

CURRENT STATE AND PERSPECTIVES OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY IN BOSNIA AND HERZEGOVINA

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Abstract

The goal of this research was to determine the current state of child and adolescent psychiatry and psychology in Bosnia and Herzegovina, and based on the findings, point out some possible future prospects in these fields. For this purpose, a questionnaire regarding the existing state of services provided in the child and adolescent psychiatry and psychology in the county was designed and disseminated across the country. The representatives of 18 different governmental institutions (Psychiatric Clinics, Mental Health Centers, Health Clinics and Centers for Early Childhood Development) across Bosnia and Herzegovina completed the questionnaire. The data were collected from a total of 143 professionals and focused on minors, children ranging in age from birth through 18 years old. Professionals reported that 47.47% of their applied work with patients was with typically developing children, compared to working with children with special needs, where the average percentage across the institutions was 52.53%. A total of 143 experts who worked with the preschool children and minors reported that 35 of them (24.47%) worked directly with the children over 50% of their work-time, and 34 of them (23.77%) worked exclusively with children and minors. Based on the data collected and a descriptive analysis conducted, some recommendations were made for the future.

Key words: child psychology, child psychiatry, Bosnia and Herzegovina, adolescent psychiatry.

Introduction

According to the World Health Organization (WHO) 15% of world population live with some form of disability, while the data from the World Bank (WB) indicate

that 20% of poorest world's population have some form of special needs (1). Approximately, 1 out of 6 children in the USA has some kind of a disability (2). The CDC's Children's Mental Health Report published in 2015 suggested that more children have some form of psychiatric disorders than diabetes, cancer and AIDS combined, further more because of stigma that follows these conditions, these problems were not adequately addressed and a large number of children with psychiatric disorders were in danger of school drop-out, substance abuse and juvenile delinquency (3). Anywhere in the world, whether children are classified as having a developmental disorder, psychiatric disorder or a disability, they all fall under "special needs" category and most will require some kind of support from Health, Education, and Social Care sectors. According to the USA data from 2013, Attention-Deficit/Hyperactivity Disorder (ADHD) (6.8%) was the most prevalent diagnosis among children ages 3 to 17 years-old, followed by behavioral or conduct problems (3.5%), Anxiety (3.0%), Depression (2.1%), Autism Spectrum Disorders (ASD) (1.1%), and Tourette Syndrome (0.2%) among children ages 6 to 17 years) (3). Regarding the adolescents 12 to 17 years old, data showed that 4.7% were reported with illicit drug use disorder, 4.2% had alcohol abuse disorder, and 2.8% of adolescents had cigarette dependence (4). In 2008, results of a German National Health Survey study of the prevalence of mental health problems in children and adolescents, concluded that 14,5% of children and adolescents ages 7 through 17 years-old, could be classified as having one or more mental health problems (5). Also, the study found that fewer than half of those children and adolescents were receiving treatment and that the key is in the work on the prevention (5).

According to the UNESCO's reports, 98% of children with disabilities in developing countries are not included in any form of formal education and 30% of world's "street" children live with disabilities (6). As far as Bosnia and Herzegovina (B&H) are concerned, no National Survey of Health exists, nor registry or connected system that tracks numbers of children and adolescents with developmental and/or mental health problems diagnosed or attending schools. UNICEF-B&H "Study of the Situation of Vulnerable Groups of Children and Policy Framework" estimated that 10% of population has some form of disability (7) but there are no data whether B&H is following the world trends in the prevalence of developmental delays and mental and developmental disorders in children and adolescents. According to the UNICEF, 9% B&H children are delayed in growth and development, and only about 13% of them have access to some form of pre-school education (8), thus having the opportunity to be detected as children with growth and development issues before they start school. This seems to be one of the major problems; children with disabilities in this country are "invisible" until they attend school, if they do, making early detection of disorders almost nonexistent.

In 2013, UNICEF conducted a survey with 9% of the adult population of B&H on their attitudes towards children with disabilities (9). According to the results, all participants in the survey daily encountered children with disabilities and 33% stated

that they felt pity towards them; 57.9% of people believed that children with disabilities could not fully be included like other children regardless of personal effort and the efforts of their families and 80.0% believed that by providing professional support, a child with disabilities could be only partially included in the society (9). Stigma and discrimination of children with disabilities is present in all aspects of their lives and it is main obstacle for full inclusion in education, health care, public events and decision-making (10). Stigma of children with disabilities is prevalent throughout the world and something lots of research is focusing on. In some cultures stigma and discrimination is based in traditionally wrong concepts about causes of disabilities, for example connected with spiritual and/or religious bad omens and similar misconceptions (11). Stigmatic and discriminative attitudes toward disabilities and families of youth with disabilities “have important negative psychosocial consequences for individuals living with disabilities“(12) and there is connection with severity of disability and parental perception of stigmatization by their child’s disability (13). In B&H, 45% of people reported that they would not accept a child with intellectual disabilities as the best friend of their own child and 55% of population reported the use of violent forms of disciplining children and almost a third of the participants (30%) think that the main obstacle for better living conditions, development of children with disabilities and their inclusion in the society in B&H was the lack of well-trained professionals and institutions that deal with children with disabilities (9). This study focused on those professionals and the services they provide. Based on the fact that majority of mental disorders occurred first during childhood and adolescence, the necessity for strengthening preventive measures in form of early childhood detection and intervention services to decrease risk of secondary, severe mental disorders is obvious (14). Even though we know this from research and the conventions, B&H has no legal framework on early detection of disorders or organized system of intervention, and no prescribed system of services provided to support full inclusion of children and youth into the society. Services provided at the community level differ greatly location-to-location, and are not clearly regulated by any governmental agencies. There is a move towards deinstitutionalization and strengthening of the new service centers at the local level, Mental Health Centers, but they are still mostly incomplete as far as staffing (i.e. lack of psychiatrist, children’s psychiatrists, clinical or counseling psychologists, early childhood interventionist, etc.) and are still mostly not providing services to children and adolescents.

In addition, programs for specialty and subspecialty in child and adolescent psychiatry or graduate level programs in child clinical, abnormal or developmental psychology do not exist in B&H. Therefore, many of the service providers for the children and the adolescents with disorders are not registered, supervised or need to pass any rigorous government base testing or licensing process in order to provide therapeutic or other services. In 2001/2002 academic year, Medical School of the Sarajevo University in collaboration with the Umeå University organized a four semester joint Master’s degree program in Child and Adolescent Psychiatry

and Psychology. Thirty students, 18 psychiatrists and 12 psychologists, from all over the country entered the program and 24 have successfully graduated (15). These experts were to contribute to advancement of services across B&H in child and adolescent psychiatry and psychology and contribute to the body of research coming from these related fields. To date, ten of them have received their Phd degrees as well, and therefore would be able to contribute to the academic programs development. Unfortunately, since the cohort from 2001/2002, no program in child/adolescent psychiatry or graduate programs in different subspecialty areas in psychology have been established nor offered at the universities. No more educated and trained professionals have been produced and therefore, it would be logical to conclude that the fields of child and adolescent psychiatry and psychology are not being developed, but rather being extinguished in B&H.

The goal of this research was to determine the current conditions, map the available resources and the way they are utilized in the child and adolescent psychiatry and psychology in B&H. Surveys were sent to the graduates of the program in 2001/2002 and some additional Health Clinics and Centers where children and adolescents with disabilities would be referred to by the governmental norms and standards of the referral process. Based on the findings, we wanted to analyze the current state and point out possible future prospects in these fields for B&H.

Method

In order to collect relevant data on the current state of the child and adolescent psychiatry and psychology in B&H, a questionnaire was constructed on the actual services available for the children and adolescents with disorders/disabilities. The Committee for Psychiatric and Neurological Research of Academy of Science and Arts of Bosnia and Herzegovina designed the questionnaire, and it was disseminated via e-mail across over 60 relevant institutions in B&H. The non-standard questionnaire is available to interested readers if they write to the authors. Since the services provided for children and adolescents with mental health or developmental disorders are center based, a team of professionals work with them while a psychiatrist or a psychologist is an integral part of the team. Therefore, we collected data on the treatments provided by all the members of the teams at each location. The service providers could be a combination of any of the following professionals: psychiatrists, psychologists, neuro-psychiatrist, speech and language therapists, occupational therapist, physical therapist, special educator-rehabilitator, pedagogues, social workers and teachers, etc.

A total of 18 institutions from 15 cities completed the questionnaires: Department of Psychiatry UKC Tuzla, Health Clinic/Center for Early Childhood Development Tuzla, Health Clinic Tuzla, General Hospital „prim.dr. Abdulah Nakaš“ Sarajevo, Public Institution „Division of Alcoholism and Substance Abuse“ Sarajevo, Health Clinic/Center for Mental Health Ključ, Center for Mental Health Široki Brijeg,

Department of Psychiatry UBKC Banja Luka, University Hospital Foča, Health Clinic/Center for Mental Health Prijedor, Health Clinic Drvar, Health Clinic Glamoč, Health Clinic Tešanj, Health Clinic/Center for Mental Health Derventa, Kindergarten Mostar, Center for Mental Health Brčko, Health Clinic Cazin (including Center for Mental Health, Center for Early Childhood development, Center for Physical Medicine and Rehabilitation), and Health Clinic Ljubuški. Figure 1 shows the above mentioned respondents that covered locations from both entities of Bosnia and Herzegovina: The Federation of Bosnia and Herzegovina (72% respondents), Republic of Srpska (22% respondents), and The Brčko District (6% respondents). With the data provided from the locations, a database using a program for statistical analysis SPSS (Statistical analysis in social science) was created and a descriptive statistical analysis was conducted.

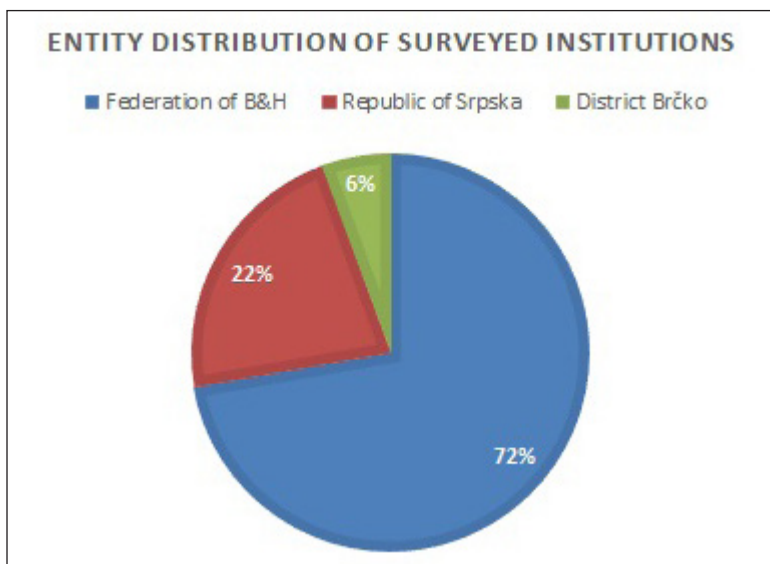


Figure 1

The questionnaire consisted of an open and close-ended questions about the institution, profiles of professionals employed, and their involvement in activities related to child psychology and psychiatry. The surveyed institutions had the possibility of responding by choosing one of the provided answers and some descriptive data in addition. They reported detailed data on the numbers of professionals working with minors with disabilities and disorders, time spent and type of treatment, and codes used to register minors in the institutions. In the questionnaire the following categories / codes were offered: F50 - Eating disorders, F51 - Nonorganic sleep disorders, F70-F79 – Intellectual disabilities, F80 - Specific developmental disorders of speech and language, F81 - Specific developmental disorders of scholastic skills, F82 - specific development disorder motor function, F83 - Mixed specific

developmental disorders, F84 - Pervasive Developmental Disorders (PDD), F88 - Other disorders of psychological development, F89 – Unspecified disorder of psychological development, F90 – Hyperkinetic disorders, F91 – Conduct disorder, F92 - Mixed disorder of conduct and emotions , F93 - Emotional disorders with onset specific to childhood, F94 - Disorders of social functioning with onset specific to childhood and adolescence, F95 – Tic disorder, F98 - Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence, F99 - Mental disorder, not otherwise specified.

Results

Table 1 shows the detailed basic information on the institutions surveyed and their engagement time with minors. The institutions reported data on their geographical position and relevance to the population they were providing services for. Some of the institutions were registered at the level of the Entity (Federation of B&H, Republic of Srpska, Brcko District), serving much larger populations than Municipal institutions, serving much smaller populations. Distribution of surveyed institutions by B&H entity is presented in Figure 1. According to the registration level of the institution, the team members working with minors differed not just by the number but also by profiles of professions (Table 1). Also, in Table 1 data were reported on the numbers of minors the institutions registered as patients in the year 2014 for the first time.

Institutions provided services mostly (83.33%) to children ages birth through 18 years old. Only three institutions limited the age of the children they provided services for. Health Center / Center for Early Childhood Development Tuzla and the Kindergarten “Mostar” worked with children from birth to 6 years old while Public Health Centre/Center for Mental Health in Prijedor worked with children ages 6 to 18 years old. All of the 18 institutions reported that they work both with children with and without disabilities. As part of the questionnaire, included institutions estimated percentage of team’s time engaged working with children and adolescents without disabilities. Three institutions did not provide answers to this question and 15 institutions that provided answers to this question averaged 47.47% of their time spend working with children without disabilities compared to 52.53% time spend working with children with disabilities. Results have ranged from the minimum specified percentage of 8% to the highest 90% of work time spend with children with special needs.

Twelve out of 18 surveyed institutions reported data on the 1024 children and adolescents first time registered in their institution in the year 2014. Data showed that 88.9% institutions listed education/rehabilitation as their treatment they offer to children. 66.7% of institutions also held workshops for parents, and 18.8% held art workshops including art/music therapy, etc. Also, 83.33% of institutions reported that they work with children 1: 1, while only 52.9% of them used group as treatment setting (two or more children in the group).

Table 1

Ordinal number	City	Institution	Geophysical area in activities	Covered population of geographical area	Number of minors first time registered in 2014	Team engagement in work with minors compared to adult patients (%)
1	Tuzla	Department of Psychiatry UKC Tuzla	Bosnia and Herzegovina, Federation of Bosnia and Herzegovina, Canton, Community/Township	500.000	32	10%
		Health Clinic/Center for Early Childhood Development Tuzla	Federation of Bosnia and Herzegovina Canton, Community/Township	130.000	100	100%
		Health Clinic Tuzla	Community/Township	not mentioned	not mentioned	50%
2	Sarajevo	General Hospital „prim.dr. Abdulah Nakaš“ Sarajevo	Canton	400.000	50	10%
		Public Institution „Division of Alcoholism and Substance Abuse“ Sarajevo,	Canton	400.000	0	10%
3	Ključ	Health Clinic/Center for Mental Health Ključ	Community/Township	10.000	30	70%
4	Široki Brijeg	Center for Mental Health Široki Brijeg	International, Federation of Bosnia and Herzegovina, Canton, Community/Township	50.000	175	not mentioned
5	Banja Luka	Department of Psychiatry UBKC Banja Luka	Republic Srpska	not mentioned	not mentioned	not mentioned
6	Foča	University Hospital Foča	Republic Srpska	200.000	not mentioned	100%
7	Prijedor	Health Clinic/Center for Mental Health Prijedor	Community/Township	100.000	50	30%
8	Drvar	Health Clinic Drvar	Community/Township	5.800	2	20%
9	Glamoč	Health Clinic Glamoč	Community/Township	2.500	150	1%
10	Tešanj	Health Clinic Tešanj	Community/Township	not mentioned	not mentioned	30%
11	Derventa	Health Clinic/Center for Mental Health Derventa	Republic Srpska	3.500	not mentioned	20%
12	Mostar	Kindergarten Mostar	Community/Township	60.000	130	95%
13	Brčko	Center for Mental Health Brčko	District Brčko	94.000	285	50%
14	Cazin	Health Clinic Cazin (including Center for Mental Health, Center for Early Childhood development, Center for Physical Medicine and Rehabilitation)	Community/Township	68.000	not mentioned	35%
15	Ljubuški	Health Clinic Ljubuški	Canton	30.000	20	70%

* Detailed basic information on the institutions and their engagement time with minors (preschool and schoolage children, and adolescents)

* Detailed basic information on the institutions, time of their engagement in working with minors expressed in percentages, and the number of minors first time registered in 2014 in each institution

We also have collected the data on the number and profile of the experts who worked with minors (preschool and school age children and adolescents) at each institution (Table 2). The following results are also presented in Figure 2 with the

Table 2

Professional profile	Psychiatrist	Neuropsychiatrist	Psychologist	Educator-rehabilitator	Occupational Therapist	Speech and Language Therapist	Social worker	Nurse	Physical Therapist	Total number of professionals
Number of specific professionals working with minors	12	15	19	9	4	10	10	59	5	143
The number of professionals working with minors 50% of their work hours	2	2	9	4	1	3	5	7	2	35
The number of professionals working full time with minors (only)	2	2	2	5	0	6	0	17	0	34

* Number and type of professionals from relevant institutions across B&H, and the percentage of their time spent working with minors (preschool and school age children, and adolescents).

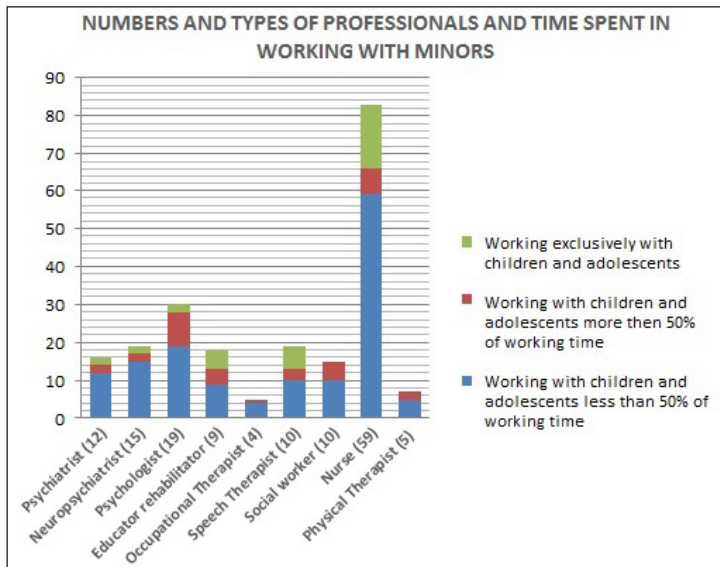


Figure 2

amounts of time each professional spent working with children exclusively (12 psychiatrists, 15 neuro-psychiatrists, 19 psychologists) Detailed data on the profiles of the professionals in teams at each institution and their time engaged working with preschool and school aged children and adolescents are presented in the Table 2. Totally 143 professional that work with preschool and school age children and adolescents were reported on, 35 of them (24.47%) worked with minors over 50% of their time, and 34 of them (23.77%) worked exclusively with minors (Figure 3).

Data were also collected on the disorder categories according to the ICD-10 coding system professionals in B&H use. Figure 4 details data about each code/disorder registered for minors enrolled in the institutions programs in 2014. 14 out of 18 institutions (77.8%) reported that they worked with minors registered under codes F70-F79 – Intellectual Disability, while 13 out of 18 institutions (72.2%) reported that they worked with minors registered under a code F80 - Specific developmental disorders of speech and language. 10 out of 18 institutions (55.5%) reported that they worked with minors registered under a code F81 - Specific developmental disorders of scholastic skills. 13 of 18 institutions (72.22%) reported that they worked with minors registered under a code F91 - Conduct disorders. 14 out of 18 institutions (77.8%) reported that they worked with minors registered under a code F92 - Mixed disorders of conduct and emotions, 14 out of 18 institutions (77.7%) reported that they worked with minors registered under a code F94 - Disorders of social functioning with onset specific to childhood and adolescence. 12 of 18 institutions (66.7%) reported that they worked with minors diagnosed with F95 - Tic disorders More details are shown in Figure 4.

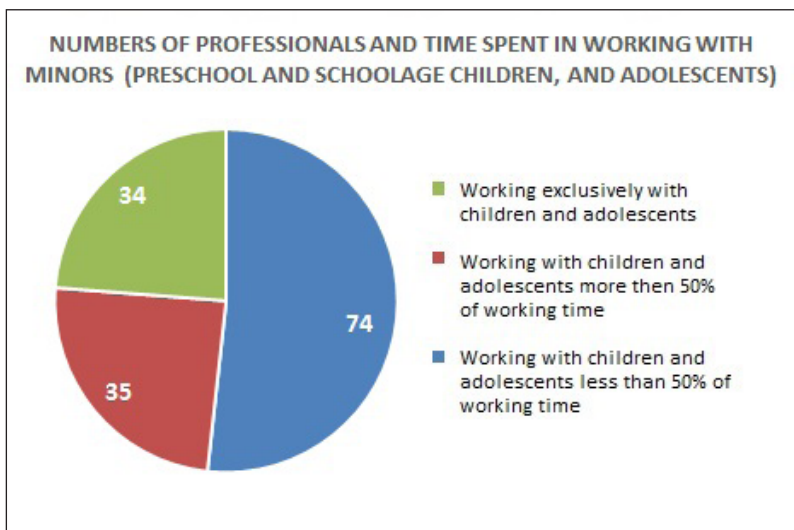
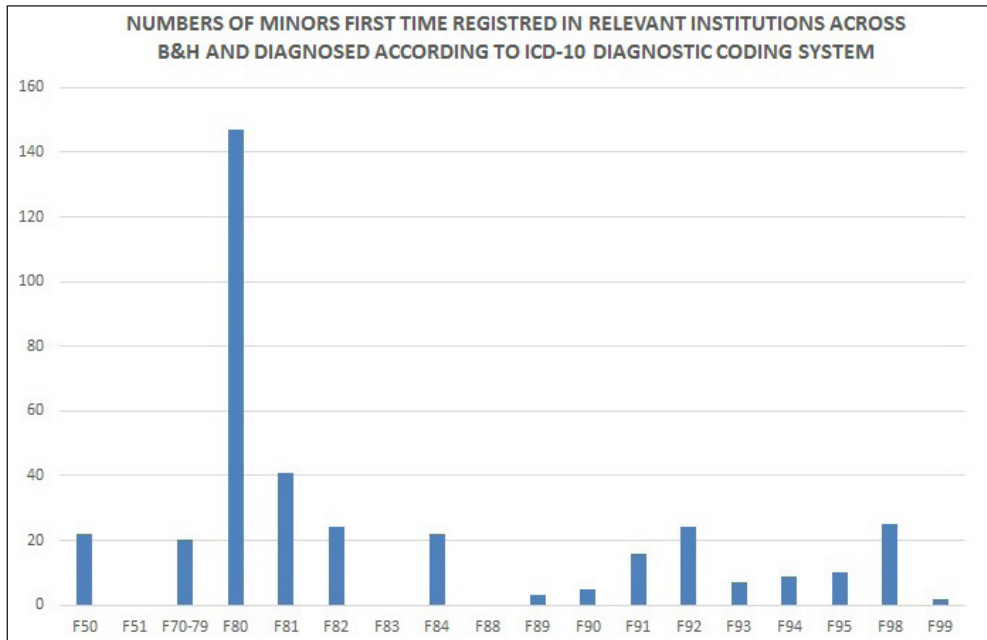


Figure 3

*Figure 4*

Discussion

According to the preliminary 2013 census data, B&H has a population of 3.791.662. Since 15 out of 18 provided numbers of patients that they cover with their activities in their geographical areas, totaling to a capacity for 1.523.800 people (40.2% of the whole population of B&H), we can conclude that the surveyed institutions were a representative sample. Based on the data from 18 surveyed institutions, the 2013 census data, and the data on the world's trends, we were able to draw some conclusion and recommendations. We do know that 10 to 20% of children and adolescents in the world have some kind of mental health problem and that in low and mid-income countries their needs are neglected (16). B&H being a mid-income country approaching seriously the poverty line (every 6th household is considered poor by the world standards (7)), brings us to a conclusion that the state of special needs children and adolescents in B&H is likely to follow the world's trends. Therefore, we are able to say that the study we conducted suggest that the current state and thus the perspectives of child and adolescent psychiatry and psychology in B&H are worrisome.

Unfortunately, we were not able to get more precise data on the number of children and adolescent with special needs or the actual numbers of service providers or institutions providing services in the country. The complexity of the counties different disenfranchised levels the government makes it impossible to collect precise data and provide a proper analysis of the situation. There are 14 Ministries of Health in a 3.8 mil people country. In addition, the country has no agency or one governing

body to coordinate registries or all data collecting systems for tracking children and adolescents diagnosed or patients receiving treatments. Each canton or even municipality may have their own system, not communicating with other systems, or there is no system yet in place at all. Therefore, this study has many methodological shortfalls, which we are aware of and took them into the consideration. And, we can immediately say that B&H needs a centralized data collecting system in order to learn what are the needs of its population, comorbidity, prevalence of disabilities, what kinds of methodologies exist in the system, correct numbers of service providers, and therefore be able to do better policy planning and conduct a reform of Health and Education sector at all 14 levels.

Our data were collected on 143 professionals across 18 institutions that reported that they work with preschool, school age children and adolescents. 35 of them (24.47%) reported working with children over 50% of their total hours at work, and 34 of them (23.77%) worked exclusively with children and minors, which left us to conclude that 51,74% of professionals spend less than 50% of their work hours with children and minors. This showed a lack of treatment hours for children and adolescents, lack of “child-only” tailored services and departments in institutions. We know that 9% of children in B&H are delayed in growth and development (7), and that about 15% of population has some form of disability (1). Therefore, we can conclude that B&H has similar rates of disabilities, but the treatment hours reported by the professionals and the prevalence data from the world and B&H, raise a question of the intensity of treatments provided for the children detected. We also know from the WHO that in low and mid-income countries, which B&H is one of, 4 out of 5 people who need services for mental, neurological or substance use disorders, do not receive them (16), which is the trend these data confirm in B&H. The next question naturally raised then is the quality or the kind of the treatments these institutions do offer. No evidence based validated screening instruments are standardized in B&H, so the well child health-checks are routine visit that we know are a weak opportunity for early detection of any disorders. These mandatory visits need to become something systematic with the use of validated screening tools, which would immediately aid in early detection and therefore prevention of severe lifelong disorders for many children.

On the other hand, from the survey we know that most of the treatments provided are education-rehabilitation based, but we know that in the low and mid-income countries, most of the intervention in mental and neurological disorders are neither evidence-based nor of high quality (17). This makes us also emphasize the importance of updating graduate programs training for the professionals and introducing novel research-based methodologies and validated assessment tools into practice. In addition to mandating validated instruments to be used in practice in order to detect, monitor and provide treatment for these vulnerable groups.

Not all institutions worked with variety of disabilities and disorders. Though, it is important to mention that at each institution different teams of professionals existed,

and psychologists and psychiatrists might have been or not part of the teams at all. This made it difficult to focus only on child and adolescents psychiatry and psychology and to make clear conclusions for these professions. Uncontrolled variable in our study also was the fact that some professions are naturally focused on only few areas of difficulties, for example, speech and language therapists work with children having speech and language disorders primarily. Still, we found that institutions also reported that 55.5% worked with diagnosis code F83 (Mixed specific developmental disorder), 33.3% with F89 (Unspecified disorder of psychological development), and 22.22% with F99 (Unspecified mental disorder) and F88 (Other disorders of psychological development). This lead us to conclude that large numbers of children and adolescence are registered under non-specific and vague codes, which then makes it much more difficult to assign proper intervention, provide such appropriate treatments and track their advancement. The most interesting result is that 147 children and adolescent were registered for the first time in 2014 under the code of F80 (Phonological disorder), and that 72% of surveyed institutions mentioned that they work with children with this diagnoses. The prevalence of speech and language disorders in the world is high, in the USA around 18.8% of children ages 6 to 21 receive services under this category (18). This tells us that most of the institutions provide services mostly for youth with mild disabilities that affect language development and then actually devote majority of their time working with children that are typically developing and children with language and communication difficulties.

WHO in the report issued in 2013 stated that mental, neurological and substance use disorders account for top ten leading causes of years lived with disability and 10% of the global burden of disease (19). The World Economic Forum in 2011 estimated that in the next 20 years, global impact of mental disorders in terms of lost economic output will amount to US\$ 16 trillion (20). This tells us what a significant concern not just public health wise, but also economic wise this is, and it provides again a red flag and proof for the importance of early detection and proper intervention at an early age. The guardians of public health, the government, needs to partner up with key stakeholders and have a leading role in the policy reform, destigmatization and rising awareness, increasing the quality of services provided and updating higher education and professional development for the service providers for children and adolescence with disabilities. Education on all levels is the key message. If we could educate the population and decrease stigma, therefore increase early detection and treatment as prevention of life long disabilities. In order to then strengthen the intervention and treatment, we have to educate professionals to use standardized tools to better detect, monitor and treat children and adolescents. The child and adolescent psychiatry and psychology should not dissipate in B&H, they should be advanced and given support as multidisciplinary approach to healthy development of every child.

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TRENUTNO STANJE I PERSPEKTIVE DJEČIJE I ADOLESCENTNE PSIHIJATRIJE I PSIHOLOGIJE U BOSNI I HERCEGOVINI

Apstrakt

Cilj ovog istraživanja bio je da se utvrdi trenutačno stanje dječije i adolescentne psihijatrije i psihologije u Bosni i Hercegovini, a na osnovu nalaza, ukazano je na neke moguće perspektive u budućnosti u ovim oblastima. U tu svrhu, dizajniran je i distribuiran upitnik u vezi sa postojećim stanjem usluga u dječijoj i adolescentnoj psihijatriji i psihologiji u zemlji. Upitnik su ispunili predstavnici 18 različitih državnih institucija (psihijatrijske klinike, centri za mentalno zdravlje, zdravstvene klinike i centri za rani razvoj kod djece) širom Bosne i Hercegovine. Podaci su prikupljeni od ukupno 143 stručnjaka i fokusirani su na maloljetnike, odnosno, djecu u dobi od rođenja do 18 godina. Stručnjaci su izvjestili da se 47,47% njihovog rada sa pacijentima odnosi na rad sa djecom sa tipičnim razvojem, dok je prosječni procenat rada sa djecom s posebnim potrebama za sve institucije iznosio 52,53%. Ukupno 143 stručnjaka koji su radili sa predškolskom djecom i maloljetnicima naveli su da je 35 njih (24,47%) radilo direktno sa djecom preko 50% radnog vremena, a 34 (23,77%) radilo je isključivo sa djecom i maloljetnicima. Na osnovu prikupljenih podataka i sprovedene deskriptivne analize, date su neke preporuke za budućnost.

Ključne riječi: dječija psihologija, dječija psihijatrija, Bosna i Hercegovina, adolescentna psihijatrija.