at the Ključ mental health centre in 2015 and 2016.

"Prof Omer Filipović" interdenominational high school in Ključ received the help they needed in 2015 and 2016 to implement a project entitled "I am not my diagnosis," conducted for CIVITAS.

"It was never a problem for us to drop in. They all went out of their way to help us, especially Elma, and they helped us put together the 'Three Steps to a Happy Community,'" Selma, Enio, and Edna explain.

A fourth-year student at the Ključ grammar school, Nejra Subašić came to the mental health centre to do research for a final year project, which got excellent marks and was much praised.

as a vocation. The really difficult thing today is developing empathy. Empathy is the gold standard in mental health," he adds.

The Ključ mental health centre is open to the community. Their open days are a major recurring event and the whole local community takes part, with members of the public, local businesses, hostellers, the diaspora, and all sorts of others involved. Everybody feels as though the centre's doors are open every day.

For example, Edita Muslimović organised creative workshops as a volunteer, while Fetha Botonjić volunteered at cooking workshops that were both highly successful and very popular. Selma Hamedović, Enio Kurbegović, and Edna Razić from the



Nejra Subašić

"I was working on a topic from sociology with Prof Esmina Gonilović. It was 'prejudices against individuals with alcohol dependency.' I was really interested in the topic and didn't want to leave it at the theoretical level. I wanted to get into it a bit deeper. I knew about the centre. So, I came down and told them what I was interested in. They went out of their way and I got a lot of really good information, talking to service users. The paper was really useful," Nejra tells us.

Adnan Hamedović and Anel Hotić from the Ključ centre for social work also stress their excellent cooperation with the mental health centre:

"It's true that these two centres are required to cooperate, but it really works well here. We are constantly working on improving and deepening cooperation. We cooperate together with the non-governmental sector and work together on projects. We work on developing the psychological, medical, and social aspects overall, and we do it all through teamwork, which is what gives such good results," says Adnan Hamedović from the Ključ Centre for social welfare.

Tunnel almost always gets a mention in any discussion of the Ključ mental health care centre's activities. Aida Hotić from the Association tells us that this is only logical, since they do so much work together to raise public awareness of the importance of mental illnesses and how to prevent it, as well as on issues like fighting discrimination, labelling, and stigma.

"We cooperate very actively in our work, complementing each other and sharing a lot of activities. We try to offer as much support as we can to the community. Some people find it easier to come to us first for help. Then we introduce them to the centre and its work and refer them on to it. The centre often has workshops here too and we really work closely together for our common goal of promoting mental health," says Aida Hotić ■



Aida Hotić and Jasmina Turković



THE VISOKO MENTAL HEALTH CENTRE

How Nermina Vehabović-Rudež's "inspirational cards for young people" passed beyond the boundaries of the mental health centre, the local and wider communities, and entered the world.

The Visoko mental health centre therapist, Nermina Vehabović-Rudež, has created inspirational cards for young people for her work there to help ease their access to therapeutic work. The cards quickly spread to the local community and then beyond the borders of Bosnia and Herzegovina. Today, they are used successfully not just in work with young people, but with other age groups too. The cards were presented at the "Congress on child and adolescent psychotherapy" held in Sarajevo between the 18th and 21st of October 2018.

"The mental health centre is naturally open to the local community, where we are active in various ways. One is our work on preventing mental health issues and the struggle against stigma. These 'inspirational cards' are a result of work at the mental health centre. Good relations and successful communication with our local community have helped them to spread further," Nermina Vehabović-Rudež explains. Even though this was not the primary intention behind the cards, they have since proven a universal tool for

therapy work and teaching in schools:

"I was looking for ways in my practice to approach young people, to open them up to conversation and make therapy more comfortable and more interesting for them. That's how I came up with the idea for these 'inspirational cards,' which quickly proved useful. I presented them in the community first and they spread quickly to other towns in Bosnia and Herzegovina. But I've also been getting reactions from Croatia, Slovenia, and other countries around," Nermina says.

"I'm constantly in contact with young people in various ways, but the ones I deal with here at the centre have been sent here by social welfare centres or some other path, so it's not always easy to open up communication, get them to open up, or make them feel comfortable, particularly at the beginning. I've always had a number of methods, like the 'wishing tree' and so on, but I felt there was more room, more could be done," Nermina says, adding that she created the 'inspirational cards' using everyday sentences in the 'I-form,' based on William Glasser's decision theory.

"I realised that young people are capable of 'clicking' with an unfinished sentence that they somehow just get, where they can say 'that's it!' At the beginning of the conversation, I offer them cards with photographs from everyday life on one side that are somehow or other connected



with the messages on the 32 cards and what's interesting is that they almost always take something from it that is a sublimation of what

they are thinking about at the time anyway. This opens up a map and makes it easier for them to finish the sentences in ways that express how

they feel. It gets easier and quite often they initiate return visits themselves," Nermina explains, illustrating it with a particular case, "On one occasion, I was talking to a young girl who had been the victim of a severe form of violence. She pulled out a card that said nobody could control her life, read it aloud, and said: 'that's it! I'm the one in control!' This encouraged her to express her opinions, viewpoints, and feelings."

After having tried out the idea, she had the 'inspirational cards' published at her own expense. Immediately after the launch, she received her first positive surprise:

"After the launch of the cards, I got a call from a Bosnian teacher from the Visoko gymnasium telling me she had used the cards with a class to analyse Meša Selimović's *Death and the Dervish*. I was present at a revision class where she used them for the introduction and to analyse the main character, Ahmed Nurudin. The kids derived the entire philosophy, everything Selimović is trying to tell us, in a way none of us could have put so concisely or simply," Nermina says, adding that she has continued to get new calls: "It became clear that the cards could be useful in maths classes or for teaching democracy and other subjects. It mostly depended on the creativity of the teachers, since the cards don't have any really instructions and it's up to the people using them to do the best they can under the circumstances and depending upon the overall mood," Nermina explains. She adds how pleased she is

that the 'inspirational cards' are enjoying an after-life, outside of the mental health centre in which they were born, or indeed the local and wider community, and even her profession.

"At the launch, the therapists got a set of cards each. Colleagues from other mental health centres have been ordering them and telling me that they been finding various ways to use them. A colleague from Nova Gradiška tells me that she uses them in her work with psychotic patients..." Nermina tells me.

She then explains her plans to translate them into English.

"They seem to be of interest to colleagues all around the region. Well, why not try testing them further afield? I expect them to be successful, but it will take a lot of work. I have protected the cards and they have been registered and deposited with the Institute for Intellectual Property, as a written work in the fields of psychology and pedagogy," Nermina tells us.

The Visoko mental health centre passed external evaluation successfully three years ago, receiving quality assurance accreditation from AKAZ. Nermina's story is just one example of how high-quality and innovative work, aimed to benefit the service user, can achieve results of importance not just for the centre but for the local and the wider communities ■



Prof Marko Romić: "People with problems often try to deal with them themselves, but it's difficult without help."

FROM A MEETING OF THE MOSTAR EX-GAMBLERS CLUB

"I've no desire to gamble again. Just the thought of those four days without my wife and children. The feeling of being totally alone..."

"I'm 30. I've been gambling since I was 14, without a break, until March this year, when I started coming here to Prof Marko's club..." is how one of the members of the Ex-Gamblers Club begins his story. Prof Marko Romić has been running the club in Mostar since 2010. He is a specialist in trauma psychology at the Mostar health centre's mental health centre. The club meets once a week and

between 20 and 30 members come regularly to the meetings, accompanied by family members – parents, spouses, sisters...

We attended one of the meetings. They choose a chair and a minute-keeper, and the meeting starts. First to speak is the father of one of the members. If a member can't come for justified reasons, then the person who normally accompanies them can speak:

"He has started working. He's got a job. He's making great progress. That doesn't happen overnight. Society here is made, designed even, to trap as many of us as possible. There are betting shops on every corner. Their only purpose is to beggar us. This is one of the few places you can come and ask for help with that," he says.

"I'm not counting the days or the months. I've been reborn here. I'm a new man. I don't have a problem with gambling anymore. I am a new man. I'm working. I've no time for it. There's a betting shop every hundred metres, but I pay them no heed anymore. I've dealt with it. No more of that. The wife generally comes with me, but today she couldn't. She's the one with the papers and the cards. This club has been a powerful help to me," is how another club member tells his story.

One of the club members is here with his father and mother for support in his struggle against this addiction:

"I am really satisfied, for now. I am taking on obligations. I'm working from 7 to 3, and after work I take my rod and go fishing. Or I go hunting. Just to be out of town, far from the betting shops."

"It's great that your parents are here to support you, because you can't get out of this on your own. The most important thing is to keep coming, even though it may sometimes seem to be all going very slowly," Prof Marko interjects.

"We can see how he's changing. He's going to bed on time, there are no problems...," the father says.

"Still, how long will it last...," the concerned mother adds to the conversation, emphasising that no one has rejected him and that they are not the only ones he has to support him.

"It'll take time, but it will get better. For now, you have us. The group is there for support. People with problems often try to deal with them on their own. They think they can, but it's difficult without expert help and the help of a group and of those close to you. A lot of people have passed through our club. Some of them were gamblers for nigh on 20 years, and they haven't been gambling now for 7 to 8 years...," Prof Marko tells them.

The next member of the club to speak has been coming since October last year, when his plans to get married fell through:

"I had a good income. I had more money than I knew what to do with. So, I started gambling. I tried to help myself a couple of times, and I managed without betting shops for a few months, but I never really succeeded. I needed to get married and get a loan for that. I gambled away all the money. My fiancée left me. When I decided I needed to get help, I first gambled away all the money I had left and then I told my mother. She had told me about the club

before. A cousin had come around, but I hadn't wanted to do it, because if I was being forced to do it, then it wouldn't work. It has to be a final decision. I've been nine months now without gambling. The club has really helped me a lot," he says.

One of the wives who had come with a new member said how disappointed she was by his fiancée's decision to leave him.

"We have girls in the club who are here to support, and in the autumn we'll even have a wedding...," Prof Marko says.

"The important thing with pathological gambling is never how much has been gambled. It's the question of trust. It's not just that you gamble away the salary, but that you end up owing the bank or a loan shark, and so the problem just keeps on getting worse, and then you keep it all to yourself, hiding it with well thought through lies. In your head, everybody else is bad, everybody else is malicious, only you are righteous," he explains.

One of the members has five sisters for support. They take turns coming to group meetings with him.

"I've been here five months and I am a lot better. I was gambling constantly for two to three years. Whenever I had money, I would go gambling and, whenever I won, I'd always want more. It was never enough. I made things up, I lied, and I got away with it, until at one stage I didn't bring my salary home for three months in a row, and then they caught on... The worst thing is I was never at peace, I was always nervous, panicky," he says. Then his sister joins the conversation:

"We realised he had a problem, 'caught him out' bit by bit, it was always, 'never again, not a chance,' but we cottoned on pretty quickly that it had all gone too far, put him in a car, and went around all the community services, until we ended up here. He has managed to pay off all his debts, but we're still monitoring him. We still don't let him manage his own money, and that'll last for a while, but it is getting better," says the sister of one of the club members.

She responds to the new member's spouse, saying:

"The wives and girlfriends who do stay with them are heroes so far as I'm concerned. When the wife, who is the pillar of the family, stays, it's amazing, because she can do the most to pull him out of it. We are his sisters and he is our brother, in the heel of the hunt, but I truly admire the wives who stay, because I'm really not sure I'd be ready to go through all this."

The wife of the member mentioned at the beginning of the text, who had been gambling since age 14, left him in February this year. She packed up herself and the kids and went to her parents. Her condition for coming back was that he had to go to the club.

"From the very first day, I knew he was a gambler. Maybe he thought I didn't. Anyway, later I told him that he had to go into treatment for it, before it went too far. The club, Prof Marko, and everybody who comes here have all helped us enormously. It's always a lot easier after a meeting, once you pass through these doors. I think he's matured through this club, realised he doesn't want to do it anymore,"

the wife says.

"I would never gamble with just 10 or 15 marks. It was when I got paid, when I had money on me. Almost anything could happen. And then she left me in February this year and took the kids, called me and said I had to go to the club. It took me around seven days to get myself together, and then I decided, came in, and I've been here now for a half a year and I'm feeling good. I've no desire to gamble again, because I just remember those four days without them. That feeling of being totally alone, looking into the eyes of disappointed images of your wife, your father-in-law, and that sense that you have let people down. I can't give up, not for myself, but not for them either, backing me up. Because, if I 'fall' again, then I'm 'cursed', and they leave...," he says.

He is supported by a somewhat older member of the club, who says he wishes he'd stayed six years ago, when he came for the first time:

"I'd probably be retired now, but I didn't make it that time. I came to the club and gave up. I told myself, I want to, but it's not working, so I went back to the same old same old. I came to the club again with a firm intention, and when you come you do feel better, you get out whatever it is you have to say, you give your advice to the others," he says, adding that he's been through all sorts of things, but the main thing he's glad of is that he never ended up with major debts or dealing with loan sharks:

"The wife was in two minds, Will He, Won't He, but she stayed. We've put up a good fight. I've been

here for a year and nine months now. I'm really happy and it's a shame I didn't stay the first time. Once I get through it all and I'm ready to move on, I do hope I'll come back to the club sometimes and share my experiences with anybody they might help."

"Your story is more valuable to us than anything I have to say, because I know the theory, but you've been through it. We have some new members here tonight, a brother with his sister, and two married couples. The rule is that they don't have to say anything during the first meeting, but if they want to, they can," Prof Marko says.

One of the new members, at the meeting with his wife, says nobody forced him to come, that he realised himself that he needed expert help:

"My wife knew even before the marriage that I had a problem with gambling. She was there for me. I didn't gamble for a while after the wedding, but then I 'slipped' after four months, and then I kept good for another seven months, but after that I gambled away some money again, and borrowed, and gambled away the loan..."

Another of the members is accompanied by his sister, who says how difficult she found it when she understood her brother needed help, but that she believes he is in the right place now.

"I looked at his card statements. It started with small amounts, but they got bigger and bigger, so that he'd be going back to the ATM four times a day. I'm so glad this group exists and that there are people like Prof Marko," she says, through her tears.

The sister of one of the other longer-standing members expresses support:

"You just have to keep coming, meeting after meeting, day by day, just be persistent, and it will get better, for sure!"

Prof Marko acquaints the new members with the rules and passes on important information and instructions:

"Every time we have a member lead the meeting and another one as secretary to take the minutes. There's also a club chair, elected by the members, and then I'm here to moderate and lead workshops. Gambling addiction is recidivist, and that will probably happen. Once you're inside the club, you're obliged to report any relapse, even if it's just one convertible mark. It doesn't matter whether you have gambled five pfennig or 500 marks. The important thing is you lied to your mother, wife, sister, cousins... We've had members who had relapses after more than a year, hid it for some time, but ended up in community services. The club rule is that if you have a relapse, you report it: And if you see somebody from the club going into a bookie, you're obliged to say so. You are not being a friend if you protect them in that. A friend doesn't look away and let you sink," Prof Marko says.

He adds that the process of getting off gambling takes a lot of patience and time.

"Nobody is going to heal you in three days. Recovering from gambling is a long-term process and you're the ones who can really help yourselves, but you can also extend a hand of salvation to

others, who, in a few years, can tell new members: 'I was like you, but I haven't been gambling now for two years.' When we started, for eight years it was mostly people my age coming, but now I see more and more young people who have no problem seeking help," Prof Marko says at the end of the meeting.

He points out that, according to some estimates, there are around 12,000 pathological gamblers in Mostar alone, but just 20 to 30 of them seeking treatment at the club.

"And not all of those who come here are from Mostar. There's at least 3,500 in the surrounding four municipalities who need help, but their mental health centres don't have the capacity or enough staff or the support for such activities," Prof Marko explains, adding that he started the club on a volunteer basis.

"We have new members coming from Tomislavgrad, Široki Brijeg, Posušje, Stolac, Sarajevo... We even have a married couple who come regularly from Montenegro. As we had quite a few members from Sarajevo, they began an initiative to form a group under the Institute for Addiction there, a few years ago, which is still operating. That's encouraging, but given the level of need in Sarajevo alone, there should be 10 to 15 such groups," Prof Marko says.

"This is a sick society in a lot of the ways it functions and things like this generally pass unnoticed, until parents see that their son has 'pissed away' 150,000 marks or an apartment or that they have been sending him money to study in Mostar for five years



and he is still in first year," Prof Marko explains. He notes that pathological gambling has been qualified as an addiction since 2013 and that it was classified more recently as an impulse control disorder. There are ten criteria under the international mental illness qualifications for determining the degree of addiction, including, for example, whether a person experiences a need, over the period of a year, to increase the level of investment in order to achieve satisfaction, whether they lie, whether they have put at risk friendships or their marital and business relations, whether they experience a need to go back and 'recoup losses'... and if they meet four of the ten criteria, it's a mild form, from five to seven it's a moderate form, and above seven, it's a severe form of addiction."

At the beginning of the meeting, our conversation with Prof Marko is interrupted frequently by his mobile phone.

"Those who can't come have to call in on time. The question of trust is one of the most important, because lying is the most common tool of the pathological gambler. They are very creative in this regard and when they come in to be treated, the lie is their first-line of defence. Relapses are always possible, and they normally don't report them immediately, they wait at least a week. We've had four relapses since the beginning of the year, two of them admitted immediately, two waited a week," Prof Marko explains.

He underlines how important it is for the individual with the problem to understand this and that there is support there, because it's so difficult to handle on

your own:

"I've been here once a week for the past eight years and the group has helped a lot of people and it is still helping in the fight against stigma. People are becoming more willing to turn to us. Normally, they come because their loved ones have persuaded them to, but it's really important that they make the final decision themselves. It's a system of little steps, but it is a viable way forward. You just need a lot of patience, and society has to become more conscious of how important fighting against problems like this is. There should be a lot more support than we currently have. We don't hold meetings at the mental health centre, because we think people will be happier to come to a less formal place. We could definitely use better premises, though," Prof Marko Romić concludes, in his role as a specialist for trauma psychology who, alongside his work for the Mostar health centre's mental health centre, has unselfishly invested his understanding of the importance of mental health and community work and his time and energy into work at the Ex-Gamblers Club.

After a successful process in 2015, the Mostar health centre's mental health centre received unconditional accreditation, fulfilling meeting 94% of AKAZ accreditation standards. A service users association, In Spe, has been formed within it, with a view to protecting and promoting the mental health of individuals experiencing mental difficulties and fighting stigma and discrimination ■



Inela Kaknjo and Sabiha Husić: "We need each other."

THE ZENICA MENTAL HEALTH CENTRE AND MEDICA, A TEXT BOOK CASE OF COOPERATION

"We are stronger together and find the best solutions more easily, focusing on the person in need and not ourselves."

Stories from the centre

The cooperation enjoyed in recent years by the Zenica mental health centre and the Medica Association is a great example of how public healthcare institutions can work with NGOs to raise public awareness of the significance of mental illnesses and its prevention and of the fight against discrimination, labelling, and stigmatisation.



Inela Kaknjo: "Cooperation between Medica and the Mental Health Centre is truly excellent."

"The secret lies in equal partnership and the fact that each of us contributes, using the best resources available to us at that time. Everything is done through joint planning, agreement, and mutual respect," is the shared opinion of therapist and director of the Medica Association Sabiha Husić and master of psychology and therapist at the mental health centre in Zenica Inela Kaknjo.

They add that it is the services users who are the focus of their operations.

"We focus on the person in need, not ourselves. As a mental health centre, we have a team of professionals and resources at our disposal, but we are also aware that additional resources can sometimes be needed to ensure our users get the best possible support," Inela Kaknjo says on behalf of the mental health centre, while stressing that Medica also has a strong team with considerable knowledge and experience treating the victims of sexual, family, and other forms of violence.

"We need each other. In some cases, more gets done at the mental health centre, in others at Medica. We truly believe we are stronger together and everything should be subordinated to the goal of finding the best solutions for our users," is how Inela puts it.

The president of Medica, Sabiha Husić, also stresses the importance of their partnership for the local community and their users.

"You don't always get such cooperation, because

both sides look on each other as competition or consider each other as of lower status. This isn't the case with us here. That's obvious from any number of examples. No matter how expert we think we are or how much we know, we never know enough. We can always learn from each other, depend upon each other, and complement each other. A socially responsible approach of this sort simply has to produce good results in the local community that benefit everyone. We have been proving and showing that for years now through our cooperation and in what we can offer as an example to others," Sabina Husić concludes.

Medica has been active since 1993, when it began offering support to women, girls, and children who had survived various wartime traumas, but particularly the trauma of wartime rape and sexual abuse. Through the work of the Medica safe house, it offers asylum to women and children who are victims of violence. The Association also organises professional training through projects, like a recent training project in trauma-sensitive approaches to the victims of gender-based violence, which included experts from the Zenica mental health centre. They emphasise their advocacy, prevention, and research work.

The Zenica mental health centre uses easy accessibility, continuity of protection, and a multi-disciplinary approach in their work to promote mental health, prevention, treatment, and rehabilitation. The centre has an active team of professionals in adolescent psychology.

Stories from the centre



Sabiha Husić: "Since we want an interdisciplinary approach, we are always eager to invite colleagues from the mental health centres to join our activities."

"Since we started, work on mental health protection and the fight against stigma have been important parts of our activities. The creation of the mental health centres was something really necessary. They were developed out of a need to do something to improve the situation for the public and in mental health protection. That made it natural to develop partnerships, because pooling our resources and cooperating directly means we can help the public access the best possible support for their needs at all times," Sabiha Husić says.

"Cooperation between the mental health centre and Medica is really excellent. Everybody at the centre, from the boss, Dr Halima Hadžikapetanić, M. Sc., down, is really aware of the issues and we are in constant contact, whether for our regular activities or for emergencies. When a victim of violence approaches us, in addition to the support we can offer them through the centre's own work, we can also refer them to Medica, given our respect for the experience our colleagues there have in the field. On the other hand, if somebody calls into Medica that they think would benefit from additional support at the mental health centre, then they refer them," is how Inela Kaknjo explains some of the forms of cooperation.

In addition to these forms of cooperation, Medica also includes experts from the mental health centre in its professional training programs at healthcare and other institutions, in schools, or with non-governmental organisations in the local and broader community. This was the case with

the recently completed three-year Transnational Healthcare Training Project, which focused on trauma-sensitive approaches to the victims of gender-based violence. The project was implemented in Zenica-Doboj, Middle-Bosnia, and Una-Sana Cantons, with support from Medica Mondiale. A new three-year cycle will see it extended to include Brčko District.

"The first phase was positively evaluated. There were lots of activities, including training for trainers and training for training skills, educational programs for healthcare workers from all three cantons, and international workshops to share experiences. The project is continuing. Medica is running the project, but since we want an interdisciplinary approach, we are always eager to invite colleagues from the mental health centres and include them in this and other activities. They respond and get involved proactively, so, for example, our colleague Inela has been holding workshops for the users of the safe house," Sabiha Husić says.

"Before working at the mental health centre, I worked at Medica for three years, so it was logical for me to continue cooperating with colleagues, given the good relations between the mental health centre and Medica. Working on the child and adolescent psychology team, our focus is on the children. It is important to introduce new content into therapy. Given my own love of decoupage, I decided to hold decoupage workshops and they have proven very useful. I suggested to

colleagues from Medica that we organise workshops for their safe house users, who include some clients of the mental health centre. We've been holding them now for two months, and the reaction has been excellent. They will be continuing in September," Inela Kaknjo says, adding that alongside excellent cooperation with Medica, she also works with the preschool and school dispensary clinics, the family medicine services, the local hospital, and preschool and school institutions, including both the primary and secondary schools, the centre for social work, the police, the judiciary, the local authorities and so on, and that the same is true for Medica.

"Cooperation in the community on all issues and with all the key stakeholders is very important. We were involved in initiating and are now part of the

referral mechanism for violent cases. The mechanism includes the mental health centre, the centre for social work, the police, and the relevant cantonal ministries – social welfare, the interior, health, and education. We hold regular meetings," Sabiha Husić says, presenting one example of successful cooperation.

The Zenica mental health centre is currently undergoing accreditation for quality assurance with AKAZ as part of the Mental Health Project in Bosnia and Herzegovina. The project is being financed by the Swiss Agency for Development and Cooperation and implemented by the XY Association. It is being realised in the field by AKAZ, as the agency responsible for accrediting mental health institutions in the Federation of Bosnia-Herzegovina ■





WORKING WITH CHILDREN AND YOUNG PEOPLE AT THE VITEZ MENTAL HEALTH CENTRE

It's not unusual for Auntie Clementina to come to the kindergarten. Middle school students work with service users at creative workshops to overcome stigma and fight discrimination together.

Dr Clementina Nuk-Vuković is team leader at the Vitez mental health centre. The children in the kindergarten call her auntie. She often visits them and organises workshops, in cooperation with the teachers and the director, to help them learn through play and fun.

We visit a group of children who have already started going to school but come to the kindergarten for after-hours care. They all participated

earlier in a program conducted by the mental health centre with the kindergarten, entitled "Kindergarten Without Toys." The children liked the program so much they included their parents and asked them to use their telephones less.

"We saw the fun we can have with different games. We had a great time," Josip and Marijeta tell us.

Then we attend a workshop, where Clementina and Ljiljana Kovač, head of the public Vitez kindergarten system, talk with the children about what they understand by happiness and what colour it is. The children compete to answer first:

"Happiness is red!"

"Happiness was when we got a new playground for the kindergarten!"

"Happiness is when we go into the playroom!"

Two little girls, Anna and Ivana, tell us that they like the workshops and that they enjoy learning new things and playing with "aunt Clementina."

"The children, and their parents, are used to me. Through one of the 'development through play' programs, we have been working with the children on stimulating psycho-motoric development and detecting possible difficulties through a series of interactive workshops. If we notice that any of the children have difficulties that their parents may not have noticed or may be in denial about, we talk to them in the kindergarten and, if necessary, refer them for individual treatment, which

can be on the kindergarten premises or in the centre," the psychologist, Clementina Nuk-Vuković, explains to us, adding that the view at the Vitez mental health centre is that the best results in the struggle against stigma are achieved by working with the community, especially with the very young at the kindergarten, but also up through primary all the way to high school.

"The best path to prevention is to start at kindergarten age and sensitise the children, their parents, and the community as a whole. Later on, when we have activities with the children from primary school, it's always nice when one of them recognises me from the kindergarten workshops. That's very important for later on, because everyone who goes through our programs is able to come to us without misgivings, to come and ask, if they need our help," says Clementina Nuk-Vuković.

The Vitez kindergarten head, Ljiljana Kovač, tells us that early intervention is very important and that the support the kindergarten gets from the mental health centre with this means a lot.

"The preschool period is very important and you can do a lot more during that period than after a child has started going to school. Our kindergarten isn't in a position to engage an education specialist, psychologist, defectologist, or speech therapist. But we have access to all those forms of support, when we need them, from the mental health centre. We are close, we cooperate, the children really enjoy our cooperation and react

positively. We do joint events, and we complement each other through our work. We can get closer to the parents and help them, make it easier for them to decide to seek or accept help, where it's needed," Ljiljana Kovač says, adding that the expert support of the mental health centre means a lot, not just to the kids, but to the staff too.

"We have become inseparable and that's really the best way for us to work, so that we can recognise potential difficulties and respond appropriately. I am president of the Association of Pre-school Workers in the Federation of Bosnia and Herzegovina and in contact with colleagues from other kindergartens. I often tell them how useful it would be for any of them who have a mental health centre in their area to establish similar cooperation to what we have," the Vitez kindergarten director adds, emphasising that their good relations have been formalised under a cooperation memorandum.

"We have formalised and signed protocols with both the kindergarten and the primary school, whose representatives can then participate in training programs organised under the Mental Health Project in Bosnia and Herzegovina, and that's an important contribution. Cooperation and signing protocols with other institutions, including ones that work with children and young people, are some of the accreditation criteria, and our long-term dedication to doing just that has made it that bit easier to meet them," Clementina Nuk-Vuković says, pointing out that the Vitez

mental health centre passed its external assessment with flying colours to get its accreditation for quality assurance from AKAZ.

Another bridge that the mental health centre has built with the community and particularly its children and young people is its cooperation with user association, Most, which literally means bridge.

"The association is very active. We have a lot of joint projects and activities that include young people and children, like once when we had a drive to clean up a city park, where mental health centre clients and children were doing it together. Afterwards, there was a little party, with soft drinks and sweets. Right now, there is a group of middle school volunteers working on creative workshops. They come in to the centre regularly and are a great support to us. It all started with a project initiated by Most, whose activities just continued on after the project ended," Clementina tells us.

We visited one of these creative workshops, where middle school students, Lejla Sarajlić, Amina Zukan, Elma Tuco, Anela Muratović, and Dženneta Mujezinović, were working together with Edin Hodžić and Sanja Vidović from Bridge to finish making some lovely coasters and mats for glasses and dishes.

"It all started with our 'building bridges' project, which the girls joined as volunteers. The project ran its course successfully, but we continued meeting up for the workshops. We show



the works we prepare together and take part in bazaars and fairs, where we always get a lot of attention and are well received. At the moment, we're preparing for a joint outing to Sarajevo to mark mental health day," Edin Hodžić, the president of Most and a Vitez mental health centre user, tells us.

The volunteers tell us how much they enjoy coming to the workshops, where, they admit, they were initially enrolled by chance.

"Our teacher told us about these workshops and that we could join. Three of us joined from our class, with another two from second-year. We came to see what it was like and here we still are. Afterwards, when we told everyone how great it was and how good the atmosphere was, they all wanted to come," Dženneta tells us.

"Sometimes we turn up the music. Sometimes we just keep quiet and work. Sometimes we just sit and talk. It depends on the mood. But it's always interesting and useful," Elma adds.

"We even looked at a film about mental health and once you get to know things better, you change your opinion about them. We never divide people on any grounds. What's important is to be a good person," Dženneta says.

The other volunteers tell us that they've learned a great deal through just talking and hanging out at the workshops:

"There has been a lot of open talk at the workshops. People talking openly about their feelings and what troubles them. We've seen how much

relief that can give. Afterwards, it's easier for us to open up, to confide in our parents, to talk about whatever we see as a problem and what can make us sad during this period of growing up."

Sanja Vidović says that she also enjoys participating in the workshops.

"The girls just kept coming even after the project was over. That means a lot to us. We are working with them to fight stigma in society and these workshops and our cooperation themselves say a lot about that," she says, adding that she herself feels like a new person since coming to the Vitez mental health centre.

"I went through a phase when I was totally closed in on myself. I didn't go out anywhere. I have received a lot of support here, particularly from Clementina, but from everybody really. Today, I conduct workshops with professionals, creative workshops, and I'm participating in projects. Through Most, I've even begun going to programmer training," Sanja says, adding that she is fighting the stigma present in society through her own example, as well as through the association's activities with the mental health centre:

"We're all different in various ways, but at heart we're all people first, and then the rest. A person isn't just their sickness, and sickness doesn't have to be something that is always getting in your way. It can be something that gives you additional motivation to do even better," Sanja concludes.

Edin adds that he has benefited greatly from the workshops, as well as the other activities he has

taken part in through the mental health centre and Most:

"It all means so much to me. I've been a mental health centre user for several years now and they have been a great support to me. I find all the activities and involvement in the Association very satisfying. I'm socialising. I'm fighting actively against stigma and discrimination, an active member of the Association, not somebody shut up in his room and only thinking about illness and bad things," Edin tells us, adding that he is particularly proud of some upcoming activities under the Mental Health Project in Bosnia and Herzegovina:

"Our association has been invited to contribute to the process of revising the law on protection of persons with mental difficulties and I'm in the working group along with Clementina. That's major recognition for our association, which has more than 40 members, as its work is being recognised in this way, and of course for the mental health centre too," Edin tells us.

The link between the work in kindergartens and in secondary schools is provided by psychology and pedagogy teacher, Radmila Jović, who implements the mental health centre's program on "Developing Social and Psychological Skills to Prevent Difficulties in Children and Adolescents" and other related activities in primary schools. She is also participating in implementation of the program on "Increasing Adolescent Well-being by Strengthening Protective Factors in the School Environment" for the Public Health Institute of the

FBiH and the Mental Health Project in Bosnia and Herzegovina.

"We are working in several sections from the fifth to the eighth grade as part of our preventive work with children to strengthen their mental health. We are developing better psychological and social functioning, especially through educational and creative workshops. We are paying special attention to working with students in eighth grade on the topic of e-bullying," Radmila Jović tells us, adding that they have an extra focus on rural schools around Vitez and Busovača as the aim is to include as many children as possible ■





COORDINATED CARE AT THE TUZLA MENTAL HEALTH CENTRE

“Nobody had been in my house for 20 years, until the team from the Centre came and now I find it easier. I even invite members of the group to lunch or for get-togethers.”

“Nobody had been in my house for 20 years, and then my friends from the mental health centre in Tuzla started to drop by, so now I find it easier. I offer them coffee, cappuccino, and we talk, we spend time together. My friend Nedim brought me flu medication when I was sick and there was no one else to help me,” is how Anto Madžarević, a long-time user of the Tuzla mental health centre, starts his story.

At the suggestion of the mental health centre team leader and with the agreement of the interdisciplinary team, we are tagging along on a visit to provide coordinated patient care. Anto is waiting for us, with cappuccino and chocolates, in a modest, but well-kept cottage in a Tuzla suburb. For company, he has a pet fish called Boban that his friends from the mental health centre bought him.

"I've been in treatment for 44 years. Before I was alone, isolated. Isolation is rather like death. I like it better since my colleagues from the centre have been calling round and I have started to go out to socialise with them. I cut wood for myself in my own forest and I look after all this on my own. It's nice, clean. I don't really lack for anything. I have everything I need. Someone else in my place would be on the street, but I always held onto the hope that I would get through it, and with the support of my colleagues, I have been getting better. I made everything for myself with my own hands. I won't let it get the better of me," Anto tells us over a cappuccino. He says he generally avoids coffee, because it's not healthy. He doesn't smoke and he doesn't drink alcohol.

"I have my heart and blood pressure checked regularly, and I know by heart what I should eat. I save a bit from my pension to go to the spa in Olovo each year. I go outside and I jog around the village. People look at me strangely, but I don't care about that," Anto says.

His visitors this time are social worker Nedim

Stories from the centre

Osmanović, occupational therapist Nedim Aješić, and Meliha Hrustić, head nurse at the Tuzla mental health centre. The team includes psychologist Jasmina Šabović and head of the coordinated care team and mental health centre boss Dr Zlatko Kalabić, a consultant psychiatrist. Anto is one of his long-term patients, a sufferer from chronic mental illness.

"Before being included in coordinated care, he was verbally aggressive. He would sometimes avoid taking his prescribed drugs, and he was hospitalised at the psychiatric clinic on more than one occasion. After the last involuntary hospitalisation, which happened after he had failed to turn up at the centre, didn't take his drugs, and refused any contact, he was included in the coordinated care program," Dr Kalabić says, recalling the situation four years ago. Anto hasn't been hospitalised since.

"Using an interdisciplinary approach, we have achieved significant improvements with coordinated care. He is active. He takes his prescribed drugs regularly. He comes to social therapy groups regularly and often organises for members of the group and employees to visit him at home socially. He can see that people do want to communicate with him, which is important. There's been no noticeable deterioration over the recent period, no need for hospitalisation. He has been maintaining contact with his family. He goes to visit them. He has been recovering his self-confidence," Dr Kalabić says.

In addition to coordinated care, which has produced major progress in Anto over the past four years, he also goes to a social therapy group and meetings regularly, every Monday.

"Monday is a special day for me. I get up in the morning, get bathed, and get ready. The bus is at 8 o'clock and I'm off for Tuzla. I go to a place near the Centre for baklava and a cream puff. I drink a cappuccino, and then I head off for group," Anto tells us.

It has taken a lot of time, shared work, and effort on the part of everybody at the Tuzla mental health centre to achieve these results. Everybody has contributed, but it's also true that Anto recognised and accepted a sincerely offered hand.

Occupational therapist Nedim Aješić is one of the team members who have been in contact with Anto the longest. He used to visit him even before he was included in coordinated care.

"He would turn up once a month, get his drugs, and refuse any other form of inclusion. If he didn't come for a while, I would go to visit him. My colleague, the other Nedim, was just beginning to work as a social worker then, and we got a rather unpleasant welcome. He started insulting us, saying that we were poisoning him, refusing to cooperate totally. Later, he had to be hospitalised with the help of the ambulance team and the police. After he was released from the hospital, the boss called a team meeting and we agreed on steps to prevent something like that happening again," Nedim Aješić

recalls.

"We began visiting a couple of times a week, talking with him, asking if he needed anything, trying to include him in a group and get him to come to meetings. He was able to recognise our honest wish to help him. We were able to train him to recognise potential signs of deterioration and to call us at any time. Thanks to all this, he hasn't been in hospital now for more than four years. Earlier, it would happen every couple of months," says Nedim Aješić.

Social worker Nedim Osmanović also recalls his first meetings with Anto, who he now keeps in regular contact with over Viber, in addition to their regular meetings and visits.

"If he can't come to a meeting because of a visit to family or going to the spa, he always lets us know in time. He also calls regularly at the end of the week for a chat. To begin with, he was closed off. He didn't know me, because I'd only started working at the time. I would tell them we were his friends and we were there to help. We invited him to come and, once he decided to open up, we became friends, and that friendship is still going strong today," says Nedim Osmanović, adding that the key to success in this case lay in the multidisciplinary approach, support from management, and major investment by each member of the team.

"Flexibility on the part of management and the openness of the mental health centre to field visits and other forms of necessary intervention were very important. We went and we continue to go



Dr Zlatko Kalabić, Nedim Aješić, Anto Madžarević, Meliha Hrustić, and Nedim Osmanović.

whenever it's necessary. We're always there for all our users," Osmanović stresses.

The head nurse at the mental health centre, Meliha Hrustić, agrees about the importance of working together.

"We currently have 26 clients in coordinated care. We did do house visits before as well. A doctor and a nurse would go and do what they could, but it's only now we are a complete team, with a social worker, and a psychologist, and a boss who brings us together each time, that we can offer each

patient a complete form of care. We function as a team and everybody has a contribution from their own field to make at meetings. Our hands have been untied when it comes to field visits: whenever we feel it's necessary. For us, work isn't just a professional obligation. It's a personal satisfaction and employees here have been known to use their own personal resources, if that's what it takes," Meliha Hrustić says, pointing out that coordinated care is an important segment of the accreditation standards and that the Tuzla mental health centre has successfully passed external evaluation and

received accreditation for quality assurance from AKAZ.

She adds that, in Anto's case, as well as working with him personally, they had to do additional work on stigmatisation with people from his neighbourhood:

"When we went for our first visits, one of us would always stay outside in the yard and talk with neighbours, work with them on stigmatisation and give them the answers they needed. That helped make it even more successful."

To help Anto pass the days, the mental health team supporting him in getting some sheep a few years ago for him to raise and sell on. He stopped doing that this year, concerned over recent outbreaks of brucellosis. He shows us the neatly-built pen in which he kept the sheep he used to have and maybe will again.

"You see, I cut all the wood for it and put it all together myself. I used to keep sheep and then sell them for Eid. It worked well. My friends from the centre are trying to persuade me maybe to get some chickens. They say they will buy the eggs, so I don't have to worry about whether I can sell them. But I'm not sure it's worth the bother. We'll see..." Anto tells us, as he shows us the plot around the house. Part of it is fenced-off as a lot he wants to sell. He says he wants to put something aside for his old age, so that he doesn't have to worry about paying someone to chop firewood for him, if he can't do it himself. He says that for now he has no plans to look for a wife.



Anto Madžarević: "I like it better since my fellow members at the centre have been calling round and I have started to go out for get-togethers with them."

"I never got married when I was younger. I was a bachelor, doing heavy work at a smelting and casting works in Maribor. I wouldn't mind finding somebody to live with. For the moment, there is no one, but there's no harm in talking about how there might be one day," Anto tells us, as he escorts us out of his warm, well-kept home. Then he agrees with Meliha and the two Nedims from the mental health team over their next visits, his trips to the centre, and their other regular activities ■



Tomislav Knežević, Mirjana Pervan, David Trujillo, Dr Alma Mulić, and Kristina Karimović.

ŽEPČE MENTAL HEALTH CENTRE AND ITS COOPERATION WITH THE LOCAL RELIGIOUS COMMUNITIES

“Father David recommended I seek expert help. Ever since I've been coming to the centre, I'm a different person.”

When they told Father David Trujillo from Ecuador that he was going to serve in Croatia, he didn't know where Croatia was and he certainly had no idea that after nine years in Zagreb he would find himself in Bosnia and Herzegovina serving as parish priest in Žepče, or that there, among his many parishioners, he would meet Marko*, who he would help get expert assistance at the Žepče

mental health centre. ("The user's name has been changed to protect their identity.)

"This is my fifth year in Žepče, sharing my destiny with its inhabitants. We spend time together and talk about everything. I'm here to provide them spiritual support and help, but if I feel they need additional, expert support, then I advise them not to be shy about looking for it. I'm a religious official, so maybe my perspective is a bit broader," David Trujillo tells us.

He tells us that while some people may think religion and psychology don't go together very well, he thinks all help comes from God and it's just a matter of who will be the vessel to get it to the person who needs it. We are attending a social gathering at the mental health centre, along with Marko, the centre team leader Dr Alma Mulić, and the psychologist Tomislav Knežević. Also, there are the social worker Mirjana Pervan and the Žepče mental health centre nurse Kristina Kari-mović.

"I was withdrawn, alone, didn't communicate much even with my closest family members. One of the few people I did communicate and talk with about everything was actually David, who I went to at the Community and who encouraged me to come here. I'm a different person ever since I started coming to the centre. I feel a lot better. I'm more open. I'm more social. I talk with friends. I have rebuilt relations with family, and I'm better accepted everywhere," Marko tells us. He trav-

els from his home to come to the centre twice a month, where he talks with Alma and Tomislav.

"It sometimes happens I feel I need something more than those visits and they're very open and I can always call them at any time. I don't find it difficult to talk with them about any of my problems and that means a lot to me. Conversation is my best medicine," Marko adds.

"We have been building a relationship that isn't just formal. We talk in a relaxed way and about everything, in a friendly open way. The openness we have achieved through conversation has helped him socially, as well as in developing better relations with family, which is particularly important for any further progress," says the psychologist Tomislav.

Marko then joins the conversation again.

"When I get home from work, I go to the gym regularly. In my free time, I watch TV or use the Internet. I follow Facebook, where I have some friends too. I listen to music, particularly spiritual music, and I read spiritual literature. I go to mass and I listen to 'God's word' with David," Marko tells us, but both he and David recognise that it didn't all go so smoothly at the beginning.

"I didn't really want to come right at the beginning. It was a painful process, but David was patient and explained it would help me," Marko says.

David adds that he found this entirely understandable.



Support from the local religious communities from the very beginning:
at the opening of the Žepče mental health centre.

"There was some resistance to begin with, but I understood entirely, because there are unfortunately so many prejudices in society, so that anyone looking for psychological assistance often finds themselves marked and stigmatised. Many people fear that, which can make them hesitant to seek expert help. I think that in such cases their environment should encourage, instead of discouraging and labelling them. The religious communities can play a major role in such encouragement, because they are in direct contact with people," Rev David Trujillo tells us.

Mental health centre team leader Dr Alma Mulić points out that, even given all the regular activi-

ties at this relatively new mental health centre, it only opened in early 2018 and cooperation with the religious communities has proven an important asset.

"The representatives of the local religious communities supported us by coming to the opening, but also by visiting other activities, like our charity exhibitions and our open days, and they have helped to distribute promotional materials, so that everybody can find out about the centre, what we have to offer, and how we can help them, which is very important. We've been cooperating with the Catholic school. One might say we have good informal cooperation, but our plan is to sign formal

protocols of cooperation with the local religious communities from the Žepče area in the very near future," Dr Alma Mulić tells us.

Psychologist Tomislav adds that they have other clients besides Marko who have come at the recommendation of representatives of the religious communities.

"As well as the direct cooperation we enjoy with David and some other religious officials, we quite often get new clients coming in telling us that they got a recommendation to call in to us from their local religious community," Tomislav says.

The Žepče mental health centre was opened in February 2018. It was built and equipped under the Mental Health Project in Bosnia and Herzego-

vina, which is supported by the Swiss government and implemented by the XY Association, in partnership with the Federal Ministry of health, and with the participation of AKAZ.

"We are new and it's important for us that people hear about our work and that we open ourselves as much as we can towards the community by cooperating with all the relevant stakeholders. We already have a signed memorandum of cooperation with the centre for social work, and we work closely with them. We have established a number of services, including coordinated care," Dr Alma Mulić tells us, adding that the mental health centre concept and approach lends itself to better interaction with the community ■





AKAZ'S EXTERNAL SURVEYORS

“At the mental health centres, first we look at the individual, and only then the diagnosis. Every professional visit involves an exchange of good practice and experiences.”

In the words of the external surveyors, the thing that frames the entire story of the mental health centres is their accreditation according to AKAZ standards.

External evaluation and facilitation at the mental health centres are not all about just getting the job done and preparing a review for the purposes of accreditation. It's also a professional visit by colle-

agues during which experiences are exchanged, including positive practices and references in the literature, and networks created that will continue to function. The cooperative networks and the real friendships made are some of the things pointed out, alongside their satisfaction at a professionally done job, by the AKAZ external surveyors who provide the external assessments for the purpose of accreditation in mental health centres all around the Federation of Bosnia and Herzegovina.

"The first time I went on assessment, I expected it to be an awful chore. I knew that it was supposed to be a collegial visit and everything they taught us at training, but we all have our own expectations and I was afraid they might call some type of inspectors or supervisors on me. Once we got to know each other, that feeling left me and we simply became colleagues working together to improve quality and exchanging experiences. For example, I had a very positive experience in Bugojno, where I provided our colleagues with really a lot of material. We're still in contact today. We call each other up... Cooperation like this is a very important product of external assessment," says Elvira Ališahović-Gelo, a psychiatrist at the Ilidža mental health centre.

Suvada Sofić, a graduate social worker at the Novi Grad mental health centre, tells us that she has had something to learn from every mental health centre she has visited as external surveyor.

"The more one works, the more one learns. Of course, every visit involves an exchange of good practi-

ces and I bring my own experiences with me, but I also always bring some brochures, and we discuss how each of us responds to particular user needs in our own environment," says Suvada Sofić, stressing how every external assessment has contributed to our own personal and professional development.

"I have visited really a large number of centres, made contacts, brought back information of use for our centre, but also exchanged experiences with the centres I visited which helped us to be better," Suvada says.

Hajrija Ibrišagić, the graduate psychologist at the Ilidža mental health centre, agrees with her.

"It's a good thing that as surveyors we have visited a lot of centres. We've brought them our positive practices, but we've also been able to take something from each of them that can be applied here with us. As a result, the visits for external assessment and facilitation have been very useful and, in some cases, involved a form of networking for us as a centre," says Hajrija Ibrišagić.

When we ask which of the centres had brought them the most positive and most useful experience as external surveyors, they say it is difficult to single anyone out.

"I was on assessment at the Ključ mental health centre and I can tell you that that really is a centre with a lot for us to learn from and where you can see positive examples of good practice. It's a good team, dedicated. As a mental health centre it really

works just like we have been taught it should. I would also single out the occupational therapy, which is well organised. They have groups and good therapists. There are no prejudices, and, when patients come in, you can see immediately that they feel at home, which is very important," Suvada Sofić says.

Hajrija Ibrišagić tells us about some of her monitoring visits, too.

"I've had the opportunity to go on monitoring visits to Živinice, Cazin, Srebrenik, and Velika Kladuša. I can honestly say that I've seen many positive things everywhere, but I would particularly like to mention Živinice, where I saw something really important for a well-functioning mental health centre. It's to have great support from management. The health centre has a quality section that supports them too. They have equipped the premises and you can see they are very motivated and making a lot of headway," Hajrija says.

Suvada has her own positive experiences:

"I was, for example, in Živinice as a facilitator too. It was quite a while ago, but we're still in contact, so if there's anything that's not clear to them, they call me. I call them for their opinions too, so the exchange just keeps on going."

These external surveyors, who are themselves employed at mental health centres, agree that the centres are somewhat specific, compared to the rest of the healthcare sector, which can lead to them facing stigma themselves, just like their users.

"Healthcare professionals working at the mental health centres have a different attitude and approach, which can often enough lead to them encountering stigma on the part of healthcare colleagues in other sectors," Ismeta Krako, a graduate nurse at the Novi Grad mental health centre, tells us.

"If we go for a home visit and a colleague who isn't from the mental health centre has to go with us, they often go with the prejudice that we are dealing with dangerous people one should be afraid of, but that's not the case," Ismeta adds.

Elvira Ališahović-Gelo stresses the special relationship that develops between the centre's staff and its users.

"Patients have confidence in us, and that's something you build up and have to work quite hard on. Sometimes they come to me and complain about stomach problems, because they simply aren't being believed and everything is just considered to be connected with the diagnosis," Elvira says.

"Not everyone can do this job. You need a particular sensibility, from the nurses on, and that's a measure of quality at work – getting to know the client and recognising their needs. When we come into contact with other colleagues, they can sometimes look at our patients with prejudice," Hajrija adds, concluding: "We don't look first at the diagnosis. Here at the mental health centres we look at the individual first and then the rest!"

Our interviewees don't single out the dedication of management and the centres' staff as solely res-



Elvira Ališahović-Gelo, Suvada Sofić, Ahmed Novo, Ismeta Krako and Hajrija Ibrišagić

possible for all this, however. They give credit to the Mental Health Project in Bosnia and Herzegovina, supported by the Swiss government and implemented by the XY Association, in partnership with the federal health ministry and with the participation of AKAZ.

"The Mental Health Project has made an immeasurable contribution to the development and progress of the centres, alongside everything else, whether in terms of training staff and through all the other segments. It's thanks to the project that all the centres make daily progress in their work, that they've been equipped, that they have all had vital training programs, and that it's all included in the federal health ministry as additional support and guaranteed," says Ismeta Krako.

All of them stress the importance of the training programs made possible through the Project.

"In addition to the training programs for all the staff, which were very important, I also want to emphasise the equipment and the procurement of materials for occupational therapy..." Suvada Sofić says.

One thing that, in to the words of the external surveyors, acts as a framework for the entire story of the mental health centres is – accreditation.

"If anyone at a mental health centre were to start by just getting and reading the AKAZ standards for mental health centres, well they've already begun to do something, never mind the ones that have already been accredited, or are preparing themselves for reaccreditation or have been re-accredited.

Thanks to the unified standards, every centre works in the same way and it was AKAZ that made that possible," says Ismeta Krako.

Alongside the many other benefits, Suvada Sofić points out that after the centres pass successfully through the accreditation process, they generally have more organised operational systems which can assist them in other ways as well.

"Anybody who's gone through the process of accreditation is more prepared for an inspection. They have an organised system and they don't have to worry. That's something we've all learned through external assessment, whether as external surveyors ourselves, or in our own mental health centres, participating in the process from the other side," she points out. She agrees with her colleagues that the accreditation process has proved itself in the field as of benefit both to the service users, for whom it ensures a higher quality of service that helps them maintain and steadily improve their condition, and to the employees at the mental health centres and at other healthcare institutions.

"The accreditation process is going in the right direction. People in the field are motivated to seek accreditation and it has gone from an initial 'what is it and what do we need it for?' to them very quickly understanding the positive impact it has and seeing it as progressive for their patients and for themselves – all the indicators are measurable and they can immediately see what to do and what more they can do, given the resources and the needs of the local community," Hajrija Ibrišagić concludes ■



THE TRAVNIK MENTAL HEALTH CENTRE AND ITS WORK ON RE-SOCIALISATION

"I spent more than 30 years in the Institute. Now I'm training to be a hairdresser and I already have my first customers!"

Nenad from Vitez is 38. He has started to train as a hairdresser and comes once a week to the mental health centre in Travnik, where he meets up with the rest of the assisted living in the

community group, occupational therapist Amra Kovačević, and the rest of the staff. He's hoping to be re-introduced to his mother, uncle, and aunt, who live in Croatia, over the Christmas holidays.

"I spent more than 30 years in the Institute. Now I'm in this group, I like it and I'm really happy with everything. I'm grateful to the staff of the centre, where we all feel at home. We're happy to come here and spend time together here. I'm going to hairdressing school and I'm already getting my first customers. My father died seven years ago.

They helped me get in contact with mom. We spoke. She and my uncle and aunt are expecting me for the holidays," Nenad tells us.

We attend one of the group meetings of the Sumero Assisted Living in the Community program, which is trying to re-socialise people with mental difficulties who have been housed in institutions through communal living and by providing them support in the local community. The group's members are living in two houses, along with assistants from Sumero. The Travnik mental health centre is one of the local community stakeholders providing them with support.

"This is a specific type of work, but I can say that it's maybe one of the best things I've had a chance to be involved in during the 34 years I have been working, because we're helping people to become equal members of the community again, we are restoring them to life. We have occupational therapy as part of our activities at the group meetings, but the focus is essentially on socialisation and integrating them into daily life," Amra Kovačević explains to us.

"When we see the progress, when we see that what we're doing has results, that there is change for the better, how could we not be pleased. It's simple – this is more than a job, this is part of life, and I quite simply love them all, because without that it just can't succeed," Amra tells us. She underscores the importance of resocialisation and how much work it needs, mentioning that they quite often break into song at their group meet-

ings. We see this for ourselves at the meeting, when Nenad begins singing and the rest of them accompany him through several songs.

Nasira has also spent a large part of her life in an institution.

"My life is here. I could hardly wait to get out of the Institute, to be saved. I spent 12 years there. I couldn't have long hair, because they cut ours short. There were 20 of us to a room. Now I have let my hair grow and someday soon they are taking me to have it dyed. Before that, I was in other institutions from the age of 16. This is the first year I have ever celebrated my birthday with colleagues. There were songs and a cake. I love coming here, making postcards. It's nice in the house too with my colleagues, Fatima, Silva, and the others, and with our assistants..." Nasira tells us.

Silva is also happy with the whole program and with social time spent with the group.

"I spent five years in the Institute, but that's now in the past. The people here have accepted us. They respect us, and I can express myself as a person, say that I love to read, to cook, to be listened to. My colleagues are like sisters to me. We go out together. We arrange flowers. We went to the Bluewater, go to the shopping centre, go to concerts. We are alive and our days are full. Here we talk with each other, we spend time with each other, we make various craft items for New Year and Christmas, and postcards, which we sell, and



Resocialisation as a priority: The local parks authority gave them a space to plant and raise flowers.

we use the proceeds to buy new materials," Silva says.

Another one who hopes institutional housing is a thing of the past is Vehbija, who spent nine years in the Institute. As does Fatima, who spent 15 years there. Or there is Pero, who was living alone and abandoned in his village, before being

included in the program.

"I had nothing, nobody. I like it here in the house. There is food. There is a kitchen. We hang out." Pero says.

Elvisa Mrakić and Željka Garić are the assistants on the program and their job is to help their cli-

ents while living in the assisted accommodation. They talk about how happy they are that, having gone through the training to become assistants, they have a chance to do it. They're particularly thrilled at the progress they see the service users making. The assistants are there to provide support in everyday activities, to go with them to workshops at the centre, to make appointments and go to the doctor with them, and to be on hand for anything else they need.

"Just beginning to communicate and get them integrated into the society is a really big step," Elisa and Željka agree, adding that they have had a really high level of support from the local community in everything.

"Alongside the mental health centre in the workshops, we have the support of the health centre itself, who are very accommodating, and the centre for social work, whose social workers are also available and, and all the others whom we can turn to for help at different times," Elisa and Željka say. As regards resocialisation itself, they say that there haven't been any major problems as yet: "The thing we were most concerned about at the beginning was how the environment would react to them. There was a fear of stigmatisation and of being sent back to the institution."

Amela Kalušić, a graduate nurse and the Travnik mental health centre service coordinator, tells us how satisfied she is at the results she has seen in the group over a relatively short period, but that there is still a lot of work for everyone to do.

"Instead of coming to workshops once a week, the group members have regular checkups and they are all in coordinated care here. Amra and the other members of our team have done a lot of that so far, as they had to be got ready for everything, from going out onto the street to going to a cafe or restaurant, how to behave in a shopping centre, everything that they had become simply dehabituated from during their long stay at an institution. They've also been allocated a space by the local parks authority where they can plant and raise flowers. They all do their bit and the results are already outstanding," says Amela Kalušić, adding that they are already preparing for a New Year celebration at which there will be singers.

They tell us at the Travnik mental health centre that institutes and similar residential institutions have not lost their role in the system entirely through this and similar projects, because there are still cases where they are simply a necessity. The role of the mental health centre in such cases is to support those who have made enough progress to be able to return to the community and to prevent or reduce the degree of rehospitalisation, which has both a human and a financial upside, in terms of savings.

The mental health centre team leader, Dr Nermin Selman, tells us how pleased he is with their work, not just this group, but with all the service users.

"Our centre is here to serve the local community.

We provide support to many users, including this group. It's a pleasure to see the progress they are making through something that involves the most humane methods and is an absolute trend everywhere around the world. We were amongst the first to be established and so to be accredited, and we put away our white coats a long time ago. The humane approach is just our way of working now, not something mandated by standards to which we keep because we have to," Dr Nermin Selman tell us.

The Travnik mental health centre has successfully passed external assessment and been accredit-

ed for quality assurance by AKAZ. After the first cycle, it successfully completed reaccreditation under the revised standards from 2016, again achieving a high degree of compliance, ranking the centre amongst the best in the Federation of Bosnia and Herzegovina.

The Travnik mental health centre reaccreditation was carried out under the Mental Health Project in Bosnia and Herzegovina, which is supported by the Swiss government and implemented by the XY Association, in partnership with the Federal Ministry of health, and with the participation of AKAZ ■



Afterword

Almir Panjeta: "How I set off on a journey into the unknown and returned enriched with life experience."

"Stories from the centre" maybe won't change you, but if you read it carefully and get to know the main characters in the reportage, it will surely change a lot of the ways you think about things. It did for me, its author. When the AKAZ Director, Dr Ahmed Novo, and I agreed that I should visit mental health centres across the Federation of Bosnia and Herzegovina, I knew I was going on a long trip into what was, even for me, with almost 20 years of experience in journalism, the unknown. Dr Novo encouraged and convinced me that the mental health centres were the right place to go looking for great stories, and with his support of my back, I set off to take them down, so that we could show in one place what the mental health centres are, why their proper place is in the local community, and who the people they help are.

My knowledge of the mental health working at AKAZ, I knew that many of them had been persuaded that you could see this believed them, but my preconceptions were still a little different. Journalists are if I do my job professionally, writing in with disabilities, various marginalised stranger to writing about people with a rather different image of mental health practically impossible, to escape, have

I set off and I was fortunate that my first people, as would prove to be the case centres. When I say people, I'm thinking



members, the service users, and even the technical staff, as I can freely state, after having visited so many centres, that they function as one, with a single goal. I saw that everybody is equal in the mental health centres, and, at least so far as I could tell, the people who came in weren't there just to receive treatment or seek help. They were there to help others get through difficult periods in life or trauma and to fight against stigma together.

I met Dr Behzad and Elma, who introduced me to the service users. I talked with a lot of them and they told me their life stories, which, even no matter how difficult and traumatic they generally were, nonetheless bore a positive message, a message of hope. And that's what kept me going. I was introduced to Jasmina and Hajrudin, who met at the centre and got married, and Edita, the author of a comic strip against stigma, and many others, and that's how it started.

Over a number of months and many kilometres travelled, I heard human stories from every region, met all sorts of people, and always came to the same conclusion – these were worthy and dedicated people who were investing their Stories from the centre

centres was fairly basic. Thanks to them had been accredited and I had quality in every aspect of the centres. I about what I would see in the field people too, one might say, and even recent years about children, children groups, and so forth, so that I was no mental difficulties, years of exposure to and to the stigma which it is so difficult, necessarily taken their toll.

visit was to Ključ, where I met wonderful afterwards at all the other mental health of them all – the team leaders, the team

own energy without reserve to help others. And I am not exaggerating. From Nermina at the Visoko mental health centre, who works with young people and who created the "inspirational cards" because she was looking for a better way to connect with them, through Marko, who leads his Ex-Gamblers Club in Mostar, to Zenica, where I saw the superb cooperation between the NGO Medica and the local mental health centre, from which the whole community benefits. Or there's Clementina from Vitez, whom the kids at the kindergarten call auntie because she's there with them so often at one of her workshops.

If you were to tell anybody not in the profession, like me, for example, what a brilliant thing "coordinated care" is, they would give you a bemused look. But then I went with the Tuzla team to visit Anto, who had been living alone and in isolation before the first visit by "Nurse Beba and the two Nedims", but who welcomed us in with a cappuccino and chocolates. Well, after that they didn't have to do too much explaining to make clear the impact.

In Žepče, I saw how useful cooperation with the local religious communities can be, alongside other stakeholders, while my conversation with the brilliant external surveyors for AKAZ make clear to me how they view the centres they visit for facilitation, external assessment, or monitoring – and I was glad to find how similar our views were. Not too much thought went into the order of my visits, but the stories lined up so that the one waiting for me at the end was a visit to the Travnik mental health centre, where I met people who had been practically forgotten, people who had spent as many as 20 or 30 years in institutions, but were now clients of the Sumero program for assisted living. Their therapist Amra and the rest of the team at the centre, led by Dr Nermin, are helping them integrate into mainstream life again. And it's going well. Nenad should be meeting his mother, uncle, and aunt, who live in another country, over the Christmas holidays. He is 38 and has spent more than 30 in an institution.

One could write a whole new book about how this one came about. It hasn't been my intention to retell what I hope you've already read before reaching this afterword. But I did want to stress what had made a particular impression on me in all the stories and explain how I embarked on my journey into the unknown, only to come back enriched with what I may freely call life experience. We had some doubts at the beginning over what to call this booklet, and there were several working titles. In the end the title "Stories from the Centre" rather imposed itself, because the mental health centre is really that – the centre.

I have not forgotten one final duty, just left it till this moment. It was a particular pleasure to have the honour to conduct an interview with Dr Goran Čerkez, whom I had previously met, many years before, at a seminar. Our first meeting bordered on argument, as he told a full hall, without a hint of joking, that Bosnia and Herzegovina had the best mental health system in the region. I reacted like a journalist, sure that this was impossible and basing most of my opinions on newspaper headlines, which normally only include people with mental issues if they have done something bad. Having got to know the people at the mental health centres better, this time, I shook Dr Čerkez by the hand before the interview and admitted how right he had been.



Štašćenje agencije za razvoj i srednje BMC

The Mental Health Project in Bosnia and Herzegovina is supported by the Swiss government and implemented by the XY Association, in partnership with the Federal Ministry of Health and the Ministry of Health and Social Welfare of the Republika Srpska. The contents of this publication do not necessarily reflect the views of the Swiss government.



AKAZ - Agencija za kvalitet i akreditaciju u
zdravstvu u Federaciji Bosne i Hercegovine

Dr. Mustafe Pintola 1, 71000 Sarajevo
www.akaz.ba, akaz@akaz.ba