

Mental health law in Montenegro

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This paper discusses the services and treatments that are offered in Montenegro to persons who are mentally ill. A short history is given. The law on the protection of the rights of patients who are mentally ill is described, along with the regulations governing voluntary and forced treatment. An action plan for promoting mental health has been partly already realised but some of its aims still need to be accomplished.

The Mental Health Programme in Montenegro is being implemented in accordance with ethical principles and the laws related to the protection and rights of people who are mentally ill. Bearing in mind the link between mental health and social cohesion, the promotion of mental health is recognised as a priority within the integrated framework programme set up by the United Nations and Montenegro. Through this programme, resources have been made available for the recruitment of a team of experts with a mandate to draft an action plan and set up a pilot programme for the provision of mental health in primary healthcare. The project was guided by the World Health Organization (WHO) and adapted to the national context and needs.

Mental health services

History

In former times in Montenegro, the primary responsibility for a person with a mental illness was undertaken by the person's family and to some extent the community in which the person lived. The first psychiatric hospital was founded at the beginning of the 20th century, in Danilovgrad. Those whose mental disorder brought on aggressive behaviour were admitted to the psychiatric hospital, and those who were not prone to aggressive behaviour were left to roam the streets (Van Mandere, 2002). A department of neuropsychiatry was founded in the 1950s within the hospital of Krusevac in Podgorica. Montenegro's special psychiatric hospital started its work in 1953.

Current institutions

The institutions that provide mental healthcare in Montenegro fall under the remit of the Ministry of Health. There are three hospitals that serve people who are mentally ill, the most important of which is the special psychiatric hospital in Kotor. This institution, besides having wards for patients with acute and chronic conditions, also has wards for treating addiction disorders and a forensic department.

Centres for mental healthcare (CMCs) were formed in the period of reform of primary healthcare, which started in 1991, in line with efforts to deinstitutionalise the provision of mental healthcare and to promote the principles of community psychiatry. The Centre for the Rehabilitation of Psychoactive Substance Addicts was founded in 2008.

The regulation of mental healthcare

Montenegro did not have an official policy on mental healthcare, nor a national programme for its promotion, until 2004, when the Strategy for Improving Mental Health was brought in. This set general health policy goals and represented the first step towards the development and implementation of a national strategy to promote mental health and integrate existing programmes. Action plans for the prevention of drug addiction in children and young people were created and set in motion in 2003. Two such projects introduced by the Ministry of Health were the Prevention of Drug Addiction in Elementary Schools in Montenegro and the Long-Term Plan and Programme for Addiction Suppression in Montenegro.

Law on the Protection and Realisation of the Rights of the Mentally Ill

The Law on the Protection and Realisation of the Rights of the Mentally Ill was passed on 27 May 2005 (official document RCG, number 32/2005). Through this law, the pathway for protecting the rights of people who are mentally ill was secured and conditions were created for the institution of appropriate measures against discrimination. In accordance with international laws and regulations, people with mental illness were enabled to gain their rights and freedom. They now have the right to be treated in the least restrictive environments, without intrusive or forced methods of treatment, and with the mandatory inclusion of family members and/or a legal representative. In the past, those who were mentally ill were most often treated in inadequate institutions or were resident in mental health hospitals for long periods of time. The inclusion of family members now ensures the support so needed in the process of treatment and rehabilitation.

The Law regulates voluntary and forced hospitalisation. Patients who can understand the purposes and consequences of their admission must sign a voluntary consent to hospitalisation. Patients who are not capacitous and are unable to give consent because they do not understand the nature of the situation, or the consequences and dangers of the suggested medical procedure, and

cannot make decisions or express their own will, can undergo only medical treatment which is in their best interests.

Where patients pose a serious danger to another person or themselves, directly or indirectly, they may be referred to a psychiatric institution, without their consent, in accordance with the law. Upon their arrival at hospital, the duty psychiatrist is required immediately to examine them and to determine whether they pose a danger to themselves or others due to their mental illness. If the patient does not agree to voluntary admission, the psychiatrist will make a recommendation for compulsory admission and treatment. The reasons for compulsory detention are explained to the patient in an appropriate manner.

Under the Law on the Protection and Realisation of the Rights of the Mentally Ill, the recommendation and the grounds for compulsory treatment have to be sent to a court within 48 hours, for a hearing that includes the patient's legal representative as well as representatives of the Centre for Social Work and the Council for Patients' Rights. In addition, all the hospitals have their own panel for compulsory/forced hospitalisation, composed of three psychiatrists and social workers, and very often a judge is present. Following a compulsory admission, each of the panel members is expected to visit the patient and make a report regarding further treatment, which is then sent to the court. The court, within 8 days, renders a decision on compulsory treatment for up to 30 days. If there are no more reasons for detention, the patient has to be released within the timeframe given by the court. During hospitalisation, patients are given an explanation of their rights and the procedures. Patients have the right to request a transfer to another psychiatric institution. Current procedures are in sharp contrast with past practice (up to 1980), when forced hospitalisation was implemented at the recommendation of the psychiatrist and the social worker, who in turn were responsible for sending the completed documentation on the non-consenting patient to the guardian and court.

Recent changes in legislation have resulted in the establishment of the National Committee for Mental Health, which procures expert opinions and provides suggestions to authorities on the steps needed to conform to the measures for the prevention of mental and behavioural disorders. An Ethics Committee has been set up to monitor guardianship arrangements and the protection of the rights of patients in psychiatric institutions. This is an independent multidisciplinary body operating at the secondary and tertiary levels of mental healthcare, which ensures that ethical principles are adhered to in psychiatric institutions.

Action Plan for Improving Mental Health

In 2011, the National Committee for Mental Health adopted the Action Plan for Improving Mental Health for the period 2011–2014, with the aim of supporting the implementation of the national Strategy for Improving Mental Health. The

Action Plan was strategically the most important document related to mental health in Montenegro, with clear and comprehensively planned activities. It was created on the initiative of the Ministry of Health and WHO offices in Podgorica.

The documents which form the basis of this plan were primarily directed at strengthening the role of non-hospital services, the CMCs and the coordination of CMCs with centres for social work. It was envisaged that these changes would be achieved through multi-agency visits, home treatment and primary healthcare programmes.

The implementation of the Twinning Light project for the improvement of mental health services in Montenegro is in progress. This project is being conducted by the Trimbos Institute (Dutch Institute for Mental Health and Addiction) and includes the training of all nurses employed in mental health institutions (Twinning Light, 2014).

The Action Plan has redefined Montenegro's laws and harmonised them with European Union and WHO standards. Specifically, the Law on Amendments to the Law on the Protection and Realisation of the Rights of the Mentally Ill, passed on 28 June 2013, brought full protection to persons with severe mental illness detained in psychiatric institutions, be they voluntary or compulsory patients. Electroconvulsive treatment now requires consent and the involvement of the Ethics Committee. Important changes have also been made in relation to psychosurgery, which has been banned from practice.

Conclusion

We consider that the newly introduced legislation has significantly complemented the normative framework within which the rights of people with a mental illness are secured. The weakest link in the provision of mental health services in Montenegro are now the CMCs, established at the primary care level, due to incomplete multidisciplinary teams, a lack of integrated services and the absence of interfaces with social services. There is also a lack of in-patient facilities for addiction treatment. Further, conditions in existing mental health hospitals are generally inadequate for patients. It is encouraging that there are plans for the construction of a new psychiatric clinic in Podgorica.

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