Mental health in Croatia

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Mental health in Croatia through figures

Primary care level:
- Mental disorders = 5.2% of general morbidity
- 50% of all mental health diagnoses in primary health care are common mental health problems like mood disorders, neuroses and stress induced problems or disorders

Hospital care level:
- Mental disorders = 7.2% of all hospitalizations
- Every 4th to 5th day of hospital treatment is used for mental disorders
- According to the assessment of the burden of disease for Croatia in 2016, mental disorders are ranked 4th among the leading groups, behind cardiovascular and malignant diseases and injuries
- According to number of hospital treatment use days, mental disorders ranked first
Mental health in Croatia through figures

Within the group of mental disorders, the highest percentage of burden relates to depressive disorders (25.9%) followed by the disorders caused by alcohol (17.1%) and anxiety disorders (14.6%).

The largest number of hospitalizations is in the age group is 20-59 years, put them to be among the leading causes of hospitalization in working age.

**Depression**

Hospitalizations rate per 100,000

- 2000.-2015.- 1.63 (77.1 -125.7) -stationary
- 2011-2015 - 2.21 (131.7-291.7) -day hospitals

Younger age

80% of all patients hospitalized for mental disorders came through hospital emergency reception!

Needed: Timely Recognizing and Treatment at Primary Health Care Level!
Hospitalization rates due to mental disorders (code F00-F99) in 1995 – 2019 period in the Republic of Croatia
Hospitalization rates due to alcohol-induced mental disorders (code F10), schizophrenia (F20), depression disorders (F32-F33) and severe stress response including PTSD (F43) in the period 1995-2019 in the Republic of Croatia.
Mortality rates for suicides for all ages in individual European countries, 2015

![Map of Europe showing mortality rates for suicides in 2015. Each country is shaded according to a legend indicating the mortality rate range. The legend includes categories from 2.18 to 7.51, 7.51 to 11.28, 11.28 to 13.24, 13.24 to 15.89, and 15.89 to 30.28, with the number of cases for each range listed alongside the category. Three cases have data not available.]}
The actual situation of the health care system in Croatia

According to the Constitution of the Republic of Croatia, everyone shall be guaranteed the right to health and health care. Health care is based on the principles of holism, continuity and availability.

Mandatory health insurance in Croatia covers over 95% of the population. Services and hospitals are contracted by the Croatian Health Insurance Fund (CHIF).
So, where is the problem?

Still:

• Hospital-oriented system instead community base oriented system
• Paternalization instead of partnerships
• Focus on services instead of the needs
• Focus on the system instead of patients
WHERE I GO
MY MIND GOES
SUPPORT ME WHERE
I AM
How to re-organise the system?

Define the goal!

Who have goal will find his path!

The goal: patient centred care!

The purpose of the healthcare system is to meet population healthcare needs, not the bureaucratic norms and market values!

So, let’s analyse the current system:
Strengths

- Long tradition of social medicine concept of healthcare
- Many educated psychiatry professionals
- Psychiatry at the primary level of healthcare:
  - Mental Health Services at the County Institutes of Public Health with the team: 1 psychiatrist, 1 psychologist, 1 nurse (21 services in Croatia)
  - Psychiatric services (higher standards) in the healthcare centres: Mental Health Centre - Zagreb West
  - A network of teams and professionals at the level of the primary healthcare: family doctors, school doctors, paediatrician
  - Community nurses
Psychiatry at the secondary level of the healthcare:

- General Hospitals -15
- Special psychiatric hospitals -7

Psychiatry at the tertiary level of the healthcare:

- 5 University hospitals centers
- University hospital Dubrava
- University hospital Vrapče
Resources outside the healthcare system

- Croatian Psychological Chamber, psychologists
- Faculty of Education and Rehabilitation
- Social welfare system-social workers

Civil Society organizations:
- Professional associations
- User associations
Weaknesses

Vertical and horizontal connection of the system is missing: there is no communication, and quite often the knowledge about the existence of some services is not widespread.

Communication Algorithms are not clear/well-defined: Early recognition-efficient treatment at the primary healthcare level-hospital treatment only for those who are really in need of it - creation of the recovery and resocialization system-comprehensive process monitoring.

Bureaucratization

Inadequate funding that often does not guarantee sustainability of the system: associations, project funding...
Opportunities:


Training and international knowledge exchange of health and non-health professionals.

Creating the guidelines on:
- early recognition of mental health problems
- child and adolescent psychiatry
- continuity of care (Post-Hospital Care)

National Mental Health Strategy 2021-2030.
Opportunities:

Starting to create mobile teams:

- Three teams have started with home visits in October 2017
- CH Vrapče (3 psychiatrists, 3 nurses, 1 social worker, 1 peer worker)
- GH Karlovac (2 psychiatrists, 2 nurses)
- GH Slavonski Brod (1 psychiatrist, 1 psychologist, 3 nurses, 1 peer worker, 1 user representative).
- City of Zagreb-Psychosocial mobile teams
- Education and courses on employment of people with mental disorders were held in CH Vrapče
- The umbrella organization of care users was established-SUMEZ-representative in: Mental Health Strategy WG
Threats and challenges:

External threats:

- Lack of political will
- Authorities lacking vision and flexibility needed for change
- Interpreting laws and regulations in a hindering way
- Administrative hurdles to the implementation of each initiative
- Hospitals fearing losing financing by giving up beds
Current challenges:

• Transition from pilot project to sustainable community based health care

• Financing: shifting from paying hospital beds to home visits and service payment!
So, what should we do?

- Define priorities (in terms of the content and organization)
- Define the message: Client in the center!
- Anti-Stigma!
- Intersectoral collaboration and multidisciplinary team work
- Community-based actions! (family, school, workplace)
- Screening programs
Ask me what matters to me

@ourhumanity
#LancetGMH