THE ADOLESCENT MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT ASSESSEMENT

Child Rights Centre

EuropeAid/177269/DD/ACT/RS-1

April 2024

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EXECUTIVE SUMMARY

The area of mental health prevention and early intervention in Serbia is underdeveloped but is gaining traction and with it the acknowledgement of the importance and roles of child practitioners working across sectors of health, education and social welfare. After the tragic shooting in a local primary school, where a 13-year-old boy killed 9 children and 1 adult, increasing attention is being paid to the complex connections between violence and mental health.

With the support of European Union, the Child Rights Centre has initiated a project that seeks to expand mental health awareness and early intervention services in the context of preventing violence against children through a comprehensive, inter-sectoral and multi-stakeholder approach. In order to design its interventions, the Child Rights Centre conducted a broad review of mental health standards, legislation and strategies, a needs assessment from the perspective of children, parents and practitioners, as well as a mapping of currently existing services and promising initiatives in Serbia.

When taking together international and regional standards, national strategies with the views of children, parents and practitioners and in an effort to building on existing services/promising practices identified through the mapping, further supporting adolescent mental health needs to take into account the following:

Adolescent mental health support services need to be made available at community level. Significant investments need to be made in setting up community based mental health services through a coordinated action by the health, social welfare and education sectors. This implies establishment of Services for Mental Health in the Local Community by the Health Sector, in line with the national mental health strategy, regulating and securing national funding for psycho-social support services within Social Welfare Sector and rethinking the roles and responsibilities of psychologists and pedagogues in schools so that they prioritize mainstreaming mental health into the school culture and provide direct first-level support to children, within Education Sector.

Schools need to be supported to build nurturing, trustworthy, inclusive and safe environments for children to emotionally thrive in addition to advancing academically. There is a need for in-depth reform of current school priorities and approaches to education in order to create a culture of care, non-discrimination, inclusiveness, empathy and trust in schools. This transition would impact on each and every school employee, with teachers having the competencies to discuss mental health with their students in open dialogue formats and psychologists and pedagogues supporting the full transition towards a more caring school ecosystem.

Parents need to be supported for good adolescent parenting. The design of community based mental health services needs to integrate support to parents through strengthening their parenting skills and well-being.

Centres for Social Work need to be strengthened through more and better quality staff so as to adequately perform their statutory functions. In order to strengthen the network of support of the child, school needs coordinated support from the Centres for Social Work and social welfare support services that can work with and support the parents and visit the home.

Multi-sectoral mental health capacity building needs to be implemented at-scale for the sectors of education, health and social protection. All child development practitioners directly interacting with children on issues of their wellbeing should have basic competencies in recognizing signs of adolescent mental ill-health and providing early interventions.

I – INTRODUCTION

In Serbia, mental health was predominantly perceived as the mandate of the health sector, with services provided for severe cases of mental ill-health in institutional settings. The area of mental health prevention and early intervention is underdeveloped but is gaining traction and with it the acknowledgement of the importance and roles of child practitioners working across sectors of health, education and social welfare. After the tragic shooting in a local primary school, where a 13-year-old boy killed 9 children and 1 adult, increasing attention is being paid to the complex connections between violence and mental health.

It is in this context that the Child Rights Centre is implementing the project entitled "Promoting children's well-being in protection from violence" which is supported by European Union (EU) within the EIDHR programme modality EuropeAid/177269/DD/ACT/RS-1 from 2024 to 2026. The objectives of the project are to strengthen capacities and provide support to mental health practitioners working with adolescent children and interacting with parents with emphasis on violence prevention and advancing well-being. The project seeks to expand mental health awareness and early intervention services in the context of preventing violence against children and does so through a comprehensive, inter-sectoral and multi-stakeholder approach. A core part of the initiative is the design of a multi-sectoral training programme to be implemented in 10 municipalities for practitioners directly interacting with children and parents from the education, social welfare and health sectors.

As part of the Adolescent Mental Health and Psycho-Social Support (MHPSS) Assessment, the Child Rights Centre conducted a broad review of mental health standards, legislation and strategies, a needs assessment from the perspective of children, parents and practitioners, as well as a mapping of existing services and promising initiatives. The conclusions and recommendations draw from all three analyses of this Assessment and will be used to guide advocacy efforts for advancing access to mental health services for children. The recommendations will also guide the Child Rights Centre's Expert Group in shaping the cross-sectoral capacity building programme to be implemented in 10 municipalities through this project.

II – OBJECTIVES OF THE ADOLESCENT MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT ASSESSMENT REPORT

- To determine priorities for action on advancing access to MHPSS for adolescents;
- To better understand the needs of children, parents and practitioners when it comes to mental health and violence prevention and integrate these into defining priorities for action;
- To generate knowledge on the availability and content of adolescent mental health services and programmes so as to ensure all future initiatives build on existing promising practices.

III – METHODOLOGY

The MHPSS Assessment Report has three main segments:

The first segment provides an overview of the topic of adolescent mental health and violence and then provides for a review of international, regional and national standards and strategies in this area.

The second segment is a needs assessment analyses the primary data collects through focus groups with adolescent children and through surveys conducted with parents and practitioners.

The third segment provides a mapping of existing MPHSS services and training programmes across three sectors.

The conclusions and recommendations triangulate the findings from all three segments of the report and provide a comprehensive guide for all actors working on strengthening adolescent mental health support in Serbia.

IV – MENTAL HEALTH AND VIOLENCE

Violence is linked to a number of mental health problems, such as anxiety, depression, suicidal thoughts, attempts and actual suicide, post-traumatic stress disorder, substance abuse, aggressive and antisocial behaviour and others.[1] The impact of violence on children's mental health depends on the forms of violence they experience and the violence setting. For instance, bullying is associated with poorer education results and mental health problems, such as anxiety and depression, suicidal thoughts and actions, self-harm and violent behaviour. Poor mental health can also lead to violence behaviour meaning that children who bully or engage in physical, psychological or sexual violence are usually struggling with their own mental health. Cyber-bullying is increasingly prominent and is linked to a greater likelihood of alcohol drinking, cigarette smoking and gambling.[2]

RISK AND PROTECTIVE FACTORS

Childhood and early adolescence present a particularly important opportunity to promote mental health and prevent mental disorders, as up to 50% of mental disorders begin before the age of 14,[3] however, many cases remain undetected and untreated.[4] The foundation for

[1] Office of the Special Representative of the Secretary General on Violence against Children, Hidden scars: how violence harms the mental health of children, 2020.
[2] *Ibid.*
[3] Comprehensive mental health action plan 2013–2030, p. 69.
[4] UNICEF, Policy Brief 2: Child and adolescent mental health, available at: https://www.unicef.org/eu/media/2576/file/Child%20and%20adolescent%20mental%20health%20policy%20brief.pdf.

effective action lies in the identification of the factors that put children at risk of violence and mental health problems, and the factors that can protect them against both.[5]

Some ***individual risk factors*** include biological and demographic characteristics that increase the risk that a child will be a victim of violence, such as gender, disability, sexual orientation, belonging to a disadvantaged minority group. Many of these characteristics also shape mental health in general. ***Community-level risk factors*** include the way in which the neighbourhoods increase the risk of violence, such as poverty, low social cohesion, high crime rates and presence of organised criminal groups. ***Society-level risk factors*** include legal and social norms that normalise violence, that accept violence as a way to resolve conflict, but also weak governance or poor law enforcement.[6]

Protective factors include ***factors related to the child***, such as the child's adaptability, personality, optimism and coping style, resilience, ***factors related to the family***, such as strong family links, good parenting, and the ***extra-familial factors*** such as strong social support networks of peers or supportive adults (e.g. teachers and community leaders), positive school climate, social norms and legal frameworks that protect against discrimination and others.[7]

MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT INTERVENTIONS

Evidence-based interventions for adolescent mental health and well-being take different forms. Their provision is crucial for fostering resilience, promoting recovery, and ensuring the healthy development of children. According to the World Health Organisation (WHO) Guidelines on Helping Adolescents Thrive (known as the HAT Guidelines[8]), interventions include as follows:

a) **Universal preventive interventions** – they are applied to entire populations regardless of their risks status. Their advantage is that they tend to be conducted in settings that naturally gather large groups of children, such as schools (but also communities, health centres and digital platforms), and may target a wide range of risk factors simultaneously. Also, through these interventions high-risk adolescents are not easily identifiable by their peers and are easy to implement for school staff. It is important to implement a multi-sectoral approach and involve a range of relevant stakeholders, e.g. education, health, child protection and others.
b) **Targeted interventions** delivered to adolescents who are known to be at increased risk of mental disorders or self-harm, because of their exposure to adversities, such as violence.
c) **Indicated interventions** that are delivered to adolescents who present early signs and/or symptoms of emotional or behaviour problems but do not have a formal diagnosis.

[5] Ibid.
[6] *Ibid.*
[7] *Ibid.*
[8] Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive. Geneva: World Health Organization, 2020. Licence: CC BY-NC-SA 3.0 IGO

V – REVIEW OF INTERNATIONAL, REGIONAL AND NATIONAL STANDARDS, LEGISLATION, GUIDELINES AND STRATEGIES IN THE AREA OF CHILD MENTAL HEALTH

CHILD MENTAL HEALTH IN INTERNATIONAL STANDARDS

According to the WHO Constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[9] Mental health is an integral part of an individual's capacity to think, interact with others, earn a living and enjoy life.[10]

Promotion and protection of children's mental health is grounded in international standards relevant for children's rights. They provide for accessible, high-quality mental health care for children, early detection and intervention, and supportive environments that nurture children's mental and emotional well-being. These provisions are stipulated by the Convention on the Rights of the Child (Convention) and the Committee on the Rights of the Child General Comment No. 13 on the right of the child to freedom from all forms of violence.[11]

- **The Convention on the Rights of the Child**

The Convention guarantees the right of every child to freedom from violence and to the highest attainable standard of mental health.

Article 19 deals with protection of children from all forms of violence. This includes putting in place effective procedures for the establishment of programmes to provide necessary support and care of the child, as well as for various measures of prevention, identification, reporting, referral, investigation and treatment.

Article 23 addresses the rights of children with disabilities, both mental and physical, providing that States Parties need to ensure that children receive special care and assistance and have access to health care services and rehabilitation.

Article 24 recognizes the right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health, health services, which includes also mental health.

- **General Comment No. 13 on the right of the child to freedom from all forms of violence**

The General Comment on Article 19 of the Convention, issued by the Committee on the Rights of the Child, provides a detailed explanation of the article and guidance for the States Parties on how to implement comprehensive framework for prevention and protection of children from violence.

[9] World Health Organization, 'Strengthening our response', WHO, Geneva, 30 March 2018, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our- response>.

[10] WHO European framework for action on mental health 2021–2025. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.

[11] Committee on the Rights of the Child, CRC/C/GC/13, 2011.

Mental health has an important place in the 2030 Agenda for Sustainable Development as MHPSS is considered critical for achieving the sustainable development goals (SDGs).

> ➢ **The 2030 Agenda for Sustainable Development**
>
> Sustainable development goals (SDGs) include targets relevant to ending all forms of violence and promoting mental health and well-being.
>
> **Goal 3** aims to ensure healthy lives and promote well-being for all at all ages, with **Target 3.4** specifically aiming to reduce premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.
>
> **Target 16.2** is dedicated to end abuse, exploitation, trafficking and all forms of violence against and torture of children.

A range of **strategic documents** provide important guidelines to countries in aligning their legislation and practice with relevant standards.

The WHO's Comprehensive Mental Health Action Plan 2013–2030[12] and **the WHO European Framework for Action on Mental Health 2021–2025** [13] emphasise the importance of developing mental health services of good quality through the use of evidence-based protocols and practices. Children with mental disorders should be provided with early intervention through evidence-based psychosocial and other non-pharmacological interventions based in the community, avoiding institutionalization and medicalization. Also, strategies for mental health promotion should include early childhood programmes, life skills and sexuality education, building nurturing relationships between children, their parents and carers, prevention and treatment of emotional or behavioural problems etc.

> **The WHO Comprehensive Mental Health Action Plan 2013-2030**
>
> **Objective 3. To implement strategies for promotion and prevention in mental health**
>
> **Mental health promotion and prevention**
>
> Protect children and adults from abuse by introducing or strengthening community protection networks and systems;
>
> Develop universal and indicated (targeted) school-based promotion and prevention, including for instance socioemotional life and skills programmes, programmes to counter bullying and violence, programmes to counter stigmatization and discrimination of persons with mental disorders and psychosocial disabilities, raising awareness of the benefits of a healthy lifestyle and the risks of substance use and early detection and intervention for children and adolescents with emotional or behavioural problems (including eating disorders) or neuro-developmental disorders.

The WHO Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents: Helping Adolescents Thrive (HAT) [14] provide global, evidence-informed recommendations on psycho-social interventions and promotion of mental health and the prevention of mental disorders, self-harm and other risky behaviours among adolescents.

[12] Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization, 2021. Licence: CC BY-NC-SA 3.0 IGO.

[13] WHO European framework for action on mental health 2021–2025. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.

[14] Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive. Geneva: World Health Organization, 2020. Licence: CC BY-NC-SA 3.0 IGO.

Particular attention is given to adolescents who are at increased risk of mental disorders and self-harm, chronic illness and/or particular life circumstances and those who present early signs and/or symptoms of emotional and/or behavioural problems but do not have a diagnosis of disorder. The recommendations of these guidelines are focused on preventive and promotive psycho-social interventions.

HAT Guidelines:

Psychosocial interventions use a psychological, behavioural or/and social approach to improve psychosocial well-being and reduce the risk of poor mental health outcomes. They target adolescents individually or in groups or their caregivers and families and could be centred in school, community, health centre or home, online. A range of individuals such as teachers, health and non-health professionals, community workers, and peers can deliver the interventions.

Some of the recommendations regarding development of psychosocial interventions include:

- Universally delivered psychosocial interventions should be provided for all adolescents to promote positive mental health, prevent and reduce suicidal behaviour, mental disorders (such as depression and anxiety), aggressive, disruptive and oppositional behaviours and substance use;
- Indicated psychosocial interventions should be provided for adolescents with disruptive/oppositional behaviours to reduce aggressiveness, disruptive and oppositional behaviours, prevent mental disorders (depression and anxiety) and promote positive mental health.

The Global Accelerated Action for the Health of Adolescents (AA-HA!)[15] is a collaborative effort led by the WHO in collaboration with UNAIDS, UNESCO, UNFPA, UNICEF, UN WOMEN, the World Food Programme and PMNCH. It aims to assist governments in identifying its priorities and implementation strategies as they respond to the health and well-being challenges, opportunities and needs of adolescents in their countries.

AA-HA!

The most powerful gains for adolescent well-being result from **multisectoral action**, given the multidimensionality of adolescent health and well-being. Countries should invest in intersectoral programmes to leverage the amplifying effect of joint action. In parallel, single-sector action will make attention to adolescents' needs normative in all sectors.

The smartest investments are **coordinated investments in health and education** that reinforce each other. School health programmes are among the most common public health programmes. They are feasible in all settings, deliver significant gains for human capital and are cost-effective. Realizing the potential of every learner and every school requires transition to health-promoting education systems that embrace enhancing learners' health and well-being as a core mission.

Adolescents are a very diverse group, with diverse needs. **"Leave no one behind" should be a key principle** in programming for adolescent health. A concern for equity, with due attention to age, sex, disability and, in particular, vulnerability, should inform all stages of programming.

Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in emergency settings[16] aim to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve MHPSS of population affected by an emergency.

[15] Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, second edition. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

[16] Inter-Agency Standing Committee (IASC), 2007, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Geneva: IASC.

They promote a four-layered system of complementary supports that meets the needs of different groups and their needs: basic services and security, community and family supports, focused, non-specialised supports and specialised services.

EUROPEAN UNION STANDARDS IN THE AREA OF CHILD MENTAL HEALTH

Mental health has been recognised as an issue of growing concern for children and adolescents in developed countries.[17] The research results suggest that diagnosis of children with mental health concerns should start early, before the age of 11, and that gender-sensitive interventions are necessary to respond to children's specific needs. The risk of poor mental health during childhood and adolescence is linked to factors such as exposure to violence, bullying at school, discrimination, conflict and displacement and poverty.[18] Hence, children's mental health well-being should be taken seriously by parents, educational and medical professionals, who should work together to recognise, prevent and address early signs of mental health concerns.[19]

The EU Strategy on the Rights of the Child recognises that childhood is crucial stage in life in determining future mental health and calls for a comprehensive approach to prevent and protect children from any form of violence.[20] However, even though EU countries have increasingly acknowledged the importance of mental health, current funding for mental health still lags behind funding for physical health and is not sufficient to address the lack of services needed to meet demand.[21] **The 2023 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health**, urges Member States to adopt an approach that promotes mental health across all policies. Particular focus should be put on promotion, prevention, early intervention, addressing stigma and ensuring the social inclusion of people living with mental health problems. The Communication puts a special focus on school-based programs to promote mental health and well-being that involve a variety of actors and services in the community as these initiatives have been demonstrated to improve students' mental health, cognitive skills, attention span, academic outcomes and resilience to stressors. It also requires Member States to pay special attention to persons in vulnerable situations, such as children without parental care, Roma children, refugees, children belonging to LBGTI, victims of crime, persons living in rural or remote areas and others.

[17] According to UNICEF report "The State of Children in the EU", published in 2024, it has been estimated that around 11.2 million children and young people (13 per cent) suffer from a mental health condition. Report available at: https://www.unicef.org/eu/media/2521/file/The%20State%20of%20Children%20in%20the%20European%20Union%20.pdf.

[18] UNICEF, Policy Brief 2: Child and adolescent mental health, available at: https://www.unicef.org/eu/media/2576/file/Child%20and%20adolescent%20mental%20health%20policy%20brief.pdf.

[19] UNICEF Office of Research – Innocenti, Innocenti Research Brief, Adolescents' Mental Health: Out of the shadows, Evidence on psychological well-being of 11-15-year-olds from 31 industrialised countries, 2017-12.

[20] The EU Strategy on the Rights of the Child and the European Child Guarantee.

[21] Ibid.

MENTAL HEALTH AND THE LEGISLATION AND GUIDELINES IN SERBIA

Legislative framework relevant for mental health in Serbia includes: Law on Health Care, Law on Protection of Persons with Mental Disorders, Law on Social Protection, Family Law, Rulebook on conditions for establishment of community-based mental health centres and others.

There is no stand-alone document regulating child and/or adolescent mental health and this area is not strictly limited to jurisdiction of one sector but rather it spans across sectors of health, social protection and education at both national and local level. Also, relevant services and programmes are available through civil society and private sector.

The key document regulating mental health of both adults and children in a comprehensive way is **the National Mental Health Protection Programme for 2019 – 2026** (Programme), adopted by the Government in 2019, and its pertaining **Action Plan**. The aim of this strategic document is to plan reforms of mental health care system through improved prevention of mental disorders, improved capacities and resources and scaling down large psychiatric and social institutions by reorganisation and transition of network of institutions towards community-based mental health services. The Programme promotes independent living of people with mental health conditions, including through social services, educational, vocational and other services and emphasises importance of multi-sectoral cooperation of relevant sectors (i.e. health, social protection, education, youth and sport, justice, interior, finance), local self-governments, experts, associations of beneficiaries and their families and service providers. The Programme also calls for continuous education of professionals in health institutions and introduction of measures to stimulate specialization in the field of child/adolescent psychiatry.

The core of the Programme is creation of **community-based mental health care centres** at the secondary and tertiary level of health care within territorially competent existing psychiatric institutions and psychiatric services of general hospitals, following a ratio of one centre organised per population of 40.000 or up to a maximum of 100.000 inhabitants. These centres should establish a separate unit that would offer services to children and youth through multidisciplinary teams, in close cooperation with paediatric dispensaries, Centres for Social Work, preschool institutions and schools as well as early intervention programmes for children with developmental disabilities.

VI – THE ADOLESCENT MENTAL HEALTH NEEDS ASSESSMENT: VIEWS OF CHILDREN, PARENTS AND PRACTITIONERS ON MENTAL HEALTH AND VIOLENCE PREVENTION

The Child Rights Centre conducted a Needs Assessment in order to better understand how the issue of adolescent mental health is perceived, the challenges in accessing services and what should be the priorities. This involved conducting 4 focus groups with children, a survey with parents of children between 11 and 17 and a survey with child development practitioners (psychologists, pedagogues and social workers). Special efforts were made to include

vulnerable groups of children in the focus groups. The parental survey involved over 300 respondents which is a statistically significant sample. However, its limitation is that it may have not adequately captured the opinions from vulnerable or socially excluded parents that are less likely to be active on the internet and in parental associations through which the survey was distributed. The survey with practitioners was filled in by 47 child development professionals working as psychologists, pedagogues and social workers. The research was conducted between 10th March and 10th April 2024.

The review below analyses the feedback received from each stakeholder group - the children, parents and practitioners - and provides recommendations for action that could be taken in response to each of the findings. The recommendations at the end of this section are a result of triangulating the feedback received from all three stakeholder groups.

MENTAL HEALTH AND CONSULTATIONS WITH CHILDREN - KEY FINDINGS:

The Child Rights Centre organized 4 focus groups with a total of 25 children (17 boys and 8 girls) so as to obtain their opinions and experiences related to mental health and violence. The children were between the ages of 12 and 17 and all were attending school. The sample included children living in children's homes and children in conflict with the law.

The main findings of the focus group discussions are as follows:

- **Children generally understand the concept of mental health, but they do not learn or discuss mental health issues in school**

Children demonstrated an understanding of what ill mental health is and recognized mental health challenges as aggressive behaviour, depression, anxiety, emotional instability, mood swings and a lack of patience. Children said that they do not learn about mental health in school. Children growing up in children's homes participated in discussions about mental health organized by their carers.

"Mislim da je to neko ko ima unutrašni mir, neko ko je prešao preko svega što mu se desilo i sad je neko ko ume da se izbori sa svojim emocijama, i razume šta se odigrava i sada je okej"

Action to be taken: Child Rights Centre and other NGOs can advocate for integration of mental health topics in the curriculum as well as greater focus of pedagogues and psychologists on capacitating teachers to hold mental health discussions. Currently the child development practitioners in schools focus on assessments and from previous focus groups the Child Rights Centre is aware that children say they get sent to the psychologist/pedagogue as a punishment, rather than as a mechanism of support. It is therefore clear that giving school psychologists/pedagogues a mental health promotion role in schools would be something new to them and different from what is considered their regular job.

- **Children trust their friends most when they want to talk about their mental health and in some situations would discuss such issues with their parents. Children say that they would not discuss their mental health issues with school psychologists/pedagogues.**

Most of the children said that they would first discuss their problems with friends, rather than discussing them with adults. Children said that they have the most trust to discuss issues with friends and after that, in some cases, with their parents. Although children are aware of the professional child development staff working at their school, they said they would not trust them to discuss their mental health problems. Children said that they don't think such conversations would remain confidential. Children also fear of negative consequences that could take place if they reported other children for violence behaviour. Children stated that they fear that the violence could escalate as a result of a problem being addressed by the school or social welfare services.

Action to be taken: Children clearly rely on their friends who may be providing informal peer support in times of stress. This indicates that it could be important to strengthen adolescent capacities to provide psychological first aid and recognize early signs of ill-mental health as well as making sure children know which adults they can turn to when concerned about a friend. Mechanisms for increasing parental knowledge about adolescent mental health need to be in place as well as knowledge about how to keep communication channels with their children open, hear what they say, take it seriously and act upon it. The lack of trust in school psychologists/pedagogues is a serious issue and has been raised in previous focus groups organized by the Child Rights Centre. These school child development experts could potentially provide more structured first-level mental health support to children, which need to includes clear confidentiality commitments. School psychologists and pedagogues could be a resource for both parents and teachers so that they understand better adolescent mental health, recognize signs of mental health problems and be capacitated to discuss the topic with children. This would, however, require additional training and mechanisms in place that would include this in the prime responsibilities of school child development practitioners.

- **Boys said that they do not believe it to be useful to discuss mental health issues whilst girls largely believed that it is important to discuss mental health**

The focus groups with children brought to light a clear gender differentiation when it comes to their belief on how useful it is to discuss mental health. Boys did not think it useful to talk more about mental health, because they believe that this cannot resolve problems. Whilst the majority of girls felt that mental health is something that needs to be talked about more, especially in schools. However, both boys and girls recognized the importance of early identification of mental health problems and said that it would be useful if they could learn more about this in school. Some boys communicated that parents have prejudices against children accessing mental health support from a mental health professional because that would be a sign of weakness or of not being normal.

Action to be taken: Any mental health education or services need to take into account that boys may be less ready to discuss mental health issues or participate in services. Any provision of new services in this area has to include sensitizing parents on the importance of

access to basic mental health support if adolescent children are experienced mental ill-health. Parental engagement and sensitization are key in dismantling the stigma attached to seeking mental health support.

- **Children said that engaging in sports as well as music and arts activities are important for good mental health**

The fact that children focused more on access to sports and arts for good mental health than on access to psycho-social support may be due to the fact that such services are not available and children have not had the experience of benefiting from such services. It may also be connected to the stigma attached to psychological support services. Indeed multiple studies have shown that both sports and arts are important for mental health and this feedback from children is something that needs to be built on further.

Action to be taken: The option of increasing sports activities in school should be advocated for, as not only children but also research shows clear correlations between physical activity and mental health. The return of after-school arts and music activities in schools could be a good way to increase access to such classes, especially for children from vulnerable groups that do not have resources to attend private classes. Children that remain in school for the full day (in lower primary) could benefit from more structured activities that include sports organized in a structured manner, arts and music.

- **Although children displayed understanding of the different types of violence they could be exposed to they are reluctant to report cases of violence**

The children participating in the focus groups could recognize the different forms of violence against children including physical, psychological, sexual and confirmed that physical and psychological violence are the most prominent at school. Many of the children participating in the focus groups felt that adults could not help them in resolving cases of violence. Boys emphasized the needs to resolve violence on their own or with the support of their friends. Children showed less confidence or trust in reporting violence to a school staff member, be it a teacher or psychologist or pedagogue. Some children felt that they would first talk to their parent or carer about any form of violence that took place at school. Some of the children did feel comfortable to report violence to their class teacher or a teacher that they believe could resolve the problem. Children also saw as a problem the fact that reported cases of violence were not adequately addressed. Children thought that cases of violence go unresolved without the child committing the violence taking responsibility for his/her behaviour. Some children did not think that the school could support children who were exposed to violence.

Action to be taken: The violence protection system in schools needs to be improved. Serbia has a clear policy in place to prevent and respond to cases of violence but it is unclear to what extent it is implemented. It would be important for each member of the violence protection team in school to be trained on implementation of defined procedures, and the most cost effective way to enable wide-spread training would be the development of an online training course. The availability of mentoring support for schools that are struggling to implement a nurturing culture and response adequately to cases - should be made available.

"Ne mislim da postoji jedna osoba za koju možemo da kažemo da je mentalno zdrava"

PARENTAL SURVEY ON ADOLESCENT MENTAL HEALTH - KEY FINDINGS

The main findings of the parental survey on adolescent mental health are as follows:

- **Parents are aware of mental health challenges adolescents face and they overwhelmingly believe they need diversified information and services so as to adequately support their children**

The vast majority of parents surveyed (82.8%) believe that early adolescence is the time at which children are at highest risk of facing mental health challenges. Parents stated that the lack of self-confidence was the most common mental health challenge experienced in early adolescence. Parents also stated that feelings of anxiety, loss of motivation and concentration, being prone to conflicts with peers, feelings of sorrow or self-harm were behaviors that demonstrated mental health challenges in early adolescence.

Most parents (over 80%) believe that parents do not have sufficient understanding about adolescent mental health challenges. A total of 95.6% of parents surveyed believe that parents need to be better informed about mental health challenges that children experience. Parents believe that parent support lines and better quality information to be made available on the internet would be the best way for them to be better informed. In addition over half of the parents surveyed stated that support should be diversified to also include a range of mental health services including online consultations, individual sessions with child development professionals, group parenting sessions and access to family counselling.

<u>Action to be taken</u>:

Structured mechanisms need to be put in place for parents to have access to information and services linked to adolescent mental health. Parents clearly prioritized access to quality online information as well as availability of telephone help lines. These two modalities are indeed the most cost-effective way to provide support to parents. Although a parent support line is in place, it is not adequately promoted because the number of staff providing this service is modest and this is something that can be advocated for with government. Staff working on Parentline need specialized training on adolescent mental health, including early signs of mental health problems, providing psychological first aid to parents struggling with their adolescent children and mechanisms to refer to services. Municipal authorities are well placed to support parental workshops or parental counselling as the commissioner for provision of local services.

- **Parents believe that children need greater mental health support and most of them believe that this should be provided by the school psychologist**

The vast majority of parents (99,1%) believe that children could benefit from access to psycho-social support in challenging times during their adolescence. This role is primarily seen as one for the school psychologist (76.3%) or possibly a health professional (9.2%).

Action to be taken:

It is important to note that school psychologists and pedagogues are focused primarily on assessments and ad-hoc conversations with children that are sent to them as a 'punishment' and do not provide structured/ongoing support to children that are struggling. The initiative of Institute of Mental Health where child development specialists in education, health and social welfare undergo training for recognizing early signs of mental health problems and providing structured support (up to 10 sessions) to adolescents needs to be further supported and expanded to all municipalities across Serbia. School child development staff should receive guidelines/instructions on how much of their time they need to commit to individual and group sessions for adolescents and parents on child adolescent mental health.

- **Parents believe that children need to know more about how to report cases of violence and they trust their child's school teacher most in terms of reporting cases**

The majority of parents – 89% are aware of violence prevention discussions taking place in schools. However, 93.3% of parents believe that children should know more about how they can report cases of violence. The majority of parents surveyed would report cases of violence to the class teacher (166), whereas as a somewhat smaller number to the psychologist or pedagogue (114) or to the school Director (74).

Action to be taken:

These results show trust in the class teacher and parents clearly recognize the class teacher as the first point of contact. The results may also indicate a lack of robust implementation of school violence reporting policies, where children and parents can report cases to the school violence protection teams - which were not mentioned in the responses provided by parents to this survey. This indicates that schools need to be better supported to implement the given violence protection policy. Support to the class teacher also needs to be prioritized.

Additional Written Feedback from Parents

Parents had the opportunity to provide additional written feedback related to adolescent mental health on issues they through were important to the topic but not covered in the survey questions. A summary of the feedback received is as follows:

- **Parents Believe that Learning about Mental Health in School is a Priority:**

The most frequent topic that came up in the written comments received from parents, were linked to the need for children to have opportunities to discuss mental health related issues in school.

Parents stated that children should learn about their emotions, empathy, community, understanding, compassion, self-confidence, self-respect, dignity, love and modesty in schools. This presents a clear ask for schools to fullfill their role, not only in educating children, but in building a strong value system.

Parents placed a lot of emphasis on the importance of children having opportunities to discuss mental health, to speak freely and for their opinions to be heard, rather than to receive information on the topic. They requested for more interactive approaches, for schools to create an atmosphere where children feel safe and free to share their feelings and where children can talk much more and be heard. Mental health discussions need to be continual and not only when a problem occurs. The demanding school curriculum should be shortened so that children can talk and discuss topics more rather than just focus on acquiring new knowledge. Modalities or work need to be such so that they bring teachers and children together so that they can build a closer relationship. Children need to be given opportunities to take the lead in defining solutions to problems, where teachers provide guidance. Fora for discussing mental health cannot be a formality but must take place through committed engagement. Parents believe that much more focus should be put on trying to understand children better. Parents see the role of the class teacher in this as primary and believe they are best placed to conduct group work with children and develop a relationship of trust with them which can increase trust of children in the school system as a whole. The school sessions carried out with the class teacher (*cas odeljenske zajednice*), is mandatory and could be a good forum to discuss mental health.

Action to be taken: It is clear from the responses obtained by parents that it is not *information* that children need about mental health but spaces for free discussions and dialogue through which they can acquire a better understanding of their own and other people's emotions and acquire adequate attitudes and values that can guide their behaviour. Although the school system in Serbia is mandated to both educate children as well as guide them on values, the former is currently the overwhelming priority, especially as the curriculum is so loaded. Moreover, learning an abundance of facts remains the main emphasis in learning. A full-fledged reform of the educational approach is needed whereby children learn to debate and discuss and their opinions and views are valued and considered legitimate. A first step could be to introduce a new modality of learning through addressing issues of mental health and violence in well facilitated fora where children are active agents rather than passive recipients of knowledge. This could be initiated through partnerships between schools and NGOs.

- **Parents communicated their lack of trust in schools when it comes to mental health confidentiality and reporting cases of violence**

The issue of lack of trust in child development staff at school was raised. One parent stated that children are too shy to talk to the school psychologist, because they believe the conversation would not remain confidential. Other parents raised issues about the role of psychologists and pedagogues, which needs to be more on early identification of problems and facilitation of joint solutions on how they can be resolved, that they are more involved in the 'life' of the school and play a role in creating a culture that puts empathy and community at the centre. Many parents felt that children should have access to psycho-social support in a flexible manner, but that there is a lot of stigma around this.

Some parents felt that schools are more concerned about making sure they will not be blamed, rather than adequately addressing cases of violence. Others thought that victims of violence are not adequately supported and that nothing is done to make sure the perpetrator's behaviour changes. The concern that psychological violence is not taken seriously enough was also raised.

Action to be taken: Although school psychologists and pedagogues are best placed to provide mental health support for children, capacity building needs to provide concrete know how on how this can be done as well as emphasize the importance of confidentiality. Reporting cases of violence cannot be only a procedure to be fulfilled and any capacity building efforts must focus on supporting child victims and addressing perpetrator behaviour.

- **Parents need more support**

A number of parents emphasized that the parenting role is most important and that having a loving home is a precondition for child mental health. Many parents felt that the family does not receive enough support and some gave examples of other countries where parents continually receive information on various social and psychological issues and who to turn to for support.

Action to be taken: Schools are well positioned to provide more information to parents through leaflets, brochures and regular parent meetings with teachers that are guided on how to organize a discussion. Municipalities are well placed to fund and support psycho-social services for parents and children such as counselling and this is the mandate of local municipalities according to the Law on Social Welfare. The lack of financing such services may be due to the fact that standards have not yet been put in place for psycho-social support services. The Child Rights Centre needs to advocate for such standards to be defined and lobby the government in prioritizing this type of service provision.

PRACTITIONERS' SURVEY ON ADOLESCENT MENTAL HEALTH - KEY FINDINGS

The Child Rights Centre designed a practitioners survey so as to seek feedback on their opinions related to adolescent mental health, access to services as well as their own training needs. A total of 47 responses were received from child development practitioners working in schools and Centres for Social Work (psychologists, pedagogues and social workers – 40,4 psychologists, 34% pedagogues and 23,4% social workers).

The findings are as follows:

- **Access to Adolescent Mental Health Services Is a Priority**

The majority of child development practitioners (83%) said that children entering adolescence are at higher risk of facing mental health problems than children of other age groups. Additionally, 93,6% believe that adolescents that portray early signs of mental health problems should have access to structured psycho-social support.

Action to be taken:

Advocate for the easy access to provisions of flexible advice and counselling for adolescents facing mental health challenges.

- **Practitioners Prioritize Support for Parents**

The most consensus among practitioners was with the view that parents need to receive more support in relation to adolescent mental health. Namely, 97,9% believe that parents should receive more support. 73,9% a diversity of access for parental support free phone lines, access to councelling, internet, group support.

When it comes to parental access to information about forms of violence most practitioners felt that parents do have information and knowledge on violence and only 34% stated that they do not have the necessary knowledge and information.

Action to be taken:

Advocate for greater government funding for provision of parental education and support. Utilize opportunities to pilot a diversity of approaches including free phone lines, quality information available on the internet, access to counselling and group workshops.

- **Child Development Practitioners say they Need Capacity Building on Adolescent Mental Health and Violence Protection**

The priorities for capacity building needs for child development practitioners were trainings on providing structured adolescent mental health support and counselling (76.6%) and how to work with parents on adolescent mental health (70.2%). In addition, 74,5% of practitioners believe they need more information and support to fully apply procedures on violence prevention, reporting and support.

Action to be taken:

Advocate for access to free training in providing adolescent mental health support and implement violence protection procedures as a priority for school and social welfare child development staff. NGOs need to utilize funding opportunities to support such initiatives through partnerships with public institutions.

Additional Written Feedback from Practitioners: A Summary

Child Development Practitioners were asked to provide additional information that they believe is important but not covered in the survey. The following issues and needs were most prominent in the given responses.

- **The need for setting up community based mental health services**

The issue raised most frequently in the additional feedback provided by child development practitioners was linked to the need for setting up mental health support services at the community level. Whilst some practitioners saw such services as an integral part of the health or social welfare system, others called for better regulation/standardization of counselling services provided by private entities or NGOs. A number of respondents called for the setting up of the Services for Mental Health Support in the Community, which is envisaged by the National Mental Health Programme. A number of respondents proposed the development of integrated Youth clubs and services that could provide mental health counselling. Emphasis was put on easy access to free services without waiting lists or complicated procedures that discourage their use. One respondent called for the availability of outreach-based family support services. There was full consensus that the lack of access to adolescent psycho-social support at community level was the biggest issue, but the modalities of provision proposed varied.

Action to be taken: The National Mental Health Programme and especially its priority of setting up the Services for Mental Health in the Community must be a government priority. Social welfare system needs to better regulate psycho-social support services and define stimulative mechanisms for municipal funding of these community-based services.

- **An integrated approach to service provision is needed and this includes clarity of roles and responsibilities of practitioners from different sectors**

Many practitioners stated that services for children need to be linked with seamless service provision across sectors. A number of practitioners raised the issue of having better clarity of the roles and responsibilities of different sectors. Child development practitioners in schools (psychologists and pedagogues) raised the issue of the lack of clarity of their role in providing mental health support and how this is differentiated from the support to be provided by other sectors.

Action to be taken: Referral procedures from health and education to social welfare need to be formalized but also made simple and straightforward with clear response timelines. The education, health and social welfare sector need to sit together to formalize their roles in providing adolescent mental health support and also clarify the differences in the support they provide.

- **Centres for Social Work are at crisis point and in urgent need of staff expansion**

Respondents stated that referral to Centres for Social Work is challenged by very slow response rates, yet in cases linked to mental health concerns a swift response is needed. School child development practitioners communicated the frustration of not having available social workers to work with parents and families in cases where adversity at home was clearly the main problem. Many respondents stated that Centres for Social Work are overloaded and need to have more staff in order to provide quality support. One practitioner emphasized that Centres for Social Work are in daily contact with adolescents facing mental health challenges but do need additional training and support.

Action to be taken: The teams of social workers in Centres for Social Work urgently need to be expanded. New models of addressing the size of case-loads need to be identified. This could be introduction of family outreach services or introduction of para-social work functions or other solutions to be identified.

- **Enhance the role of media and NGOs in parental suppor**t

A number of practitioners emphasized the importance of the media and NGOs playing a much more crucial role in providing better information and support to parents.

Action to be taken: Standardization of psycho-social support services in social welfare would provide a good regulatory framework for funding NGO services in this field. Government support should be directed at both mental health service provision at community level as well as parenting programmes.

MAIN RECOMMENDATIONS FROM THE NEEDS ASSESSMENT

A Summary of Key Recommendations of the Mental Health Needs Assessment Report:

The detailed Assessment Report includes potential actions to be taken under each finding. The summary below is a result of triangulating the feedback received from the three stakeholder groups (children, parents, practitioners) and identifying the key priorities for advancing adolescent mental health moving forward.

Adolescent mental health support services need to be made available at community level:

Significant investments need to be made in setting up community based mental health services. This requires coordinated action by the health, social welfare and education sectors that need to prioritize the following:

- ✓ Implementation of the current mental health strategy and its defined priority of setting up Services for Mental Health in the Community.

- ✓ The Social Welfare System must operationalize the Social Welfare Law in the part related to psycho-social support services (such as counselling, parenting workshops etc.) including defining necessary standards and supporting municipalities with grass-roots funding. In particular, operationalization of Family Outreach Services that work with troubled families and children living in adversity in the home need to be fully operationalized and decisions made on how they will be funded and who will provide them.

- ✓ Child development teams in schools (psychologists and pedagogues) need to provide first-level mental health counselling with clear referral procedures and access to more structured mental health support provided by health and social welfare systems.

Schools need to be supported to build nurturing, inclusive and safe environments for children to emotionally thrive in addition to advancing academically

- ✓ Children need to learn about mental health through team work and discussions and debates that create an environment of trust and collaboration and that help promote a culture of care throughout the school.

- ✓ Class teachers are best positioned to promote a caring culture and strengthen mental health awareness among both students and parents, but need more capacity building to play this role.

- ✓ School psychologists and pedagogues need to have a new role in schools where they can provide the know-how in mainstreaming mental health awareness among all staff - but this would require both capacity building and review of their current roles and responsibilities.

- ✓ School psychologists and pedagogues can provide first level mental health support to children, but must be able to refer children to mental health community services.

- ✓ A system of at-scale roll-out of policies for violence prevention in schools need to be put in place. Utilization of online training and mentoring would be the most cost-effective way of moving forward. Any capacity building programme must also be based on nurturing school trust and values and not only on procedural issues (forms for reporting violence, referral etc.)

Parents need to be supported for good adolescent parenting

- ✓ The design of community based mental health services needs to include more flexible/easily accessible access to parents so as to respond to their queries and advice.

- ✓ Family outreach services, to be put in place by the social welfare system, need to be designed so as to focus on strengthening parenting skills and well-being.

- ✓ Quality parenting information and debates need to be available on the internet and media outlets need to be supported by government to develop programmes and broadcasts for parents and carers.

- ✓ The existing Parentline needs to be strengthened with additional staff and advertised broadly so as to increase access to support.

Centres for Social Work need to be strengthened through more and better quality staff so as to adequately perform their statutory functions

- ✓ A review of the current levels of staffing in Centres for Social Work needs to be conducted and standards in numbers of cases per staff member reviewed and implemented.

- ✓ The guidelines on supervision and support for case workers need to be implemented.

- ✓ The Chamber of Social Workers and Government need to identify priority areas for capacity building of case workers - with those capacity building programmes fully funded and prioritized among staff.

- ✓ Once adequate staff are made available Centres for Social Work and Schools need to define a modus operandi which is realistic in terms of expectations and sets clear timelines.

- ✓ Staff in Centres for Social Work need to be able to refer to family outreach services for families in multiple deprivation where there is a need for parents to advance their parenting skills.

VII – THE MAPPING OF MENTAL HEALTH SERVICES AND TRAINING PROGRAMMES

SUMMARY OF THE ASSESSMENT OF MENTAL HEALTH SERVICES IN SERBIA

Before mapping individual service providers and training programme, a summary of the assessment of the mental health system in Serbia provided as part of the National Mental Health Programme is provided. This document notes the following advantages of current mental health care system:

- ✧ Balanced territorial coverage of inpatient psychiatric wards in general hospitals;
- ✧ Well-educated doctors;
- ✧ Existence of psychiatric services at the level of primary health care in some localities;
- ✧ Psychosocial orientation in mental health care, with day hospitals and clinics in most large cities and psychosocial programmes developed by various CSOs.

On the other side, some of the identified disadvantages are as follows:

- ✧ Services for child and adolescent psychiatry at all levels of health care are insufficiently developed and are inadequately connected with other services for children and youth;
- ✧ There is a lack of centers for mental health care in the community as well as other outpatient psychiatric services such as services for child and adolescent psychiatry and early interventions;
- ✧ Cooperation of secondary and tertiary psychiatric health care institutions with primary health care is inadequate. General practitioners do not have sufficient knowledge and skills in mental health care, hence, they are often unable to adequately diagnose, treat and refer patients, which causes overburdening of specialised mental health care services at the secondary and tertiary level of health care.

MAPPING OF MENTAL HEALTH SERVICES IN THE HEALTH SECTOR

According to the WHO Mental Health Atlas 2020 Questionnaire, there are 6 mental health inpatient services specifically for children and/or adolescents (mental hospital and/or in general hospital), with a total of 85 beds. There are 8 hospital-based mental health and 39

other outpatient services available specifically for children and adolescents. More than 75% of primary care centres have available pharmacological interventions for mental health conditions, and less than 25% of primary care centres have available psychosocial interventions for mental health conditions. When services are not available at primary level, people are referred to the secondary level, while the tertiary health care level is considered as reserved for persons with severe mental health disorders and persons that require inpatient treatment.[22] The number of community-based mental health outpatient facilities and school-based mental health services is unknown.

Also, according to the Mental Health Atlas 2020 Questionnaire, the total number of psychiatrists was 492, mental health nurses – 1.875, whereas the number of psychologists and social workers and other specialised mental health workers is unknown/unavailable. Out of this number, 47 psychiatrists and 30 mental health nurses work in state-funded child and adolescent mental health services. The total number of psychologists, social workers, speech therapists, occupational therapists and other specialised mental health workers, e.g. school mental health focal points is unavailable.

Mental health care for children in Serbia largely responds for severe mental health problems and as such is based on providing in-patient care in mental health hospitals that are based in cities including in Belgrade, Kragujevac, Nis and Novi Sad. These hospitals also provide outpatient care, both directly from the hospital or through a Mental Health Community Centre that function as departments of the one of the hospital services. However these services are only available for children and adolescents in geographical proximity to the hospitals or in proximity of the Community Centres of which there are only 7 across Serbia.

Health care institutions are as follows:

- Institute for Mental Health in Belgrade – The Clinic for children and youth is an integral part of the Institute for Mental Health in Belgrade. It deals with prevention and treatment of mental disorders, protection and improvement of mental health and conducts outpatient and inpatient activities. This Institute also has a Department for specialist-consultative examinations (dispensary) for children up to 15 years old, the Day hospital for children "Prof. Dr. Svetomir Bojanin" and the Day Hospital for Adolescents, children and youth aged 15-24 years. The Institute provides individual and group psychotherapy, family therapy, pharmacotherapy as well as specialized support for children with special needs. It also establishes contact with schools, Centres for Social Work and other institutions, when necessary.

- Clinic for Psychiatric Diseases “Dr. Laza Lazarevic” in Belgrade – It provides diagnostics, integrative treatment and treatment of patients with psychiatric disorders, predominantly from the category of psychotic disorders. Since 2012, its Clinical Department "Prof. Dr. Jovan Veljković-Žućа" for the intensive psychiatric treatment and care of adolescents aged 14-18 years also functions as a separate emergency psychiatric service available for patients of this age from the entire territory of Serbia. After the completion of intensive psychiatric

[22] Mental Health in Serbia: Availability of Psychosocial Support Services, 2022 Study Results, published by *Deutsche Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH* and PIN – Psychosocial Innovation Network, 2022.

treatment, adolescents are referred for further inpatient or outpatient treatment in other institutions. The Clinic has adopted an integrative approach to the treatment of psychiatric patients by engaging health workers (doctors and nurses/technicians), health associates (psychologists, social workers, sociologists) and special pedagogues (child development special needs specialists, speech therapists).

- Clinic for Neurology and Psychiatry for Children and Adolescents in Belgrade within the Clinical Centre – Its Department for Psychiatry provides outpatient and inpatient care for children and a 24-hour emergency service. It includes pharmacotherapy, psychotherapy and work occupational treatment. The team engages health workers, health associates (psychologists, social workers, sociologists) and special pedagogues (child development special needs specialists, speech therapists).

- Institute for Psychological Disorders and Speech Pathology Dr. Cvetko Brajović in Belgrade – It provides both outpatient and inpatient counselling services with focus on speech therapy.

- Clinical Centre of Vojvodina in Novi Sad – It includes preventive care, pharmacotherapy, and psychotherapy (inpatient and out-patient) as well as focus on general adolescent mental health issues. Its youth department is separated from the one for adults.

- University Clinical Centre of Nis – Its Department for Child and Adolescent Psychiatry is envisioned for hospital treatment and improvement of mental health of children and adolescents with mental health issues that require their temporary removal from the home environment.

- Psychiatric Clinic for Adults in Kragujevac – It includes preventive care, pharmacotherapy, and psychotherapy (inpatient and out-patient), but inpatient services for youth, that are separated from adults are not available.

Mental Health for Substance Abuse Users and Addiction

Adolescents from Belgrade can get medical assistance at the "Teodor Dreizer" Special Hospital for Addictive Diseases. In Vojvodina, this treatment can be provided by the Clinical Centre of Vojvodina, at the Children's Department adolescent psychiatry, in the General Hospitals in Zrenjanin and Sombor and in the Special psychiatric hospital in Novi Kneževac. In the region of Niš, adolescents can be treated in the Health Centre Knjaževac, hospitals in Leskovac and Pirot, the Special Psychiatric Hospital "Gornja Toponica" and the Clinical Centre in Nis. In the region of Kragujevac, adolescents who have problems with substance abuse can be treated in general hospitals in Užice, Jagodina, Gornji Milanovac and Valjevo, as well as in the Clinical Centre in Kragujevac, the Department of Psychiatry.[23]

Placement of Children in the Prison Mental Health Hospital

[23] Rezultati istraživanja: Mapiranje usluga lečenja adolescenata sa poremećajima uzrokovanim upotrebom supstanci, Republička stručna komisija za bolesti zavisnosti, Republika Srbija, Ministarstvo zdravlja, Prof. Mihal Miovski, Karlov univerzitet u Pragu, UNODC.

Children in conflict with the law very often manifest a series of developmental problems and disorders, commonly one or a number of them, including behavioral problems, mental health issues, psycho-physical development challenges, substance abuse problems, as well as experiences of abuse and neglect. However, children in conflict with the law with these problems, especially those who have committed serious criminal offences, can only be placed in Special prison hospital in Belgrade, which is part of a network of penal institutions under the jurisdiction of the Ministry of Justice. This institution accommodates persons under one of the three legally defined security measures – the measure of mandatory psychiatric treatment, and mandatory treatments for alcoholism and drug abuse, based on the Criminal Code. This hospital has a room for child offenders with security measure ordered. However, children are not separated from adults and the hospital does not have child psychiatrists among its staff.[24]

Centres for Mental Health in Community

There are currently 7 centres for mental health in Serbia: in Belgrade, Kikinda, Kragujevac, Nis, Novi Sad, Pancevo and Vrsac.

- Centre for mental health in Vrsac is an autonomous department of the Special Psychiatric Hospital „Dr. Slavoljub Bakalović“ in Vršac. This hospital provides secondary psychiatric health care and community based health care through Youth counselling – Centre for prevention and treatment of mental health disorders of children and adolescents and Centre for mental health, situated in Vrsac city centre. It conducts counselling and preventive health work, diagnostics of mental disorders and various types of therapeutic treatments. The youth counselling centre deals with behavioral disorders and emotional disorders, pervasive developmental disorders, psychotic disorders in children and young people, disorders caused by the use of psychoactive substances and others. The Centre has a multidisciplinary team consisted of a specialist in neuropsychiatry and child psychiatry, a specialist in child neurology, a specialist in psychiatry-psychotherapist and family therapist, clinical psychologists, a special pedagogue and an occupational therapist.

- Centre for mental health in Belgrade was established in Belgrade city centre as a result of cooperation among Clinic for Psychiatric Diseases “Dr. Laza Lazarevic”and the City of Belgrade. Citizens can get free counselling, without health care card and referral from general practitioner. It operates as a multidisciplinary team of experts – psychiatrists, nurses, psychologists, social workers and other health staff.

The remaining 5 centres do not have public information available that are specifically related to children.

Mental Health Provision at Community Health Centres (primary health care)

[24] Article 23 of the Juvenile Justice Law provides that the court may commit a child offender with physical or mental disability to a special institution for medical treatment and acquiring of social skills. However, this institution or programme that would respond to needs of child offender is yet to be established and children are still referred to the Special Prison Hospital.

Serbia has a well developed network of Community Health Centres (primary health care) which in total employ only 123 psychologists which is 1,85% for a population of 100000, according to the PIN Study.

Mental Health Training Programmes for Health Practitioners

The Ministry of Health has an accreditation programme for trainings for health practitioners. However, the list of accredited programmes are not available publicly. The most directly relevant programme for adolescent mental health which is accredited with the Ministry of Health is the Minimum Service Package on MHPSS for adolescents in Serbia. This is a programme developed for mental health practitioners in all three relevant sectors (health, education, social welfare) and details about it are provided under the section "Multi-sectoral training programmes for mental health practitioners"on Page 38 of this report.

It can be concluded that even though the Action plan 2019 – 2022 for implementation of the Programme provides for establishment of 20 centres for mental health in 2022, introduction of 24-hour emergency psychiatry reception service for children and adolescents, these services are not available. This also represents a major shortcoming in provision of mental health care for children within the health system. Also, services for the prevention and treatment of children and young people with addiction diseases are still not available to a sufficient extent.[25] There are no specific programmes for children belonging to particularly vulnerable groups but research has shown that child offenders face additional barriers in accessing health services. All these factors show that there is obvious discrepancy between the urgency, complexity and intensity of the needs of children/adolescents and the slow and segmented reactions by the health sector.[26]

MAPPING OF MENTAL HEALTH SERVICES IN THE SOCIAL WELFARE SECTOR

The social welfare service provision system for children consists of Centres for Social Work, residential care facilities for children and regional fostering support centres that are funded by national (provincial in the case of Vojvodina) and community-based services that are supported by local authorities.

Centres for Social Work that are located in all municipalities in Serbia act as case managers and guardianship authority for children in care. They participate in custody and care decision making for children whose parents have separated or children living with relatives, manage

[25] Report on implementation of Action Plan (2019 – 2022) of Programme on protection of mental health care in Serbia (2019 – 2026), developed as part of the campaign *"Podrzimo se!"* with the aim to advocate for mental health care in postcovid period, through the project *Zajedno za aktivno gradjansko drustvo – ACT*, implemented by Helvetas Swiss Intercooperation and Civic Initiatives.

[26] Research on status and quality of treatment of children in conflict with the law in Serbia, Republic Institute for Social Protection and UNICEF, 2022, available at: http://www.zavodsz.gov.rs/media/2466/rec-report-1.pdf. This inadequate responsiveness is particularly visible when it comes to children below the age of criminal responsibility (14 years of age), where there is actually no organized or intense work, as well as to children with mental health issues, where condition for their adequate treatment have not been provided, nor has there been firm will by different institutions, services and experts to gather and jointly engage on addressing these children's needs – i.e. to design and implement a child-friendly approach programmes. Consequently, these children are divided between unconnected components of different departments, institutions and services.

cases of child offending (in collaboration with the justice system for children above the age of criminal responsibility), provide support to child victims of crime and assess risk and provide support to families with children living in multiple deprivation. All these roles require care for the child's overall wellbeing including mental health. However, in practice their role regarding mental health is more one of referral in cases of acute mental health problems. The Centres for Social Work also play a key role in provision of social assistance transfers, care for the elderly and persons with disability and as such staff are overstretched.

There are seven Regional Fostering Support Centres that provide training and ongoing support to foster-parents. A total of 24 children's home are operational in Serbia and largely provide longer-term care for children with disability, behavioural problems or child offenders.

Children placed in care are at much higher risk of mental health problems than children in the general population. This is also the case for child offenders and other children in contact with social services that are growing up in adversity. However, the staff working in the institutions listed above do not have an obligation to provide structured mental health support and their competencies in this area vary.

Marriage and Counselling Centres are set up as separate units of Centres for Social Work and are in place in the cities of Belgrade, Kragujevac, Nis, Novi Sad and Subotica. These counselling centres provide individual and group counselling, psychological support and psychotherapy, both to Centres for Social Work users and to general population. Beneficiaries can be families, couples, but also children and adolescents in need of MHPSS. Private entities also provide counselling services for families with children or children directly. There are legal mechanisms for the social welfare system to cover costs of such service provision and refer children and families to private providers, but this rarely takes place in practice. It is also important to note that there are no national standards defined for the provision of counselling and therapeutical services and it is not possible to licence this type of service, nor are the practices and methods of work are uniform between service providers.[27] However, all the practitioners do have degrees in relevant fields and are accredited through international accreditation systems for providing therapeutic support.

The Law on Social Welfare provides for the development of **community-based services** including in the area of educational and therapeutic support for well-being. It should be noted that social protection services from the group of counselling-therapy and socio-educational services such as intensive support to family in crisis, counselling and support for parents/caregivers, counselling and support in the cases of violence, mediation, family therapy and others are not standardised and licenced.[28] This is probably one of the reasons why municipal governments do not generally fund such service. It is important to note that in practice the local social welfare services that are funded by municipal governments are not focused on mental health service provision but rather include services such as outreach care

[27] Mental Health in Serbia: Availability of Psychosocial Support Services, 2022 Study Results, published by *Deutsche Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH* and PIN – Psychosocial Innovation Network, 2022.

[28] Rulebook on conditions and standards for provision of social protection services, Official Gazette of the Republic of Serbia, 42/13, available at: https://www.paragraf.rs/propisi/pravilnik-blizim-uslovima-standardima-pruzanje-usluga-socijalne-zastite.html.

for the elderly, provision of disability inclusion personal assistants and day centres for children with disability.

Outreach services for supporting families with multiple deprivation have been piloted and evaluated, but have not been incorporated into the social welfare system in Serbia. The "family partner" service was piloted in Belgrade, Novi Sad, Nis and Kragujevac and staff worked with many parents and/or children with mental health challenges, but did not receive any specific training in this field.

Mental Health Related Training Programmes for Social Welfare Practitioners

All training programmes in the social welfare sector are accredited by the **Republic Institute for Social Protection**. These programmes are mainly developed for social welfare professionals, i.e. professionals working in Centres for Social Work and other social welfare institutions.

The desk research of available programmes for social protection professionals related to mental health and promotion and protection of children from violence, accredited by the Republican Institute for Social Protection,[29] are listed in the table below.

From the table below, it can be seen that available training in social welfare does include relevant mental health-related topics and in particular addressing trauma and bereavement and focus on emotional development. It is important to note that there is no available data on the number of professionals who completed the accredited training programmes listed at the Republic Institute for Social Welfare website nor are there available impact evaluations but rather only surveys of the participants' satisfaction with the training immediately after the completed training.

[29] RISP website: http://www.zavodsz.gov.rs/акредитација/каталог-акредитованих-програма-обуке/подршка-деци-и-младима/.

Nr	Programme title:	Goal/s:	Targeted professionals:	Beneficiaries:	Duration:
1.	Training program for work with children and youth with experience of trauma *Program obuke za rad sa decom i mladima sa iskustvom trauma*	To support and enable social protection professionals to apply a trauma-informed approach to working with children and youth who have experienced a traumatic experience, in order to provide them with safe environment and support in recovery and overcoming the consequences of trauma.	Social protection professionals in CSWs, institutions, foster care centres, foster parents, professionals working in CSOs.	Children and youth from families at risk, children in alternative care, children leaving care and preparing for independent life, children from conflict divorce families, families at risk of separation, exposed to transgenerational trauma transfer, children with behaviour problems	3 days/24 hours, 12 modules
2.	Establishing and facilitation a group for (self)support to youth at risk – a youth club based on the model GRIG *Osnivanje i vodjenje grupe za (samo)podrsku mladima u riziku – klub za mlade po modelu GRIG*	To improve knowledge and skills of professionals to work with children from groups at risk through a socio-therapy worshop model.	Social protection professionals working with children at risk and professionals from other sectors such as education, health, judiciary, local self-government and CSOs.	Children and youth and their families	5 days – 6 hours/day, 3 modules

3.	Easier towards emotional resilience – training for work with youth *Lakse do emocionalne rezilijentnosti – obuka za rad sa mladima*	To strengthen capacities of social protection professionals to provide support to children and youth in alternative care and at risk of family separation and improve their emotional resilience, as well as to improve the skills of professionals to conduct workshops with children and youth.	Social protection professionals working with children in CSWs, institutions, foster families, CSOs and education sector.	Children living in biological families, residential care and at risk of family separation	2 days/16 hours, 2 modules
4.	Training programme for development of socio-emotional competences of children *Program obuke za razvoj socioemocionalnih kompetencija dece*	To increase capacities of professionals in social protection sector and CSOs to implement the programme for development of socioemotional competencies of children, their socio-emotional learning and positive peer relationships, including through promotion of equity, child participation, improving family relations, and multi-sectoral cooperation at the community level.	Social protection professionals working with children in CSWs, daycare centres, residential institutions, and CSOs.	Children living in biological families, residential care and at risk of family separation	2 days/16 hours, 2 modules

5.	Education of youth as a method of prevention of intimate partner violence *Edukacija mladih kao metod prevencije partnerskog nasilja*	To increase capacities of professionals to apply programmes of prevention (primary, secondary and tertiary) with the aim to contribute to reduction of intimate partner violence and achieving change of violence behaviour through informal education programs.	Professionals working with children in CSWs, family counselling centres, residential care, CSOs.	Children living in biological families, residential care and at risk of family separation	4 days/32 hours, 2 modules
6.	Development of knowledge and skills of social protection professionals to provide support to children and youth in the period of mourning *Razvoj znanja i vestina zaposlenih u socijalnoj zastiti o podrsci deci i mladima u periodu tugovanja*	To increase knowledge and skills of social protection professionals to work with children dealing with loss of close persons, as well as their professional and ethical sensibility for these children's needs.	Social protection professionals working with children in CSWs, residential care, foster families, CSOs, other mental health professionals providing counselling and socio-educative services to children.	Children	1 day/8 hours and 15 minutes, 5 sessions.
7.	Participation of children and youth in social work *Participacija dece i mladih u socijalnom radu*	To improve knowledge and skills of professionals in social protection sector in the area of children's rights and child participation.	Social protection professionals working with children in CSWs, residential care, foster families, other service providers.	Children and youth and their families	2 days/16 hours, 3 modules

8.	Training programme for taking statement from child and youth victims and witnesses in criminal proceedings *Program obuke za uzimanje iskaza od dece i mladih zrtava i svedoka u krivicnom postupku*	To develop and improve competencies professionals in social protection sector to provide support to children victims and witnesses in criminal proceedings and reduce secondary victimisation.	Social protection professionals working with children in social protection and other relevant sectors.	Child victims and witnesses in criminal proceedings and their families	5 days/30 hours, 15 workshops
9.	Daycare centre – a possible response to the needs of children with behavioural problems *Dnevni boravak – moguci odgovor na potrebe dece i mladih sa poremecajem ponasanja*	To improve knowledge and skills of professionals and volunteers from various sectors in local community to provide service of daycare centre through direct and indirect work with children with behavioural problems.	Professionals from various sectors who provide day care centre service in local community.	Children with behavioural problems and their families	4 days/6 hours per day, 5 modules
10.	Intensive care treatment of children with multiple behaviour problems, emotional and social development and functioning – Programme of intensive treatment – PIT *Program intenzivnog tretmana dece sa visestrukim smetnjama u ponasanju,*	To introduce a concept of short-term, intensive and institutional treatment of children with multiple behavioural problems through building capacities of professionals working with children.	Professionals and volunteers in social protection sector, service providers and professionals working in other relevant sectors.	Children with behavioural problems and their families	- 3 days/6 hours per day, 3 modules

	emocionalnom i socijalnom razvoju i funkcionisanju – PIT				

AVAILABILITY OF MENTAL HEALTH SERVICES IN THE EDUCATION SECTOR

The educational sector is not sufficiently recognized as an actor in the improvement of mental health, despite the fact that introduction of school-based socioemotional learning programmes and other interventions in schools have been repeatedly emphasised by international standards.[30]

At the same time, education sector employs the largest number of employed psychologists. Number of professional associates (psychologists and pedagogues) in schools is clearly defined. According to the Ministry of Education, there are 1,274 psychologists and 1,801 pedagogues employed in primary and secondary schools. The pedagogical-psychological service has been traditionally recognised as part of the educational process, and the role of the psychologist is recognized by both parents and children. Even though this service is the best positioned to deal with both preventive work and identification of challenges that children face and can provide psychological support in the early stages of the development of difficulties for both children and parents, the role of these professionals is seen primarily as support in the administrative, admission process and in relation to the successful implementation of the school curriculum, rather than as professionals in the field of psychosocial support.

Mental Health Related Training Programmes in the Education Sector

The desk research of available training programmes for educational professionals related to mental health and promotion and protection of children from violence in school, accredited by the Institute for improvement of education,[31] have identified relevant programmes in the table below. These trainings are supported by the Association of psychologists and Centre for applied psychology. From the table below it can be seen that there is only one 1-day training on supporting adolescents in crisis. Other relevant mental health trainings focus on preventing and reporting violence, mediation and positive communication.

[30] Mental Health in Serbia: Availability of Psychosocial Support Services, 2022 Study Results, published by *Deutsche Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH* and PIN – Psychosocial Innovation Network, 2022.

[31] Website: https://zuov-katalog.rs/index.php?action=page/catalog/all&oblast=2.

Nr.	Programme title:	Goal/s:	Targeted professionals:	Beneficiaries:	Duration:
1.	With adolescent through crisis *Sa adolescentom kroz krizu*	To obtain theoretical knowledge on how various development and accidental life crises affect mental health and practical skills connected to understanding, prevention and intervention in stressful and crisis situations. Some of the topics covered are: stressful and traumatic events, consequences, anxiety, fear and how to overcome them, developmental, accidental crises in adolescence, depression, mourning process and others.	Teachers in primary, secondary schools, associates, directors in schools.	Children	1 day
2.	Expert work of psychologists with teachers and parents *Strucni rad psihologa sa ucenicima i roditeljima*	To improve work of PP professionals through development of competencies and strengthening their capacities to work with pupils and parents in school through improvement of skills for selection and application of psychological counselling technics and to carry out preventive work with pupils and parents.	Psychologists and pedagogues in schools.	Children and families	1 day

3.	Mediation as a method of prevention and resolving conflicts in school *Medijacija kao metod prevencije i resavanja sukoba u skoli*	To empower education professionals through constructive approach to resolving problems and misunderstandings.	Psychologists and pedagogues in schools.	Children	2 days
4.	Alternative to violence *Alternativa nasilju*	To reduce violent communication between teachers and pupils, parents and children, parents and teachers and violence in general, by improving constructive communication skills.	Teachers and other school staff.	Children and families	2 days
5.	How to ensure that teachers, parents and pupils work together on creating quality conditions for growth and development *Kako da nastavnici, roditelji i ucenici zajedno rade na stvaranju kvalitetnih uslova za odrastanje i razvoj*	To develop positive skills for improvement of quality of cooperation among participants of education sector and creating better conditions for pupils' development, as well as for providing support to family, improving resilience, conflict resolution skills, positive communication and others.	Teachers and other school staff.	Children and families	3 days
6.	Violence in school: notice and report *Nasilje u skoli: primeti i prijavi*	To improve competencies of teachers and other school staff in creating response to violence and neglect of children in school environment, learn about	Teachers and other school staff.	Children	2 days

		procedures for reporting and referral, exchange of experiences and good practice examples.			

MULTISECTORAL TRAINING PROGRAMMES FOR MENTAL HEALTH PRACTITIONERS

The desk research of available multisectoral programmes have identified the following two relevant programmes.

Minimum Service Package on MHPSS for adolescents in Serbia

United Nations Children's Fund (UNICEF) Serbia and the Institute for Mental Health, with technical support of Orygen Global developed Minimum Service Package on MHPSS for adolescents in Serbia. The project was developed in close collaboration with the ministries in charge of health, education, youth and social protection.

The aim of the Minimum Service Package programme is to ensure that all professionals who work with adolescents in various sectors improve MHPSS services. It is consisted of 3 segments. The first segment is focused on prevention and early detection, by establishing networks and partnerships among health, educational, social institutions and service providers in order to timely recognise early signs of mental health problems. The second segment covers direct adjusted interventions provided by professionals in schools, primary health centres and Centres for Social Work, and the third emphasises multisectoral coordination, cooperation, referral protocols and evaluation. The Minimum Service Package programme has been accredited in all three relevant sectors: health, education and social protection. The Minimum Service Package programme was piloted and evaluated in three selected municipalities: Subotica and Zrenjanin municipalities in the Vojvodina region, and in Kragujevac in the Šumadija region. These municipalities were selected based on a range of factors, such as: geographical distribution of mental health services, regional suicide rates, number of inhabitants and young people from vulnerable groups including minorities such as Roma children, children with physical and cognitive disabilities or in need of social assistance.

During the first phase of the Minimum Service Package programme, Orygen trained a total of 10 master trainers and 15 mentors to work with professionals in three sectors at the local level. These trainers and mentors were selected through a public call, in partnership with relevant ministries and the Institute for Mental Health. The training of trainers was consisted of 10 days of training – 4 days offline and 6 days online and 3 months of supervision – one meeting par a week.

In the second phase, master trainers trained 150 professionals from Subotica, Zrenjanin and Kragujevac working in health centres, hospitals, public health institutes, primary and secondary schools, Centres for Social Work and other institutions in these three towns. The aim of the training was to improve mental health services available to adolescents and youth, and covered topics such as the impact of the COVID-19 pandemic on young people's health, how to recognize signs of problems and symptoms in adolescents, how to provide psychological first aid, and how to direct young people to seek help from professionals in the health system if more specialized care should be required.

The third phase was focused on piloting of the services. Each professional tested interventions in working with young people, ranging from 3 to 10 young individuals, including psychosocial assessment, appropriate intervention, and collaboration with other sectors. Throughout the pilot phase, regular mentorship support was organized, and monthly visits to the municipalities where the programme was implemented were conducted. Everything was documented and monitored through workbooks coordinated by the Institute for Mental Health.

Strong Families Training Programme

The Strong Families Programme was designed by UN Office on Drugs and Crime (UNODC) as a set of family skills evidence-based programme for challenged settings. This programme is designed to be easily adapted to serve families in challenged settings in various contexts.

The aim of the Strong Families Programme is to improve communication and relationships and decrease coercive parenting. It helps children and caregivers to deal with difficulties and daily stresses and challenges. The main component of this programme is to strengthen the family structure and to contribute to prevention of drug abuse, violence and other negative social consequences for children. It supports caregivers to be better parents and strengthens positive family functioning and interactions and provides positive effects on the mental well-being of parents. It is best suited for families with children between 8 and 15 years of age.

The Strong Families Programme was originally designed and piloted in Afghanistan but has evolved to a global version that can be applied in challenged settings in many other countries. Preliminary data on its initial stages of implementation in Afghanistan and in Afghan refugee reception centers in Serbia showed significant changes in improved parental functioning.

MAPPING OF CIVIL SOCIETY SERVICES

The CSO sector is primarily involved in the social protection system through the process of licensing, which is a requirement for service providers to apply for funds to provide services. Apart from relatively consistent provision of some services such as the service of personal assistant to a child and home support for adults and elderly persons, the NGO activity in the area of MHPSS and promotion and protection of children from violence is heterogeneous and unsystematic. This is mainly due to unpredictability of funding which further causes lack of sustainability of positively assessed programmes. Service provision varies largely among municipalities and NGOs are unevenly distributed across the country. Also, as mentioned above, standards for the group of counselling-therapeutic and socio-educational services are yet to be defined, hence, providers of this group of services cannot be licenced and cannot receive funds from local self-governments budget for this purpose. Consequently, NGOs do not function to their full potential, but rather they are limited by donors' funding aims, face perpetual concerns of financial instability, and lack the opportunities and capacity for sustainable development.

Another challenge is the concept of Government Organization's NGO, so called "GONGOs". They are not independent organizations but rather government-controlled agencies that do not really contribute to improvement of children's rights. GONGOs are specifically designed

to imitate independent NGOs and therefore be mistaken for autonomous, grassroots organizations with the aim to gain government or foreign funding.

Some of the NGOs that have an important place in improvement of mental health in Serbia are as follows:

PIN – Psychosocial Innovation Network is an NGO established with the aim of achieving various goals in the field of psychological practice. PIN promotes multisectoral, evidence-based, comprehensive and efficient model of psychosocial support which engages beneficiaries, service providers, local communities and policy makers in creation of systemic and sustainable solutions for mental health protection and improvement. It provides direct MHPSS, conduct research and advocacy work, advocating for the multisectoral approach and systemic and sustainable solutions in addressing mental health challenges.

NGO Prostor is an NGO organizing a range of activities aimed to improve the status of people with mental health problems, in particular through art therapy and art-related workshops.

MENTAL HEALTH SERVICES PROVIDED BY THE PRIVATE SECTOR

There is a number of private therapists providing psychotherapy, counselling, psychological and psychiatric services, however, since they are not free of charge, they are accessible only for a limited group of children and families who can afford it, hence, they will not be part of this mapping exercise.

VIII – HOW TO STRENGTHEN ADOLESCENT MENTAL HEALTH PREVENTION AND RESPONSE: CONCLUSIONS AND RECOMMENDATIONS

There is a growing global focus and commitment on adolescent mental health and this is reflected in international and EU guidelines and strategic documents. Major emphasis is on transitioning from institutional to community-based care, a movement away from a purely medical to a socio-ecological model of support and a recognition of the importance of early intervention and support. **Serbia's national strategy is aligned to international and regional standards in mental health reforms**.

The results of the Needs Assessment show that children understand mental health challenges but do not learn or discuss them in school and are not inclined to discussing their mental health problems with a child development practitioners. Children expressed their mistrust in the school's child development experts as did some parents. Both parents and practitioners emphasized the urgent need for establishing access to adolescent mental health support at community level. Support to parents is also recognized as a key priority by both parents themselves and practitioners. Parents recognized the key potential role psychologists and pedagogues could play in providing structured first level support to adolescents, whereas practitioners emphasized the equal importance of all three sectors. Practitioners also called for greater clarity in roles of the education, health and social welfare sector when it comes to

mental health support. Practitioners also articulated problems in referring cases to the Centre for Social Work and the Centre' social workers communicated the same challenges linked to case overload and not enough staff. Children, parents and practitioners all believe that violence prevention and referral in schools needs to be improved. Parents and practitioners believe that practitioners would greatly benefit from comprehensive training programmes on adolescent mental health with focus on recognizing early signs of mental ill-health, early interventions and intersectoral referral and collaboration.

The mapping exercise showed that although strategic frameworks in Serbia do emphasize the need for transitioning from institutional and community mental health care – this shift has not been implemented. There are only seven Services for Mental Health in the Community and these are managed by mental health hospitals. The perception of mental health as a cross sectoral issue - with responsibilities for both education and social welfare is new and is thus not reflected in the national legislation and strategic documents. The child development practitioners in the education system (psychologists and pedagogues) that are present in every primary and secondary school, potentially represent a key resource. However, their current roles and responsibilities are linked to individual assessments and they are also used as punishment mechanism when a child misbehaves. There is a lack of trust in them with respect to children turning to them if they have concerns or problems. The social welfare system is heavily based on placement of children in care, provision of alternative care and support to children in contact with the justice system. There are no services for strengthening vulnerable families although these have been piloted, but plans put in place to integrate them into the system were never materialized. Social welfare community-based services financed by local authorities, by and large to not fund mental health related services with exceptions in cities where family counselling centres are in place.

When taking together international and regional standards, national strategies with the views of children, parents and practitioners and in an effort to building on existing services/promising practices identified through the mapping, **the following recommendations need to be taken into account in further supporting adolescent mental health:**

Adolescent mental health support services need to be made available at community level. Significant investments need to be made in setting up community based mental health services. This requires coordinated action by the health, social welfare and education sectors that need to prioritize:

a) Setting up Service for Mental Health in the Local Community by the Health Sector and as per the National Mental Health Programme;

b) Regulating psycho-social support services within social welfare (*socio-edukativne usluge*), securing national funding for new services and obligating municipalities to providing on-going funding for such services;

c) Operationalizing family outreach support services for children living in multiple deprivation and showing early signs of mental ill-health;

d) Reforming the roles and responsibilities of psychologists and pedagogues in schools so that they prioritize mainstreaming mental health into the school culture and provide direct first-level support to children.

Schools need to be supported to build nurturing, trustworthy, inclusive and safe environments for children to emotionally thrive in addition to advancing academically. Creating a culture of care, non-discrimination, inclusiveness, empathy and trust in schools, will require in-depth reform of current school priorities and approaches to education. This transition would impact on each and every school employee, with teachers having the competencies to discuss mental health with their students in open dialogue formats and psychologists and pedagogues supporting the full transition towards a more caring school ecosystem. This would involve but is not limited to full roll-out of the violence protection and anti-discrimination policies and access to flexible forms of first-level mental health support within the school.

Parents need to be supported for good adolescent parenting. The design of community based mental health services needs to include more flexible/easily accessible access to parents so as to respond to their queries and advice. Family outreach services, to be put in place by the social welfare system, need to be designed so as to focused on strengthening parenting skills and well-being. Quality parenting information and debates need to be available on the internet and media outlets need to be supported by government to develop programmes and broadcasts for parents and carers. The existing Parentline needs to be strengthened with additional staff and advertised broadly so as to increase access to support.

Centres for Social Work need to be strengthened through more and better quality staff so as to adequately perform their statutory functions. Children experiencing mental health problems due to struggles within the household will/are recognized at school, but the school needs coordinated support from the Centres for Social Work and social welfare support services who can work with and support the parents and visit the home. For this to actually happen, the staffing needs to improve in the Centres for Social Work as a matter of urgency and in addition, family outreach services need to be established and accessible across the country. It is only then that the network of support the child needs can be provided.

Multi-sectoral mental health capacity building needs to be implemented at-scale for the sectors of education, health and social protection. All child development practitioners directly interacting with children on issues of their wellbeing should have basic competencies in recognizing signs of adolescent mental ill-health and providing early interventions.