**Comments on the report of the High Commissioner for Human Rights in connection with resolution A/HRC/32/L.26**

In accordance with Article 12 of the Law on Ministries, the Ministry of Human Rights and Refugees is in charge of monitoring the implementation of human rights instruments BiH has signed, ratified or accepted by succession, including the International Covenant on Economic, Social and Cultural Rights under which BiH submitted an initial and two periodic reports to the relevant UN committee.

The Covenant recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken to achieve the full realization of this right include the steps necessary for the prevention, treatment and control of epidemic, endemic, occupational and other diseases. It is vital to create conditions which would assure to all medical service and medical attention in the event of sickness.

We note that the satisfaction of human needs and values that ​​allow people to live a life of dignity, which is guaranteed by the Covenant, is very important and, bearing in mind the above, we give hereinafter answers put together by the Ministry in cooperation with the competent authorities at all levels of government.

Comments by the Ministry of Health and Social Welfare of the Republika Srpska

When it comes to the mental health of the population as well as the regulation of the human rights of persons with mental disorders in the Republika Srpska, the new Mental Health Development Strategy (2016- 2026) with a view to improving the existing and developing new methods of mental health care of not only individuals but also society as a whole, reducing the prevalence of mental health problems and disorders, enhancing availability of high-quality and timely provision of health care services, rehabilitation and social inclusion of people with mental disorders, thereby strengthening their role in decision-making in these processes, with the aim of increasing personal satisfaction and citizens' health, reducing the cost of providing services in mental health care and boosting economic and social development.

In order to strengthen social inclusion, the Republika Srpska opted for the establishment **of long-term sustainable mechanisms** to reduce **discrimination of people with mental disorders**. Activities are redirected primarily on identifying problems at the local level and start from the needs of persons and families of persons with mental disorders, which is achieved through three areas: a) development and implementation of anti-stigma programs at the community level, b) capacity-building of beneficiaries' associations to form partnerships, c) improving of social inclusion of beneficiaries through support of their initiatives. The Ministry of Health and Social Protection of the Republika Srpska works in partnership with MHCs, through the mental health Project in Bosnia and Herzegovina, phase II, to support beneficiaries' associations in planning and preparing anti-stigma programme implemented in five communities, on the basis of the strategic framework. The purpose of the development of a strategic framework is to ensure constant availability, whose efficiency is measured and evaluated on the basis of the developed indicators.

The process of dissemination of good practices is supported by promoting effects of anti-stigma programmes that work mostly through project activities, with a focus on training activities involving coordinated care and occupational therapy, and include a large number of mental health professionals. The Project produced promotional materials that are distributed to the mental health centres and other relevant partners in the community. These activities are carried out with the aim of sensitizing professionals to the development and application of similar anti-stigma activities in their local communities. To ensure gender mainstreaming into the intervention, the activity of assessment of gender equality is being developed in order to identify any gender-based inequalities in access to the benefits of training and funding. This assessment will focus on the assessment of the existence of gender equality in the allocation of grants, that is, whether they are equally beneficial to men and women as a target group of the initiative. On the basis of this analysis, it will be possible to make corrections, if any, so that the grants scheme can ensure the gender mainstreaming in the criteria, progress indicators and programme results.

Assuming that the recovery or positive mental health can be learned and, bearing in mind that beneficiaries can benefit from occupational therapy in terms of their health outcomes, capacity-building of beneficiaries' associations to form partnerships and improving of social inclusion of beneficiaries are carried out through the following activities:

a) Training programmes, which include 30 associations with a total of 450 beneficiaries, are focused on personal empowerment, establishment of community partnerships and further strengthening of organizational capacities of the community and further strengthening of organizational capacities of beneficiaries' associations. Training plans are carefully designed on an annual basis and adjusted to the needs of individual associations. They are implemented as a partnership of beneficiaries, their families and professionals (mental health experts and other relevant professionals) on a continuous basis and active support in designing and implementing activities within the associations.

b) Allocation of grants to improve the quality of life and organization of work activities for users of mental health services.

It is the Mental Health Centre that is the organizational form at the primary health care level and the form of work is mental health in the community. The Mental Health Centres (MHCs) are the main carriers of outpatient care and protection and comprehensive and far-reaching changes in mental health in local communities. Currently, there are 27 MHCs which are part of community health centres and, in the long run, these centres could be established as separate legal entities. One or more multidisciplinary teams work in MHCs, depending on the size of the areas they cover, available personnel and other resources as well as of the identified general and specific needs of population in their AOR and wider population. The team consists of psychiatrists, psychologists, social workers, nurses, special education teachers and speech therapists, occupational therapists. Some MHCs have special teams for prevention and treatment of mental disorders in children and adolescents and teams for the treatment of substance abuse. Positive developments in the rehabilitation and treatment, reducing the frequency and the length of hospitalization and the establishment of interdisciplinary collaboration within the health system, especially with family medicine teams, are observed in most places where MHCs operate. Cooperation was established at the local level with the social welfare centres, non-governmental associations, schools, local authorities.

At the secondary and tertiary level, mental health care is provided in the following institutions: the Department of Psychiatry of the University Clinical Center of the Republika Srpska plc., the Clinical Psychiatric Hospital Sokolac plc., the Special Hospital of Chronic Psychiatrics of Modrica, the Department of Neuropsychiatry of the Clinical Hospital of Gradiska plc., the Department of Psychiatry of the "Sveti Apostol Luka" Clinical Hospital of Doboj, the Psychiatric Department of the "Dr. Mladen Stojanovic" Clinical Hospital of Prijedor and the Department of Psychiatry of the Clinical Hospital of Trebinje. In the coming period, a separate public health institution for accommodation and treatment of forensic patients - Clinical Institute of Forensic Psychiatry - will be established in accordance with modern standards, which will have 200 beds. The total number of available beds is 718.

The Special Hospital for Chronic Psychiatry of Modrica has set up a care home in Kladari, which is a step further in psychiatric rehabilitation in community, deinstitutionalization and out of hospital treatment of the mentally ill with a view to humanizing general treatment of mentally ill persons. All inpatient institutions should closely co-operate with MHCs and other sectors and services in the community in order to ensure continuity of care. The treatment should be individualized and humanized by largely applying Person Cantered Psychiatry in accordance with the Institutional Program of the World Psychiatric Association and the concept of mental health care in the community in accordance with the Helsinki Declaration (2005) and WHO recommendations.

In the Republika Srpska there are specialized social care institutions that care and provide social treatment of people with difficulties in mental and physical development. These institutions house patients in accordance with the Law on Social Protection, the Rulebook on the Needs Assessment in Counselling of Children and Youth with Disabilities and the Rulebook on Determining the Capacity of People in the Process of Exercising the Right to Social Assistance and Determining the Functional State of a Beneficiary. Placing a person in an institution means his/her placement in a social care institution or another institution outside the social protection system, which meets requirements for placement of social protection beneficiaries. Using the concept of extended rights and social care services, social work centres have a possibility to introduce additional services for persons with mental health problems.

The new approach to mentally ill persons has shifted to shorter stays in psychiatric hospitals during acute or deteriorated conditions, in terms of rehabilitation, re-socialization and reintegration during remission. This approach has been followed by the development of services in the community for long-term beneficiaries of mental health services such as day hospitals, centres for mental health care, day care centres, care homes and sheltered housing and sheltered workshop projects.

In order for long-term beneficiaries, who do not have a satisfactory family and social support, to remain in the community, different forms of sheltered housing defined in the Law on Protection of Persons with Mental Disorders and the Mental Health Policy of RS and sheltered housing and supported housing (under the Law on Social Protection RS) have been developed.

Some beneficiaries need continuous support primarily focused on reducing the consequences of disturbances in the area of ​​cognitive, conative and emotional functions of interpersonal relations. The aim is optimal rehabilitation of beneficiaries, after a period of acute hospitalization. Interventions are planned in the model of rebuilding life and social skills, such as vocational training, training courses.

It is important that the homes should have the nature of family homes and are integrated into the community, associates are open to new and different, are based on equality, all of them having responsibility for the household, a small hierarchy, as well as the use of all available resources of the community.

A coordinated care approach is a new service that MHCs use with people with severe mental disorders and multiple needs. The process links the beneficiaries with services and existing resources. It involves assessment, planning, implementation and evaluation of options in accordance with the beneficiary's specific needs. The most important aspects of care coordination are: availability and continuity of services, individual or family support and the maximum and effective use of existing services and products, with the aim of improving the development, psychological and functional outcomes for beneficiaries and achieving optimal recovery.

The Ministry of Health and Social Protection of the Republika Srpska supports further integration and sustainability of these services of MHCs with a series of activities. A progress of teamwork and beneficiaries' satisfaction with the quality of services provided are achieved by additional training and support in the workplace