Dear Editor:

Child and adolescent psychiatry (developmental psychiatry) is a relatively young and new discipline. With the advancement of clinical knowledge, research, education and professional activities, this field is continually being enriched and is a challenge for mental health professionals. It was developing in Serbia for the past fifty years and now represents a separate professional discipline which encompasses specific diagnostic procedures, treatment, prevention, rehabilitation and research of disorders of emotional, social and cognitive development of children and adolescents.

HISTORICAL BACKGROUND

The first mental health facilities for children and adolescents in Serbia were situated inside institutions for adult neuropsychiatry, or more rarely as parts of pediatric, psychological or special education services. The first department for child neuropsychiatry was founded in Belgrade in 1949 (Tadic, 1992; Ispanovic Radojkovic & Tadic, 1996). Along with opening of services such as outpatient and inpatient units for child and adolescent psychiatry, education of local professionals was taking place abroad (primarily in Great Britain and France). A significant contribution to the psychosocial approach to child and adolescent mental health care was introduced at the Institute of Mental Health in Belgrade since 1963, leaning on the model of mental health care at the 13th arrondissement (municipality) in Paris. Following that model, the Department for comprehensive mental health care of children and adolescents on the territory of the Old city municipality was founded (central quarter of the city, on the territory where the Institute of Mental Health is situated) (Popovic-Deusic et al., 2002).

Most experts in the field of child and adolescent psychiatry in Serbia are members of the Society for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS). DEAPS is an internationally known society, a member of international organizations such as European Society for Child and Adolescent Psychiatry (ESCAP) and International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

During the last decade of the twentieth century, a subspecialty in child neuropsychiatry was introduced. Department for Psychiatry at the School of Medicine, University of Belgrade, introduced a separate residency in child and adolescent psychiatry in 1994. Since then, about twenty child psychiatry specialists were educated in Serbia, and about ten more are in training (subspecialty in child neuropsychiatry does not exist anymore).

DEMOGRAPHIC DATA ON CHILDREN AND ADOLESCENTS

Population of Serbia without Kosovo and Metohija in 2002 was 7498001, according to data of the Serbian Institute for Statistics. Out of that number, 342344 (4.56%) are children aged 0-4 years, 394596 (5.26%) have 5-9 years, 439830 (5.86%) 10-14 years, and 495651 (6.61%) are 15-19 years old (Republic Office for Statistics, 2003).

Most services dealing with mental health problems of children and adolescents are situated in big cities and regional centers. The significant problem at the state level is an insufficient number of child psychiatrists, since the specialized training in child psychiatry was introduced fourteen years ago. However, the total number of psychiatrists (neuropsychiatrists) in Serbia is sufficient, and is approximately 947 (336 in Belgrade alone). On 100000 people there are 2.7 psychiatrists and 9.93 neuropsychiatrists. Many of them are completely dedicated to work with children and adolescents, and in that way, deficit of child psychiatrists is being reduced (Ministry of Health of the Republic of Serbia, 2007).

The mental health care and mental health promotion of the population in Serbia, and particularly of children and adolescents is one of priorities of the Ministry of Health which in 2003 established the National expert group for youth development and health in the Republic of Serbia. During 2006 the Ministry of Health developed and pub-
MENTAL HEALTH OF CHILDREN AND ADOLESCENTS

Mental health of Serbia’s population deteriorated a great deal during last 10-15 years. The increase in prevalence of mental disorders in children and adolescents is related to the years of stress and traumatic experiences to which the population had been exposed in the last decade of the XX century (four wars in the region; hyperinflation in 1993; three and a half years of UN sanctions against Serbia; NATO bombing of 1999 that lasted for 11 weeks; financial crisis and a high-rate of unemployment; complex period of social transition and cultural disintegration together with anomy and alienation, a process which is now taking place). These traumatic events led to deprivation, poverty and demoralization of citizens. The prolonged stress caused various psychological consequences, predominantly expressed in vulnerable segments of the population, such as children and adolescents. There is an increase of depressive disorders, suicide rate, substance abuse, psychosomatic disorders, delinquency, along with a higher death rate in lower age groups (Lecic-Tosevski & Draganic-Gajic, 2004; Pejovic-Milovanovic et al., 2002).

Territory of Serbia had been struck by several waves of refugees and internally displaced persons (IDPs), always with high percentage of children and youth. At the beginning of wars in 1990 about 700000 persons were forced to find refuge in Serbia, escaping from Bosnia and Herzegovina and Croatia. A new wave of refugees followed in 1995, when about 250.000 persons deflected to Serbia from Croatia. After the bombing in 1999, 250.000 people were forced to leave the territory of Kosovo, as internally displaced persons. It is well known that refugees and IDPs are specifically vulnerable population; a large number (approximately half a million) of them still lives on the territory of Serbia, which requires special efforts and measures for the purpose of their mental health care (Lecic-Tosevski & Draganic-Gajic, 2004).

Our clinical experience and studies indicate that a growing number of children and adolescents have psychological problems, or manifest clear psychopathology. The most frequent psychopathological manifestations include depressive conditions (frequently with suicidal behavior) and behavioral problems (such as substance abuse, peer violence and delinquent behavior) (Pejovic-Milovanovic et al., 2002; Popovic-Deusic et al., 2002). Research conducted on our adolescent population (high-school population in urban area – Belgrade) has shown that one third of adolescents belong to the borderline and high-risk groups. Study carried out on the sample of stu-
Future directions

The National action plan for the development of mental health care and youth development is dealing with the basic strategies for prevention of mental disorders and mental health promotion through the following:

1) expanding the preventive and therapeutic potentials of primary health care services through additional training of the existing personnel (general practitioners, pediatricians and their associates) about mental health problems of youth (opening of youth health services);
2) cooperation of youth health services with mental health services in each municipality, as well as with tertiary psychiatric institutions;
3) supporting programs and projects of non-governmental organizations for psychological care of the youth;
4) programs against stigmatization of youth with mental disorders
5) creating possibilities for psychological support and help for the youth outside medical and psychiatric institutions (in schools, students homes and boarding-schools), but also through opening consultancies in cities – outside institutions;
6) training young people and developing peer support;
7) primary prevention of mental disorders of youth and mental health promotion through the educational system (additional briefing and training of teachers, pedagogues, school psychologists, and parents) and all forms of mass communication (informing the public about specificities of adolescence as a developmental period, and about needs and possibilities for adolescents to get psychological support).

The current level of development and organization of the health system in Serbia ensures necessary conditions to introduce certain methodological adjustments to the concept of health centers according to the needs of youth (Lecic-Tosevski et al., 2005). A special accent is placed on outgrowing the health challenges faced by young people, who are already in an unfavorable social and economic position. Teamwork between sectors of significance for health and development of youth should be the path for creating an environment where young people will have the right conditions for adequate physical and mental health, physical and emotional well-being, freedom from abuse and molestation, along with opportunities to lead healthy life styles.

Since suicide and violence are widely spread among children and adolescents, the Institute of Mental Health is just about to start programs for prevention of these two major problems, in cooperation with the Ministry of Health.

CONCLUSION

Development of services for mental health care in Serbia is in accordance with contemporary trends in the world. There is a network of services for the youth with mental health problems within primary health care services, as well as in hospitals – a network which should certainly be further developed and improved. However, taking into account the last 15 years of acute and chronic stress and general crisis of the society, as well as the present situation of social transition, children and adolescents of Serbia are under great risk of developing mental disorders. This is why efforts should be focused on intensifying primary preventive activities, in order to improve and promote mental health of children and adolescents. To reach that goal it is necessary to support efforts and activities of the National Committee for Mental Health of the Ministry of Health of the Republic of Serbia and implement the Strategy for Development of Mental Health Care, particularly in the field which relates to opening of new services for mental health care of chil-
Mental health care of children and adolescents in Serbia: Past steps and future directions

Milica Pejovic Milovancevic
Smiljka Popovic Deusic
Dusica Lecic Tosevski*
Saveta Draganic Gajic
**Institute of Mental Health
WPA Zonal Representative for Central Europe
Palmiticeva 37
11000 Belgrade (Serbia)
Fax: +381-11-3231 333
E-mail: dusica.lecictosevski@eunet.rs

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