

**The Situation of People with  
Mental Health Problems and People with  
Intellectual Disabilities in Kosova/Kosovo**

**A Needs Assessment Report**

KOAPS  
2006

## ABBREVIATIONS AND ACCRONYMS

CBMHC	Community-Based Mental Health Center or MHC
CDP	UNMIK Comprehensive Disability Policy
CIDA	Canadian International Development Agency
DFID	Department for International Development, United Kingdom
DOW	Doctors of the World
EAR	European Agency for Reconstruction
EU	European Union
FSDEK	Finnish Support to the Development of Education in Kosova/Kosovo
HANDIKOS	Organization for People with Disabilities
HDR	Human Development Report
HIS	Health Information Systems
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
IH	Integration Houses
ILO	International Labor Organization
IOM	International Organization for Migration
KFOR	NATO forces in Kosova/Kosovo
KRCT	Kosova/Kosovo Rehabilitation Center for Torture Victims
MCFM	Municipality Centers for Family Medicine
MDRI	Mental Disabilities Rights International
MEST	Ministry of Education, Science and Technology
MH	Ministry of Health
MHSP	Mental Health Strategic Plan
MLSW	Ministry of Labor and Social Welfare
NGO	Non-Governmental Organization
OPD	Organization of People with Disabilities
OSCE	Organization for Security and Cooperation in Europe
OSI	Open Society Institute
PCIS	Kosova/Kosovo's Provisional Constitution for Interim Self-Governance
PISG	Provisional Institutions of Self-Government
PPCK	Provisional Criminal Code of Kosova/Kosovo
PTSD	Post-Traumatic Stress Disorder
RAE	Roma, Ashkali and Egyptian
SOK	Statistical Office of Kosova/Kosovo
SRSG	Special Representative of the Secretary General
SWOT	Strengths, Weaknesses, Opportunities and Threats
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMIK	United Nations Interim Administration Mission in Kosova/Kosovo
UNSCR	United Nations Security Council Resolution
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

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## **Foreword**

This needs assessment report on the situation of people with mental disabilities in Kosova/Kosovo was commissioned by the Open Society Mental Health Initiative. The report was written by the Kosova/Kosovo Association of Psychology Students with the mentoring of Prof. Moshe Landsman, Ph.D, co-head of the Psychology Department in the University of Prishtina. The task has proven to be challenging and rich, and we believe this needs assessment is an essential part of a new mental health foundation which is underway in Kosova/Kosovo.

There has been progress in the development of the healthcare system for people with mental disabilities in Kosova/Kosovo over the last 5 years. A number of local and international organizations have invested a significant amount of human and financial resources in the development of the Kosova/Kosovo health and mental health systems; the Ministry of Education, Science and Technology, the Ministry of Labor and Social Welfare, and UNMIK have also made substantial efforts to improve Kosova/Kosovo's mental health services. Today the system includes a network of community-based mental health services and some community-based housing. Additional resources are being allocated to create and modify mental health legislation and regulations. However, Kosovar society, like other societies, is still plagued by stigma, discrimination, and a lack of access to services for those who need them.

This needs assessment aims to describe the current situation of people with mental disabilities in Kosova/Kosovo, to outline the legal framework and the services that are available, and to survey future plans and projects which aim at improving services. The research conducted for this report includes numerous interviews with mental health government and ministry officials, and with representatives of local and international NGO's. Governmental ministries have been open and cooperative in providing such interviews and in sharing their data for this report, and representatives of local and international NGOs have graciously provided their assistance. We thank all contributing parties for their time and their effort in providing information.

## **Executive Summary**

Since the end of war in Kosova/Kosovo, despite many obstacles such as the ensuing devastation, high unemployment and a complex structure of order and command within the UNMIK administration and the Kosova/Kosovo government, much has been achieved in the field of mental health in Kosova/Kosovo.

Before the 1998/99 war, Mental Health institutions in Kosova/Kosovo were part of a centralized system managed by the government of Yugoslavia. The post-war Kosova/Kosovo government, supported by the UNMIK administration and local and international organizations, has laid a strong framework for the construction of a modern, community based, mental healthcare system which will be able to offer high quality services and ensure the enforcement of human rights for people with mental disabilities. The framework for this new system was established on the basis of the Strategic Plan for Mental Health (compiled by a joint working group and approved by the Ministry of Health on February 2001). The system consists of seven Mental Health Community Based Centers and seven Integration Houses. The new mental health care system is supported by necessary legal acts, a distinctive financing scheme and a unique method of data-gathering, created through the formation of the Health Information System.

In spite of clear progress, there also continue to be many gaps in the availability of services, in the enforcement of human rights, and in the development of proper legislation to govern mental health issues. Because statistical information on people with mental disabilities is scarce in Kosova/Kosovo, these gaps are particularly difficult to properly identify and effectively address. The challenge of addressing the needs of people with mental disabilities is further increased as a result of ambiguity in regard to the division of responsibilities in this area.

Since its establishment in 1999, the Kosova/Kosovo Assembly has worked hard to develop and pass laws and regulations which will govern Kosova/Kosovo; during the Yugoslav era, many of these laws were out-dated or simply non-existent. The Assembly has passed the Law on the Rights and Responsibilities of the Citizens in the Health Care, laws on disability pensions and laws on education but did not pass any special legislation on the mental health sphere. As a result, despite the development of these new laws, people with mental disabilities and related issues are still not completely legally defined; people with diminished mental capacity who are convicted of crimes and residents of the Shtime Special Institute are among the groups which have fallen victim to gaps in the legal system. The Ministry of Health, the Ministry of Labor and Social Welfare and the Ministry of Education, Science and Technology are beginning the process of drafting new legislation aimed at filling these gaps and regulating issues such as community-based services, special education, disability pensions and compulsory treatment.

Access to employment and education for people with mental disabilities is very limited, although improvements in the legislation and capacity are slowly taking place. The Ministry of Education, Science and Technology has acknowledged the importance of special education and the need to address the issues of children with intellectual disabilities – a need

which has been demonstrated by an increase in the number of students in special education classes.

However, several issues regarding children with intellectual disabilities have not been addressed to the extent needed. Diagnostic procedures and standards, which are not universal within Kosova/Kosovo, and lack of official data on the number of children with intellectual disabilities who are outside the education system are just two of the crucial issues which must be addressed.

The needs and rights of the residents of the Shtime Special Institute require that the Ministry of Labor and Social Welfare and the Assembly of Kosova/Kosovo define the process of guardianship and legal representation of people with mental disabilities who are institutionalized. Despite the existence of anti-discrimination legislation in Kosova/Kosovo, there is no process for implementing and assuring the full execution of the law. Therefore, people with mental disabilities are not assured protection from discrimination based on their disability.

In spite of forward progress in the area of mental health services in Kosova/Kosovo, much work remains to be done. Because improvements in the field of mental health were virtually non-existent throughout the years of conflict in the former Yugoslavia, today, continuous support is needed for the improvement of mental health services in Kosova/Kosovo.

### **About the terminology**

In Kosova/Kosovo, there is no standardized terminology that is accepted by all relevant stakeholders in the mental health care field. As in other countries, the definition and application of terms related to mental health is under continuous debate. In order to build consensus and standardize terminology, it is essential that an exchange of opinion on this topic take place between mental health professionals and officials. In the current absence of such a dialogue, the authors of this Needs Assessment Report have followed the guidelines outlined in the December, 2001 Comprehensive Disability Policy Framework in Kosovo – the most reliable document addressing this matter, to date. This document points out that appropriate terminology can help to avoid the labeling of people with minor or major physical or mental impairment. Hence, terminology used in this report that refers to limitations is titled as “disability,” and it refers to obstructions and limitations of activity, only. It is not the aim of this Needs Assessment Report to provide conditions for creating or promulgating stereotypes related to the discussed group of people.

## **Recommendations**

### **To the Ministry of Education, Science and Technology**

1. The Ministry of Education, Science and Technology should begin a nation-wide campaign to include children with intellectual disabilities in the education system.
2. The Ministry of Education, Science and Technology should make efforts to accelerate the inclusion of children with special educational needs, including children with intellectual disabilities, into regular education.
3. The Ministry of Education, Science and Technology, in cooperation with the Ministry of Health, should establish a national and unified process of diagnosis and placement criteria for people with intellectual disabilities in regard to education. MEST should ensure that monitoring of the assessment process is adequate by assigning a commission which represents people with disabilities. Members of such a commission could include: representatives from Organizations of People with Disabilities; representatives from a parent group; physicians and psychologists/psychiatrists who have obtained degrees from nationally accredited universities; and licensed associations of doctors, psychiatrists and psychologists.
4. The Ministry of Education, Science and Technology should develop an implementation instrument for the policy on children with disabilities so that no child shall be left without an education.
5. The Ministry of Education, Science and Technology should provide more opportunities for special education beyond elementary school.
6. The Ministry of Education, Science and Technology should train new special education teachers and reduce the ratio of special education teachers to students in order to meet acceptable international standards.
7. The Ministry of Education, Science and Technology should support the Finnish Support Group and the University of Prishtinë/Pristina as they continue their work on setting up a Master Studies program for Special Pedagogy and create new specialty areas such as child psychology.

### **To the Ministry of Health**

1. The Ministry of Health should expand the funding for community-based services and should place particular emphasis on employing the individuals most qualified for such work.
2. The Ministry of Health should give free health care and medication to people with mental disabilities and should ensure that people with mental disabilities are made aware of the availability of such services.
3. The Ministry of Health should develop a national strategy for mental health diagnosis, including specific guidelines for intellectual disabilities, which adhere to international standards. This national strategy on mental health diagnosis should be used when cooperating with the Ministry of Education, Science and Technology in drafting the national categorizations and school placement criteria for children with intellectual disabilities in regard to education.

4. The Ministry of Health should increase its efforts to cooperate with the Ministry of Labor and Social Welfare and other actors involved in the rehabilitation and social integration of people with intellectual disabilities and mental health problems.
5. The Health Information System database should be further improved so that its reports can be used by other Ministries to improve services.
6. Standards should be set for the creation of new mental health services, and existing services in mental institutions should be improved to come into line with international norms.
7. The Ministry of Health should closely monitor Community-Based Mental Health Centers, and an assessment system for the centers' work should be created. The CBMHC should regularly train their staff, especially the high-school nurses.
8. The Ministry of Health should provide additional training to staff at all levels of mental health care, in particular providing advanced training to psychiatrists, psychologists and nurses.
9. The Ministry of Health should maintain closer cooperation with non-governmental mental health service organizations, providing support, and in particular financial assistance, for their work.

#### **To the Ministry of Labor and Social Welfare**

1. The Ministry of Labor and Social Welfare should continue building new Integration Houses and shorten the time people spend there while integrating fully into society.
2. All the cases of Shtime Special Institute residents must be reviewed, and more appropriate treatment must be recommended.
3. The Board of Visitors should be made into an independent monitoring body and should be separated from the authority of the MLSW.
4. The Ministry of Labor and Social Welfare should create a special employment center for people with mental disabilities.
5. The Ministry of Labor and Social Welfare should provide social assistance for children with mental disabilities.
6. The Ministry of Labor and Social Welfare should establish an agency which deals particularly with issues such as supported employment and other topics relevant to the lives and needs of people with disabilities.
7. The Ministry of Labor and Social Welfare should create a vocational training center for persons with mental disabilities.

#### **To the Kosova/Kosovo Assembly**

1. The Kosova/Kosovo Assembly should pass a law, more specific than that currently in existence, concerning compulsory detainment in mental health institutions. The law should specifically address compulsory treatment at the Shtime Special Institute and other health institutions such as psychiatric wards. The law should define the role of the Shtime Special Institute, the Ministry of Health, and the Ministry of Labor and Social Welfare in regard to the Institute and its residents.
2. The government should introduce a concrete law which defines guardianship and legal representation of people with mental disabilities and which explores alternatives to full

- guardianship so that people with mental health problems and intellectual disabilities can exercise their civil rights to the maximum extent possible.
3. In cooperation with NGOs and OPD's relevant to people with mental disabilities, the Government should organize public awareness campaigns on issues such as inclusive education, anti-discrimination, and community-based rehabilitation.
  4. The Kosova/Kosovo Assembly should develop laws on imprisonment or compulsory detainment for perpetrators with diminished mental capacity. The law should define the power structure in regard to the detainment of perpetrators with diminished mental capacity and must include the role of the Ministry of Labor and Social Welfare, the Ministry of Health, the Justice Department and the Ombudspersons Institution.
  5. The Kosova/Kosovo Government should assign a special representative to monitor all government-administered institutions and assure that human rights are respected. The representative should not be employed by any of the Ministries.
  6. The Kosova/Kosovo Government should establish a Mental Health Review Board whose purpose is to hear appeals and regularly review all involuntary admissions to mental health institutions and other complaints. The Mental Health Review Board should be an independent institution and not associated with any particular ministry. The Mental Health Review Board should also review quarterly reports on issues regarding people with mental disabilities from all ministries and institutions which are under the Kosova/Kosovo Prime Ministry and Assembly.
  7. Questions on disability should be included in the next Population Census.
  8. The Kosova/Kosovo Assembly should compile new, and complement existing, legislation on mental health, in particular that related to the detention and compulsory treatment of people with mental disability, the imprisonment or hindrance of criminal violators with mental disability, and the duties and competencies of the respective institutions and organs in treatment and support of the people with mental disability.
  9. The Kosova/Kosovo Assembly should approve/ratify all international agreements related to people with disabilities.
  10. The government, in cooperation with the Statistical Office of Kosova/Kosovo and other relevant institutions, should work with the HIS system of the Ministry of Health in maintaining a centralized, comprehensive database on people with mental health problems and intellectual disabilities. The database should also include information on the educational opportunities and employment situation for people with intellectual disabilities.
  11. The Kosova/Kosovo Government should act more forcefully to address discriminatory actions based on disability and should ensure that persons or institutions that do discriminate are punished.
  12. The Kosova/Kosovo Government should initiate a campaign of awareness that carries a strong moral stand against discrimination based on mental ability.
  13. The Kosova/Kosovo Government should create a policy specific for people with mental disabilities detailing issues that concern people with mental health problems and people with intellectual disabilities. The Kosova/Kosovo assembly in cooperation with the Ministry of Labor and Social Welfare, Ministry of Health, Ministry of Education, Science and Technology and other appropriate departments should create a comprehensive policy on issues regarding people with mental disabilities in Kosova/Kosovo. The policy should include plans which aim at using all resources necessary in creating a safe and equal environment for people with mental disabilities. The policy should include concrete steps such as improving employment opportunities

for people with mental disabilities, increasing the number of people with mental disabilities in the school system, and developing enforcement agencies which will assure that people with mental disabilities are not discriminated against in the Kosova/Kosovo society.

14. A special team should be assigned to address the needs of people with mental disabilities in minority communities in Kosova/Kosovo.
15. The Kosova/Kosovo Government should provide space for media coverage of people with disabilities and related issues. Specifically, RTK, a public national television channel, should provide more air time for issues of people with mental disabilities.
16. The Ministry of Health, and the Ministry of Labor and Social Welfare should incorporate new services for which personnel would be trained to identify and register people with disabilities. In particular, the Ministry should create a data system which records information on people with disabilities and mental disabilities. This system should incorporate information on people with disabilities receiving disability pensions and healthcare services. Through this incorporated data system, the ministries will have more quantitative information on people with disabilities and mental disabilities when deciding on new policies or programs.
17. Every institution administered by the Kosova/Kosovo Government should be requested to submit a report of disability rights violations to the independent Mental Review Board.
18. The Kosova/Kosovo Assembly should appoint a Special Disability Advisor. The Disability Advisor should take part in all relevant working groups.
19. All internationally ratified treaties related to people with disabilities should be translated into the local languages and be passed/ratified by the Kosova/Kosovo Assembly.
20. The Kosova/Kosovo Government should establish a Fund for Inclusion, Leadership, and Human Rights of People with Disabilities. The Fund for Inclusion would be a grant program designed to promote the participation of people with disabilities in all areas. The Fund for Inclusion would:
  - Support the creation, development, and viability of NGOs managed by people with disabilities;
  - Promote educational exchanges, technical assistance and collaboration among disability rights groups, foreign governments, human rights organizations and disability leaders from other countries;
  - Assist governments in drafting enforceable disability rights legislation and assist NGOs in proposing and promoting such legislation; and
  - Establish independent human rights oversight, advocacy, and enforcement programs for people with disabilities.

## **To the Ombudsperson**

Within the Ombudsperson's Institution, a special department for people with disabilities/mental disabilities should be created. This department should look into complaints made by people with mental disabilities and should also do field work to identify and monitor any abuses.

## CHAPTER I

### Country Overview and Background

#### The Population of Kosova/Kosovo

Efforts to calculate the total population of Kosova/Kosovo in the absence of a census have produced different numbers which vary from 1.7 million to 2.5 million.<sup>1</sup> According to the Human Development Report (HDR) 2004, published by the United Nations Development Program (UNDP), 52% of Kosova/Kosovo's population is under 25 years of age. In comparison to the EU's percentage of youth, where the population aged between 3 and 23 comprises 27% of the overall population,<sup>2</sup> Kosova/Kosovo's population is very young.<sup>3</sup> The population of Kosova/Kosovo as recorded for the year 2000 is comprised of 88% Albanians, 7% Serbs and 5% from other ethnic backgrounds (Bosnians, Roma, Turks, Ashkali etc.).<sup>4</sup> More accurate demographic figures will be available upon completion of the 2005 Population & Housing Census.

#### Population Demographics

The 2004 HDR reports that 60% of Kosova/Kosovo's population lives in urban areas and 40% lives in rural areas.<sup>5</sup> As the infrastructure in rural areas is still at a critically underdeveloped stage, 1 to 1.5 million Kosova/Kosovo inhabitants live in poverty and in conditions that are not conducive to healthy human development. The latest HDR shows that in 2004, 47% of Kosova/Kosovo's population lived on less than \$2 per day, and 13% of Kosova/Kosovo's population lived in extreme poverty,<sup>6</sup> which is defined as lacking the resources to consume 2,100 calories per day/per adult.

#### Statistical and Demographical Information on People with Mental Disabilities

The Ministry of Health has no statistics regarding the services received by people with mental disabilities. Communication and coordination between the Ministry of Health and the Mental Health Centers has not been adequate, therefore data which Mental Health Centers have on the services they provide to people with mental disabilities is not integrated into one database at the Ministry of Health.<sup>7</sup> The Health Information System may improve this situation.

WHO and Handikos estimate that approximately 140,000 people in Kosova/Kosovo have both physical and mental disabilities.<sup>8</sup> This data is not disaggregated by type of disability. According to the Kosova/Kosovo Comprehensive Disability Policy (CDP), there may be as

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1 Statistical Office of Kosova/Kosovo - 1.9 million, OSCE – 2.5 million, World Bank – 1.7 million.

2 Euro Stat (2000).

3 UNDP(2005) Human Development Report, p. 140.

4 Statistical Office of Kosova/Kosovo (2000) Kosova/Kosovo and its Population, p. 7.

5 Annex V: UNDP (2004) Human Development Report, p. 133.

6 UNDP (2004) Human Development Report in Kosova/Kosovo, p. 18.

7 Interview with Dr. Ismet Abdullahu, Mental Health Officer, Ministry of Health.

8 Comprehensive Disability Policy Framework, December 2001.

many as 150,000 Kosovars with disabilities. This figure matches the WHO estimate that 10% of the population has a disability.<sup>9</sup> There is no information about the demographics of people with intellectual disabilities included in the CDP.

### **Internally Displaced Persons (IDP) and Refugees**

The 1999 war in Kosova/Kosovo caused a large number of people to be internally displaced.<sup>10</sup> These people migrated to new geographical locations within Kosova/Kosovo or within the borders of the Federal Republic of Yugoslavia (Serbia and Montenegro). On July 2003, the Assembly of Kosova/Kosovo produced several recommendations regarding the return of internally displaced people.<sup>11</sup> These recommendations presented objectives for the Kosova/Kosovo Assembly and Municipalities, the provisional institutions of self-government (PISG) and the United Nations Interim Mission in Kosova/Kosovo (UNMIK). Access to public services, freedom of movement and employment opportunities remains a challenge for internally displaced persons and refugees.

### **The Political Structure of Kosova/Kosovo**

Kosova/Kosovo is currently under the authority of an interim civil administration led by the United Nations Interim Mission in Kosovo (UNMIK). Pursuant to Resolution 1244 of the United Nations Security Council in 1999, one of the main responsibilities of the international civil presence is “protecting and promoting human rights.”<sup>12</sup> The Special Representative of the United Nations Secretary General (SRSG) heads UNMIK. The person in this position has changed several times since the position was first established.

In May 2001, the new Constitutional Framework of Kosova/Kosovo was adopted. The Constitutional Framework for Provisional Self-Government in Kosova/Kosovo is currently the highest legislative and regulatory governing document of Kosova/Kosovo.<sup>13</sup> The Constitutional Framework envisages that governance of institutions in Kosova/Kosovo will be transferred from UNMIK to local government in a gradual manner. Chapter 9 of the Constitutional Framework establishes the following components of the Provisional Institutions of Self-Government: the Assembly, the President, the Government and the Courts.<sup>14</sup> The Assembly is the highest representative system in Kosova/Kosovo, and assembly members are responsible for writing national policies, laws and regulations. The Assembly has a three-year term. A draft law, after consideration by the relevant Committees of the Assembly, is approved if it receives a majority of the votes of those present and

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9 UNDP Kosova/Kosovo Human Development Report, p. 93.

10 The UNMIK “Manual on Sustainable Return” defines internally displaced persons as “persons or groups of persons who have been forced or obliged to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters and who have not crossed an internationally recognized border.” It recognizes that: “all refugees and internally displaced persons possess the fundamental human right to return to their homes, without regard of their ethnicity, in either a spontaneous or an organized and assisted manner.” UNMIK (2003) Manual on Sustainable Return – January 2003, part I, p. 1.

11 Assembly of Kosova/Kosovo (July, 2003) Recommendations.

12 Resolution 1244 of the Security Council of the United Nations, June, 1999; paragraph 11(j).

13 <http://www.unmikonline.org/constframework.htm>.

14 <http://www.unmikonline.org/constframework.htm>.

voting. A law becomes effective when it has been promulgated by SRSG. A draft law becomes law only after all rules of procedures set forth by the Kosova/Kosovo Assembly have been respected and only after the document is signed by the President of the Assembly of Kosova/Kosovo and the SRSG. The SRSG is authorized by the United Nations Security Council Resolution 1244 (1999) to veto a draft law or to request it to be changed or modified.

The local ministries within the Provisional Institutions of Self Government that are responsible for specific policies and programs regarding social services for people with mental disabilities are: the Ministry of Labor and Social Welfare (MLSW); the Ministry of Education, Science and Technology (MEST); and the Ministry of Health (MH).

### **Municipalities and Decentralization of Power**

UNMIK regulation No. 2000/45 of August 11<sup>th</sup>, 2000 on Self-Government of Municipalities in Kosova/Kosovo establishes the framework for local self-government. According to this regulation, “municipality” is a basic territorial unit of self-government which can exercise all powers not expressly reserved to the Central Authority. Regulation No. 2000/45 states that all municipalities shall regulate and manage public affairs in their territory within the limits fixed by law to ensure conditions for a peaceful and normal life for all inhabitants of Kosova/Kosovo.

All 30 municipalities in Kosova/Kosovo have the following structure:

1. Chief Executive Officer
2. President of the Municipality (Mayor)
3. Administrative Director
4. Education Director
5. Health Director
6. Finance Director
7. Social Services Director
8. Urban Planning Director
9. Youth and Sports Director
10. Agriculture and Farming Director

In terms of health care, Municipalities are responsible for:

- Providing basic local conditions for sustainable economic development
- Public services including fire and emergency services
- Pre-primary, primary and secondary education
- Primary health care
- Social services and housing
- Consumer protection and public health

As of January 2005, most responsibilities related to services for people with mental disabilities such as Special Schools, Shtime Special Institute, Integration Houses (IH), Protected Apartments, Community-Based Mental Health Centers (CBMHC) and Psychiatry Departments remain very centralized, and policies regarding these institutions are still developed and managed at the ministerial level.

Although Kosova/Kosovo's government is decentralized, the level of decentralization depends on individual Ministries and the level of establishment of regional and local bodies that are able to govern. For example, special education is not decentralized due to a lack of human resources at the municipal level.<sup>15</sup> However, all municipalities play a role in special education by providing transport, services and supplies free of charge. Each municipality also has a Special Education Office within the Directorate of Education. This official carries out information campaigns about the existence of appended classes (which are special classes in mainstream schools) and, in cooperation with school Directors, identifies families who have children with special needs.

The Ministry of Labor and Social Welfare (MLSW) has not decentralized its power to municipalities and therefore all MLSW institutions are governed centrally. One reason for this is that municipalities are not ready to take on certain responsibilities; they lack human resources such as nurses, psychiatrists and health officials for social work at regional centers.<sup>16</sup> In some cases, municipalities can provide the physical space for ministry-operated institutions and will supply such items as room furnishings, computers and medication.

### **The Kosova/Kosovo Human Rights Ombudsperson**

Chapter 10 of the Constitutional Framework establishes the office of the Ombudsperson. It provides that natural and legal persons are entitled to file with the Ombudsperson complaints "concerning human rights violations or actions constituting abuse of authority by any public authority in Kosova/Kosovo."

The jurisdiction of the Ombudsperson is "to receive and investigate complaints, monitor, take preventive steps, make recommendations and advise on any such matters." The Ombudsperson gives priority to particular matters including "allegations of especially severe or systematic violations or allegations founded on discrimination." Regulation No. 2000/38, which describes the main duties of the Ombudsperson's office in Kosova/Kosovo, does not make specific reference to abuse or discrimination on the basis of disability.

Following the investigation into a matter of discrimination or abuse, the Ombudsperson may make a recommendation that the competent authorities initiate criminal proceedings. Once the Ombudsperson has made a recommendation, the administrative authorities or officials concerned must take appropriate measures within a reasonable time period or provide the Ombudsperson with acceptable reasons for not doing so. If deemed appropriate, the Ombudsperson may draw the SRSG's attention to the matter and may make a public statement.<sup>17</sup> Nevertheless, according to the Ombudsperson's office, the influence of the Ombudsperson is very limited. It can make recommendations, but it cannot compel any organization to change its practices.<sup>18</sup>

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15 Interview with Mrs. Luljeta Kabashi, Special Education Officer, MEST.

16 Interview with Qazim Gashi, Director of Institutions Divisions.

17 UNMIK Regulation No.2000/38. June 30, 2000 (Section 4.10 and 4.11 Functions and Powers).

18 Interview with Mr. Veton Vula and Avni Hasani, officials at the Ombudsperson's office.

According to officials in the Ombudsperson's office, there is no special process for people with mental disabilities to request assistance from this office. To date, the Ombudsperson has not received any complaints from a person with a mental disability. The Ombudsperson's office has recently produced their second report on the issues of people with mental disabilities. This second report was written in May 2005, Report Nr: 29/04 regarding the confinement of persons with mental disabilities in the Social Care Facility (Shtime Special Institute). According to the analysis of the Ombudsperson's office, the institutionalization of individuals with mental disabilities raises serious issues under Article 5, Paragraph 1 of the European Convention on Human Rights, to which the Kosova/Kosovo Constitution adheres. In this report, the Ombudsperson's office concludes that the absence of safeguards within the procedures for detaining people with mental disabilities into institutions such as that of the Shtime Special Institute fails to protect arbitrary deprivations of liberty of people with mental disabilities. The report concludes that the legal services available to people with mental disabilities or to any other person detained in "Social Care Facilities" (Institutions such as Shtime Special Institute, House for the Elderly) are not sufficient to meet the requirements of Article 5, Paragraph 4 of the European Convention on Human Rights. According to the Ombudsperson, the lack of legal aid in examining the lawfulness of the detention of people with mental disabilities "constitutes a violation of their rights under Article 5 Paragraph 4 of the Convention."<sup>19</sup>

### **Unemployment in Kosova/Kosovo**

According to "Kosova/Kosovo in Figures 2004," published by the Statistical Office in Kosova/Kosovo (SOK), the unemployment rate in Kosova/Kosovo (as defined by the International Labor Organization - ILO) is reported to be very high. Sixty-one percent of the total population of Kosova/Kosovo is of working age (i.e. 15-64 years old). The Kosova/Kosovo labor force is made up of 64% males and 33% females. According to Riinvest Institute, a private non-profit development research institute, the unemployment rate for 2004 was 49% of the labor force, whereas according to the Statistical Office of Kosova/Kosovo, the unemployment rate was 42%.<sup>20</sup> People older than 64 receive pensions, and children younger than 15 are not legally allowed to work, though a large number of children under 15 work selling tobacco and other everyday items in the streets.<sup>21</sup>

The Ministry of Labor and Social Welfare reported that for the period of January–March 2004, the number of people within the labor force registered as unemployed in Kosova/Kosovo was 289,771.<sup>22</sup> This amounts to 15% of Kosova/Kosovo's population (based on a population of 1.9 million (SOK)). Compared to the same period in 2003,<sup>23</sup> there has been a 9% increase in registered unemployment.<sup>24</sup> It is estimated that every year about 35,000 people enter the job market.<sup>25</sup>

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19 Ombudsperson's office in Kosova (2005) Report. Ex officio Registration No. 29/04.

20 European Commission (2005) Kosovo (under UNSCR 1244) 2005 Progress Report, p. 28.

21 MLSW (2004) Policies, Programs and Activities – Jan – March 2004, p. 22.

22 Ibid, p. 18.

23 Ibid, p. 25.

24 Riinvest – USAID (2003) Early Warning Report #5 2003, p. 18.

25 MEST, <http://www.mashtgov.net/Shqip/Te%20dhena%20statistikore/Te%20dhena%20statistikore.html>.

According to the 2004 Human Development Report<sup>26</sup> estimates, 63% of people aged 15–24 are unemployed, and 85% of those aged 15-19 are unemployed. The number of unemployed people is not divided equally based on gender, since the unemployment rate among young women (15-24 years old) is 74%, and the rate is 56% for men of the same age.<sup>27</sup> Given that more than 50% of Kosova/Kosovo's population is under 22 years of age, the problem of unemployment is alarming.<sup>28</sup> Figures from the Department of Labor and Employment show that, in 2003, youth suffered the highest increase in unemployment (14.6%).<sup>29</sup>

### **Unemployment and People with Mental Disabilities**

There is no official data on the unemployment rate of people with intellectual disabilities or for people with mental health problems. Some Mental Health Institutions, such as the Community-Based Mental Health Center and the Handikos Resource Center in Prishtinë/Pristina, have reported cases of people with intellectual disabilities being employed. One project developed by the House for the Elderly in Prishtinë/Pristina under the management of the MLSW has a greenhouse that enables residents to grow fruits and vegetables which they can then use for their own consumption.<sup>30</sup>

Research conducted by Handicap International with a sample of 391 people with disabilities found the unemployment rate among this group was 96%. Seventy-nine percent of interviewees had never been engaged in profitable work.<sup>31</sup> Even though institutions in Kosova/Kosovo such as the MLSW, the MH and the Regional Centers for Social Work attempt to provide assistance to people with disabilities through disability pensions, social assistance, or medication free of charge, they have no programs for generating employment for people with disabilities.

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26 UNDP (2004) Kosova/Kosovo Human Development Report 2004, p. 88.

27 Ibid.

28 Ibid.

29 Ibid.

30 Interview with Afrim Morina, official at Prishtinë/Pristina House for the Elderly, 26th July 2004.

31 GRAVIR AS LB, Handicap International (2002), Analysis of the Situation of People with Disabilities, p. 12.

## Access to Public Education

The education system in Kosova/Kosovo is in transition. In 2000/2001 compulsory education was extended to 9 years and was divided into primary and lower secondary education. Secondary education, i.e. upper secondary, is divided into a general stream and a vocational stream. There are entrance exams for both.<sup>32</sup> If students do not pass the entrance exams, they are not eligible to attend these schools. Almost every school has a specific entrance exam, and some schools, especially those located in Prishtinë/Pristina, have higher criteria and require higher exam scores.

The current education system in Kosova/Kosovo is divided between the existing structures and the reformed structures. The reformed education system has been implemented in order to extend obligatory education for another year. The reformed system compels students to attend all 9 school years from year 1 through year 9. For the 2004/2005 school year, preschool, primary and lower secondary education are in accordance with the reformed structure, whereas upper secondary education is still under the old structure.

School attendance seems to be the highest (98%) in the 10–14 year-old age group. Only 63% of pupils aged 15–19 years attend school.<sup>33</sup> Among the main reasons for the decrease in school attendance is the lack of secondary schools in villages as well as the poor economic situation of a large portion of the population, which makes travel to other villages or cities to attend school impossible.<sup>34</sup>

School drop-out rates for females are higher than male drop-out rates. Only 69% of all girls aged 7-14 are enrolled in school as compared with 85% of all boys in the same age group. Female drop-out rates during secondary education are another concern. Only about half of Albanian girls (56%) aged 15-18 are enrolled in secondary schools, while only about 40% of girls from all minority ethnic groups, with the exception of Serbian girls, are enrolled in secondary schools. The enrollment rate for Serbian girls is 92%.<sup>35</sup> Gender difference is also evident in the overall population with respect to education at the secondary school level. Almost 80% of the male population aged 25-29 has completed at least upper secondary education whereas the corresponding proportion for females of the same age is only 45%.<sup>36</sup>

There is a small percentage of children who have difficulties attending public schools due to long distances between their home and school. This is predominantly the case in distant villages where there is no public transport.<sup>37</sup> To date, there has been no indication of any positive change to facilitate the ability of these children to attend school.

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32 SOK and MEST (2002) *The Education System in Kosova/Kosovo*, Chapter 2.

33 MEST (2002) *Statistical Data on Education in Kosova/Kosovo*, <http://www.mashtgov.net/Shqip/Te%20dhena%20statistikore/Te%20dhena%20statistikore.html>.

34 Ibid.

35 SOK (2002) *Statistics on Education in Kosova/Kosovo*; Chapter 14: Gender and Education, p. 16.

36 Ibid.

37 Interview with Luljeta Kabashi, (2004) MEST Official for Special Education.

## **Finnish Support for the Development of Education in Kosova/Kosovo (FSDEK)**

At present in Kosova/Kosovo there is a lack of human resources as well as a lack of capacity to make accurate disability assessments and design appropriate education for children with special educational needs.<sup>38</sup> The Finnish government (FSDEK) is helping to address this situation and has provided support to establish the Department of Special Education at the University of Prishtinë/Pristina.<sup>39</sup> In 2002, the Faculty of Education at the University of Prishtinë/Pristina was extended to include Masters training in Special Education (for pre-school and primary school teachers).

FSDEK held introductory training in special education for 800 - 900 teachers from different fields from all over Kosova/Kosovo. An additional 100 teachers completed a special year and a half-long FSDEK professional development training in Special Needs Education.<sup>40</sup>

FSDEK has prepared “Phase II of the Finnish Support to the Development of the Education Sector in Kosova/Kosovo” which outlines the strategies and objectives of the FSDEK in Kosova/Kosovo for the period of September 2003 to September 2007.<sup>41</sup>

- The FSDEK II project aims to continue its initiative for inclusion which it began with Phase I of the Finnish Support to the Education sector in Kosova/Kosovo (FSDEK I). The core goal of FSDEK II is to provide capacity-building in inclusive education within the teaching profession.
- For pre-service training, the project aims to support the development of the new Faculty of Education by providing sufficient capacity in terms of human and other resources to ensure that all new teachers in Kosova/Kosovo will have basic skills in inclusive education.
- To support practicing teachers and other education professionals, the project seeks to capitalize and expand on the accomplishments of the FSDEK I in inclusive education. The project will continue supporting professional development programs and will promote cooperation between different actors in inclusive education.

## **Education and Training of Professionals Providing Services to People with Mental Disabilities**

The Directors of Community-Based Mental Health Centers (CBMHC) in Kosova/Kosovo are psychiatrists. CBMHC also employ psychologists - who offer therapy and counseling - and nurses and social workers.

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38 SOK (2004) Kosova/Kosovo in Figures 2004: Labor Force Survey 2002, p. 4.

39 Interview with Kaija Matinheikki-Kokk, Finish Expert in Education and Psychology, September 2004.

40 Jester Holts, Head of the FSDEK Team, Comment delivered upon review of the preliminary report on “The Situation of People with Mental Health Problems and People with Intellectual Disabilities in Kosova/Kosovo”, KOAPS 2006

41 Ministry for Foreign Affairs of Finland (2003) Phase II of the Finnish Support to the Development of the Education Sector in Kosova/Kosovo “Towards Effective School for All: Project Document.”

## Legal Framework

### International Laws and Instruments in Kosova/Kosovo

Kosova/Kosovo's Provisional Constitution for Interim Self-Governance (PCIS) assures that all persons in Kosova/Kosovo shall enjoy, without discrimination on any grounds, and in full equality, human rights and fundamental freedoms; it incorporates the following internationally recognized documents on human rights and fundamental freedoms: The Universal Declaration of Human Rights; The European Convention for the Protection of Human Rights and Fundamental Freedoms and its Protocols; The International Conventions of Civil and Political Rights and its Protocols; The International Convention of the Elimination of All Forms of Racial Discrimination; The International Convention of the Elimination of All Forms of Discrimination against Women; The Convention on the Rights of the Child; The European Charter for Regional or Minority Languages and The Council of Europe's Convention for the Protection of National Minorities. Section 3.3 of the PCIS provides that "the provisions of rights and freedoms set forth in these instruments shall be directly applicable in Kosova/Kosovo as part of the Constitutional Framework."

### National Anti-Discrimination Legislation

The PCIS provides that no person shall be discriminated against "on any grounds." It states that all persons in Kosova/Kosovo shall enjoy human rights and fundamental freedoms in "full equality."<sup>42</sup> Anti-discrimination legislation aims at preventing and combating discrimination, promoting effective equality and putting into effect the principles of equal treatment of the citizens of Kosova/Kosovo under the rule of Law. It includes a prohibition on discrimination based on the grounds of disability.<sup>43</sup>

There are anti-discrimination provisions in education legislation stating that all children shall have access to all levels of primary and secondary education in Kosova/Kosovo, and this access may not be limited based on any real or presumed grounds including physical, intellectual or other impairment.<sup>44</sup> Further, special education legislation emphasizes the duty of the municipality to provide pupils with special needs special education in accordance with the provisions of Law No. 2002/2 and within the frameworks and limits of the municipal budget.<sup>45</sup>

There are anti-discrimination provisions in healthcare legislation with the aim of offering equal health care to all citizens and ensuring that health care is offered without discrimination based on personal characteristics including level of physical or mental ability.<sup>46</sup>

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42 PISG (2002) Constitutional Framework for the Provisional Self-Government in Kosova/Kosovo, Chapter 3, p. 10.

43 PISG (2004). Law no. 2004/3 Against Discrimination.

44 PISG (2002) Law no. 2002/2 on Primary and Secondary Education in Kosova/Kosovo, Chapter 2, Section 5: Non-Discrimination.

45 PISG (2002) Law no. 2002/2 on Primary and Secondary Education in Kosova/Kosovo, Chapter 7: Special Needs, Section 35: The Right to Special Education.

46 PISG (2004) Law no: 2004/2, on Health in Kosova/Kosovo, Section 12.2.

The Law on the Rights and Responsibilities of the Citizens in Health Care determines the rights and responsibilities of citizens in health care and establishes mechanisms to protect and ensure these rights and responsibilities.<sup>47</sup> The law provides that there can be no discrimination in the provision of health care. Discrimination is prohibited on the basis of social position, political views, origin, nationality, religion, gender, sexual preference, age, marital status, physical or mental disability, qualification or on any other grounds not related to the state of health.<sup>48</sup>

### **Mental Health Legislation: Detention and Compulsory Treatment**

Detention and compulsory treatment in Kosova/Kosovo is governed by the provisional criminal code of Kosova/Kosovo (PCKK).<sup>49</sup> The Kosova/Kosovo Criminal Code lacks detailed instructions regarding detention and compulsory treatment for people with diminished mental capacity and those who are deemed to be mentally incompetent. Article 76 of the Kosova/Kosovo Criminal Code states that a separate law will provide detailed instructions on dealing with detention and compulsory treatment of people with diminished mental capacity and of people who are deemed mentally incompetent. However, no such law has been passed though the Ministry of Health (MH), despite the fact that judicial experts and officers from WHO in Prishtinë/Pristina have proposed several regulations that would address these issues. To make matters worse, there are no statistics on court decisions regarding people with mental disabilities.

Neither the Yugoslav Criminal Law nor the PCKK include a sufficient legal basis for the placement of perpetrators with diminished mental capacity in mental health institutions. In practice, because of the lack of infrastructure in prisons, the lack of appropriate regulations, and lack of mental health facilities, some people with diminished mental capacity are placed in mental health institutions and some are placed in prisons. Compulsory treatment and detention in psychiatric wards depends on the psychiatrist who, in the absence of proper judicial procedures, can institutionalize patients.<sup>50</sup> There are procedures in the PISG for the release (discharge) of persons with mental disorders who are sentenced to correctional facilities.<sup>51</sup> According to the law, “the preparation for the release of a person with a mental disorder shall be undertaken in consultation with the director of the correctional facility, the psychiatrist treating the convicted person in the correctional facility, and the appropriate mental health authorities in the community.” This law contains no other information concerning people with mental disabilities who have been found guilty and sent to a correctional facility. According to the Ombudsperson of Kosova/Kosovo, Special Report #9, published in June 2004, it is the responsibility of the Ministry of Health to establish adequate facilities to accommodate mentally incompetent criminal offenders or criminal offenders with diminished mental capacity.<sup>52</sup>

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47 PISG (2004) Law No.2004/38, on the Rights and Responsibilities of the Citizens in Health Care, September 2004.

48 Ibid.

49 UNMIK, Regulation No. 2003/25.

50 MDRI (2002) “Not on the Agenda: Human Rights of People with Mental Disabilities in Kosova/Kosovo,” Mental Disabilities Rights International, 2000-2002.

51 PISG (2004) Law No.2004/46, Penal Sanctions Article 143, part 3.

52 Ombudsperson’s Office (June 2004) Special Report nr: 9, Background, p. 3.

People who are mentally incompetent or those with diminished mental capacity who have been found guilty of a criminal offence are sent to ordinary prisons by the criminal courts. This is the most problematic effect of not having a separate procedure. According to the Ombudsperson, the Ministry of Health has no plans to establish adequate facilities for mentally incompetent criminal offenders in order to reduce the amount of time that these persons stay in ordinary prisons without adequate psychiatric or psychological care.

## **Social Integration and Rehabilitation Legislation**

The Kosova/Kosovo Health Law states that health care shall be provided for free for people with disabilities<sup>53</sup> and states that rehabilitation and re-socialization of the chronic “mental patients” must be oriented towards community-based services and treatment.<sup>54</sup> Municipalities are responsible for the provision of primary healthcare services including community-based rehabilitation programs.<sup>55</sup>

Legislation pertaining to issues of social integration of people with intellectual disabilities at the national assembly level does not exist, but reference to the social integration of people with intellectual disabilities is found at the ministry level in policies and strategies such as the mental health strategic plan developed by the Ministry of Health. This strategic plan, in regard to the integration of people with mental disabilities, including people with intellectual disabilities, aims at creating, through rehabilitation and re-socialization, all circumstances necessary for integrating people with mental disabilities in society.<sup>56</sup>

## **Law on Social and Family Services**

The Ministry of Labor and Social Welfare has developed a Law on Social and Family Services which was passed by the Kosova/Kosovo Assembly in April 2005 and promulgated by the Kosovo Special Representative of the United Nations Secretary General in November 2005.<sup>57</sup> The law, which gives overall responsibility for the organization of the terms of Social and Family Services in Kosova/Kosovo to the Ministry of Labor and Social Welfare, aims at regulating services for persons and families in Kosova/Kosovo who are in need. It also states that, “in circumstances where there is no family support or where this is insufficient to ensure the welfare of an individual, the State has a duty to provide to those people who would not otherwise be helped.” The law further explains that the role of Social and Family Services is to provide, to those in need, help and services which respect both consumers’ dignity as human beings and their fundamental rights based on Kosova/Kosovo legislation and International Human Rights Conventions.

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53 Law No: 2004/2: Kosova/Kosovo Health Law Article E, Section 22.

54 Law No: 2004/2: Kosova/Kosovo Health Law, Section 23, part I, p.8. (“Mental patient” is the original phrase used in the Mental Health law.) Yugoslav Criminal Law has been in power up until recently, when the new Provisional Criminal Code of Kosova/Kosovo was approved and passed.

55 Law No: 2004/4: Kosova/Kosovo Health Law Section 28.

56 Mental Health Strategic Plan, Ministry of Health, p. 9.

57 Law No: 2005/02/L-17: Kosova/Kosovo Law on Social and Family Services.

“Persons in need” are defined by the Law on Social and Family Services as any person found within the territory of Kosova/Kosovo, regardless of status or place of origin, who is in need of social services because of any of the conditions listed on page 2 of the Kosova/Kosovo Law on Social and Family Services. These conditions include:

- Physical illness or disability;
- Mental disability;
- Mental illness;
- Vulnerability to exploitation or abuse;
- Addiction to alcohol or drugs; and
- Children with anti-social behavior.

The Law on Social and Family Services aims at providing direct social care, which means the provision of help with domestic duties, personal care, mobility, communication or supervision to persons or families in need. These services can be provided in a person’s home, in a specialist day center, or in a residential institution. The services also include counseling which is defined by the law as the systematic and programmed process of providing information, advice and guidance aimed at helping an individual or a family to improve their social or interpersonal circumstances. Families who have members with disabilities may be provided with social and medical services and financial support.

The Law on Social and Family Services also outlines guidelines in regards to questions on the guardianship of children or adults with limited mental capacity. Specifically, the Law defines the Kosova/Kosovo Centers for Social Work as a guardianship authority, legally authorized to give directions to the courts for guardianship orders in regard to the protection of children or vulnerable adults. Article 13 of the Law, “Protection of Vulnerable Adults,” states that if a person who is unable to care for himself/herself because of mental disability is vulnerable to the degree that he/she lacks the capacity to act on his/her own behalf, then the Director of the regional Center for Social Work where the case is identified is required by law to take all necessary steps, without delay, to secure the safety of the person in need.

The law further states that if there are reasonable grounds to suspect that the “vulnerable person lacks the capacity to act on his/her own behalf, the director of the relevant Center for Social Work must make application to the court for guardianship.” The Law states that if, because of mental incapacity, the subject of the application could not reasonably be expected to act on her/his own behalf, and if the court approves the application, it means that the Director of the Center for Social Work is empowered to work and take actions to safeguard the health, safety and well-being of the person with mental incapacity.<sup>58</sup>

The guardianship order includes several powers awarded to the Center for Social Work which, among others, include:

- Supervision of the living circumstances of the vulnerable adult by a professional designated by the Department of Social Welfare; and

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<sup>58</sup> Law No: 2005/02/L-17: Kosova/Kosovo Law on Social and Family Services, p. 17.

- Direction to the Department of Social Welfare to place an adult who is lacking the mental capacity to care for herself/himself in a suitable residential facility.<sup>59</sup>

The law specifies that under no circumstances should persons who are the subject of a guardianship order be detained in a penal establishment.

The law on Social and Family Services has laid a framework to which the Centers for Social Work can refer when working with people with mental disabilities on issues of guardianship; however, the law fails to provide regulations on the guardianship process for people with mental disabilities who are institutionalized, such as people with mental disabilities at the Shtime Special Institute. The law does not mention legal representation for people with mental disabilities who have been hospitalized or institutionalized against their will.

### **Access to the Legal System for People with Mental Disabilities**

The Kosova/Kosovo Chamber of Advocates, financed by the European Agency for Reconstruction, established a mechanism for the provision of legal aid, free legal advice and representation in civil cases. In 2001, in cooperation with NGOs, it opened over 40 legal aid desks throughout Kosova/Kosovo where people with little or no income can receive legal aid. This assistance includes advice on particular issues, assistance with drafting a document, and representation in court. While the services of the Kosova/Kosovo Chamber of Advocates under the Legal Aid Project are offered free of charge, the requirements to be a legal aid beneficiary do not explicitly include disability.<sup>60</sup> According to the Kosova/Kosovo Chamber of Advocates, in order to qualify for free legal services beneficiaries must be individuals with no income, individuals living on social assistance (which includes people with disabilities in general and mental disabilities in particular), or individuals with family income less than the average salary in Kosova/Kosovo. While the project has successfully served people with different legal problems such as those related to administration, property and labor, there have not been any cases where people with mental disabilities have received free legal aid or have received representation in court through this program.

According to the Kosova/Kosovo Ombudsperson's office, no cases on behalf of people with mental disabilities have been brought before the courts. In fact, while the issues involving the residents of the Shtime Special Institute, especially their incarceration, have received wide criticism as not being legal, according to the Ombudsperson's Institution, which has been one of the most involved institutions in this matter, no legal action has been taken to resolve these issues. The Ombudsperson's office published a report under which it asked the UNMIK to solve the issues regarding the residents of Shtime, but the Ombudsperson's office took no legal action.<sup>61</sup>

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<sup>59</sup> Ibid, p. 18.

<sup>60</sup> [http://www.odaeavokateve.org/index\\_eng.htm](http://www.odaeavokateve.org/index_eng.htm).

<sup>61</sup> Interview with Mr. Veton Vula, Official at the Ombudsperson's office.

## Policy Documents

### Ministry of Health, Mental Health Strategic Plan 2004-2009

In January 2001, the Ministry of Health, in collaboration with the WHO, compiled the final version of the Mental Health Strategic Plan, which is focused on reforming the Kosova/Kosovo mental health system through the establishment of community-based services.

The Mental Health Strategic Plan includes the following objectives for 2004-2009:<sup>62</sup>

- To provide quality mental health services for the whole population of Kosova/Kosovo;
- To positively impact the quality of life of people with mental disabilities;
- To assist people with mental disabilities who are in psychiatric hospitals to re-integrate into the community; particular emphasis is placed on assisting Kosovar clients who reside in institutions outside of Kosova/Kosovo and clients from the Special Institute in Shtime;
- To make it possible for people with mental disabilities to be trained in an environment that is familiar and near to their families;
- To use the potential of the local society and culture for the protection and development of mental health;
- To support the active role of people with mental disabilities in their own treatment
- To participate in the protection of the rights and freedoms of people with mental disabilities in uniformity with international laws for the protection of rights for those who use mental health services;
- To cooperate with local and international institutions that are important for the development of mental health services;
- To monitor the work in mental health institutions;
- To document all activities and services through the Information System and other systems for special monitoring of all services;
- To plan the development of health structures for mental health;
- To plan human resources in regard to education and continuous training;
- To plan income, distribution, and the rational spending of the mental health budget;
- To plan therapeutic activities within mental health institutions;
- To plan activities for the early prevention of mental disabilities; this would be achieved with the development of a time-limited plan from the representatives of mental health services, NGOs and other relevant structures; and
- This planning mentioned above shall be based on epidemiological and financial data and as part of the mental health services.

Despite the identification of needs and the initiation of the Mental Health Strategic Plan, and

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<sup>62</sup> Kosova/Kosovo Ministry of Health (June 2004) The Kosova/Kosovo Mental Health Strategic Plan (2004-2009), p. 5.

despite the fact that mental health is ranked as one of the top 5 priorities of the Health Strategy of Kosova/Kosovo, the budget for mental health services in 2004 amounted to only about 3% of the overall Ministry of Health budget. This amount was insufficient to address current mental health needs and goals, especially in terms of creating proper conditions for the deinstitutionalization process.<sup>63</sup> The current administration has allocated less funding for mental health than was allocated by the former Yugoslav administration.<sup>64</sup>

### **Priorities within the 2004-2009 Mental Health Strategic Plan (MHSP)**

The Mental Health Strategic Plan (MHSP), supported by the WHO, includes reforms geared toward the education of mental health professionals as well as reforms geared toward deinstitutionalization. In terms of education for professionals, the MHSP envisions introducing degree programs on mental health in medical high schools; introducing a special module on mental health in the Nursing Department at the Medical School of the University of Prishtinë/Pristina; and transforming the elective course “Community Psychology” within the Department of Psychology, at the University of Prishtinë/Pristina into a compulsory course. The MHSP also proposes that new courses be developed for the Medical Faculty, the Nursing Department and the Department of Psychology, which should include principles of community-based mental health services and their organization and functioning in Kosova/Kosovo. Training will also be available in psychotherapy, forensic psychiatry and substance abuse.

### **Deinstitutionalization**

The Ministry of Health has identified deinstitutionalization as a priority, and, according to the Mental Health Strategic Plan (MHSP), the Ministry of Health had aimed to deinstitutionalize all residents of the Shtime Special Institute who suffer from psychiatric disorders by the end of 2005.

Section 4.2 of the MHSP includes the following steps:

1. “Relocating the chronic psychiatric patients from the Special Institute in Shtime into the community with their families or to Integration Houses in order to achieve the gradual reduction of the population at the Shtime Special Institute. The Institute must change radically. Those people who can return to their families will be supported with monitoring and follow-up services to promote their gradual reintegration into society. Those who need 24-hour care and protection will be placed in Integration Houses. The aim is for all residents of the Special Institute in Shtime who have psychiatric problems to be placed elsewhere by the end of 2005.
2. “An attempt to return Kosovar clients, who are still in psychiatric institutions in the territories of ex-Yugoslavia, must be made. Their return must be made possible by specific programs developed by institutions that are responsible for these issues, such as the ICRC (International Committee of the Red Cross), UNHCR (United Nations High Commissioner for Refugees) and Institutions for Social Service. In this sense, an important action is to develop specific programs that would enable their

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63 Interview with Dr. Ismet Abdullahu, Mental Health Officer, Ministry of Health, 15 July, 2004.

64 MDRI “Not on the Agenda,” p. 18.

integration into the society by principles of the geographical criteria and not based on their ethnic background.”

Section 4.2.2 of the MHSP observes that for the return of Kosovars who are in Serbian mental health institutions a specific program must be developed by institutions that are responsible for these issues, such as the ICRC, UNHCR and the Ministry of Labor and Social Service. This is due to the fact that the Kosova/Kosovo Ministry of Health does not consider it within its legal competence to arrange for the transfer of Kosovars from Serbian mental health institutions to Kosova/Kosovo. The Ministry of Labor and Social Welfare is developing a program which will propose plans for solving this issue. However, to date, there has been no public announcement on the concrete steps taken by the MLSW.

As part of the deinstitutionalization process, a long-term objective is to establish structures that will enable the reintegration of patients who have already received treatment by engaging them in activities such as social cooperatives. Such cooperatives are not-for-profit social organizations whose main objective is to support the general interest of the community in advancing human and social integration of citizens with mental disabilities. The cooperatives are to ensure the employment of people with disabilities through economic, agricultural, industrial, and commercial activities.<sup>65</sup> The social cooperatives plan to employ 30-50% of workers who have mental disabilities. According to the Mental Health Strategic Plan, each region shall have a social cooperative which should be registered as a Foundation or NGO and should be independent from the mental health services offered by the Ministry of Health but should hold functional ties with the Ministry of Health.

The Mental Health Strategic Plan does not include developed measures, steps or activities which need to be taken regarding training in employment skills for people with mental disabilities. It also does not include information on proposed employment and the expected date when social cooperatives will begin functioning.

The deinstitutionalization measures will affect people with intellectual disabilities who are in Shtime since, according to the Ministry of Labor and Social Welfare,<sup>66</sup> the ultimate goal is to close the Shtime Special Institute, and to place residents with mental health problems into Community-Based Mental Health Centers, providing them with the most appropriate forms of community-based care. However, because of the slow progress in the placement of people with mental disabilities into the community, this aim has not yet been met.

### **United Nations Mission in Kosova/Kosovo (UNMIK) “Comprehensive Disability Policy Framework” (CDP)**

In 2001, UNMIK established a Task Force on Disability with the primary aim of developing a Comprehensive Disability Policy Framework for Kosova/Kosovo in line with the UN Standard Rules on the Equalization of Opportunities for People with Disabilities. The disability strategy will amplify the human rights approach to disability that is intended in the Constitutional Framework.<sup>67</sup>

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65 Kosova/Kosovo Ministry of Health (2004) Mental Health Strategic Plan (2004 – 2009), p. 20.

66 Interview with Qazim Gashi, Director of Institutions Division at MLSW.

67 UNMIK (2001), Comprehensive Disability Policy Framework for Kosova/Kosovo, p. 2.

The broad objectives of the Comprehensive Disability Policy Framework include:

1. The facilitation of the integration of disability rights, values and practices into government developmental strategies, planning and programs;
2. The development of an integrated management system for the coordination of disability planning, implementation and monitoring in the various line functions at all spheres of government;
3. The development of capacity-building strategies that will enhance the Government's ability at all levels to implement recommendations contained in the Comprehensive Disability Policy Framework;
4. A program of public education and awareness-raising aimed at changing fundamental prejudices in Kosova/Kosovo society; and
5. The development of local structure, such as a Disability Council, and pilot projects linking strategy and policy development with operational planning initiatives involving all role-players in organizations, government, and the private sector.

The principles upon which the strategy is based include:

1. Self-Representation
2. Integration
3. Sustainability

The CDP includes a disability policy on education. It is based on special education as it existed in Kosova/Kosovo in 2000 and proposes the following measures:<sup>68</sup>

- To strengthen the existing structures (special needs schools/classes) for those with intense support needs. A careful consideration of the ways in which these existing structures can support inclusive education should be undertaken.
- To build awareness and acceptance through the traditional education system while marshalling adequate and appropriate support for children and youth.
- To rehabilitate some residential schools, open a school for children at a psychiatric institution, plan a hospital school, and prepare schools for children with severe physical impairments.
- To convince the University that all short-term and conventional courses in teacher pre- and/or in-service professional development should include deliberate instruction on and about the principles of inclusion.

The CDP also covers public education and awareness-raising, disease prevention, health care, community-based rehabilitation, barrier-free access, access to public transport, employment and economic empowerment and housing. In order to ensure the coordination and implementation of the CDP into government policies, it is recommended that there be an Office for People with Disabilities within the government structures, located in the Prime Minister's Office, and that the current UNMIK Task Force on Disability be transformed

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<sup>68</sup> Ibid, p. 46.

into a Disability Council as a permanent consultative structure for government, supported by, and working closely with, the Disability Office.<sup>69</sup>

The spectrum which the Comprehensive Disability Policy covers is wide, and the successes and failures of the CDP are seen in specific projects within individual ministries. For example, the principles of the CDP – Self-Representation, Integration and Sustainability – were used by the Kosova/Kosovo Ministry of Health in developing its Mental Health Strategic Plan; this plan has established specific steps in integrating people with mental disabilities into the society as a result of the integration principle of the CDP.

Another example of the success of the Comprehensive Disability Policy is the establishment of the Office of People with Disabilities within the structure of the Kosova/Kosovo Prime Minister's Office. The Office of People with Disabilities aims to work closely with organizations of people with disabilities and to act as a channel through which people with disabilities can voice their concerns.

The Kosova/Kosovo Ministry of Social Welfare, which governs the Shtime Special Institute, also adheres to the CDP principles and has already created a deinstitutionalization plan that aims at reducing the number of patients at the Special Institute. The Ministry has officially stopped accepting new cases into the Special Institute.

### **World Health Organization**

#### **“Promoting Independence for People with Disabilities due to Mental Disorders”**

In addition to the MHSP, a manual, published by the WHO in 1997, titled “Promoting Independence for People with Disabilities due to Mental Disorders: A Guide for Rehabilitation in Primary Health Care” has been the main guidebook for the Community-Based Mental Health Centers in Kosova/Kosovo.<sup>70</sup> The WHO manual includes both a manual on psychosocial rehabilitation and eight practical chapters, each one covering a different aspect of rehabilitative work. The document deals only with psychiatric disabilities.

### **Ministry of Education, Science and Technology**

#### **“Strategic Plan for the Development of Education in Kosova/Kosovo (SPDEK)”**

MEST has developed a Strategic Plan for the Development of Education in Kosova/Kosovo for the period 2002-2007. It is a national strategy aimed at improving the overall education system in Kosova/Kosovo that also aims at bettering the situation of all students with disabilities in the education system. This strategic plan includes measures for the development of special education. The policies regarding special education have been developed by the MEST with the support of Organizations of People with Disabilities (Handikos) and the Organization of Parents of Children with Disabilities (OPFAKOS), though how these organizations were involved in the consultation is not clear.<sup>71</sup>

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<sup>69</sup> Ibid, p. 28.

<sup>70</sup> Interview with Dr. Sarie Doko, Director of Community-Based Mental Health Center in Prishtinë/Pristina.

<sup>71</sup> Interview with Vedat Bajrami, Special Education Officer, MEST, March 2004.

The Education Plan contains the following main goals which pertain to the whole education system in Kosova/Kosovo:<sup>72</sup>

1. The unification of the education system;
2. Providing school space that will meet the learning needs, safety and health requirements of all students;
3. Providing for lifelong mental, spiritual and psycho-physical development of all pupils and students; and
4. Providing access to education for all pupils and students.

Goal 4 of the Education Plan, “providing access to education for all pupils and students,” has specific aims regarding children with special needs in the education system. Strategy 4 of Goal 4 is concerned with the treatment of children with special needs. It states: “Identification, diagnosis, treatment and training of children with special needs are a long-term strategy of MEST. For this purpose MEST runs this segment of education, through a central administration, in order to offer a consistent approach and equal access nationwide, which will gradually increase opportunities and smooth the integration of children with impairment in the society.”<sup>73</sup>

Within the Education Plan there is limited information on the concrete steps through which the MEST plans to achieve its mission of integration of children with special needs and offer equal access to education to children with disabilities/special needs. Legislation on Elementary and Secondary Education offers more information on the duties of the MEST with regard to special education; said legislation states that MEST is to develop a policy for the education of people with special needs that aims to:<sup>74</sup>

1. Support municipalities with financial aid or other aid in order for the municipalities to fulfill their duties regarding the education of people with disabilities or other persons who need special education;
2. Assure the development of school textbooks and other educational tools needed for special education; and
3. Pass administrative guidelines/orders regarding special education.

According MEST, the Strategic Plan for the Development of Education in Kosova/Kosovo (2002-2007) aims at investing time and resources in the development of school curricula with the aim of improved student performance. The new curricula will be a result of investment in the developments of new textbooks, technical-technological equipment and library networks. The Plan intends to establish school boards and decision-making groups that will consist of parents, industry representatives, experts from the field of special education and other factors from the public. The school board will make decisions on issues relevant to the operation of schools. Apart from the school board, the MEST Project

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72 MEST (January 2003) Strategic Plan for the Development of Education in Kosova/Kosovo 2003-2007, p. 5.

73 Ibid, p. 7.

74 Law No. 2002/2 on Elementary and Secondary Education, July 2002.

intends to develop a parents' council in order to increase the participation of parents in the life and education of their children.<sup>75</sup>

### **Ministry of Labor and Social Welfare (MLSW) Deinstitutionalization Policy**

The Ministry of Labor and Social Welfare prepared a Social Welfare Master Plan for the period 2001-2008. The Social Welfare Master Plan gives a detailed description of activities, tasks and measures to be taken in order to provide community-based services to people with disabilities.

Some of the key, concrete activities of the MLSW which have taken place as a result of the Social Welfare Master Plan include:

- The separation of children with intellectual disabilities from adults with psychiatric disabilities in the Shtime Special Institution. MLSW has built two community-based Houses for the Children of Shtime Special Institution, one in the town of Shtime and the other in Graqanica. Doctors of the World have developed a rehabilitation program for these children.
- Because of the terrible conditions at the Shtime Special Institution, the MLSW, supported financially by the Norwegian Government, the Government of Holland, and the Kosova/Kosovo Government performed some emergency repairs to improve the situation for people still at the institution until they are transferred to community housing or until they are united with their families.
- In order to ensure that MLSW is offering adequate services and that the rights of residents are being respected, the MLSW has established the Board of Visitors which consists of different NGO representatives who are independent from the MLSW. The Board of Visitors is required to visit the MLSW institutions at least once a month and at the end of the month to write a report on the conditions.
- Integration Houses (IH) – The MLSW, from the consolidated Kosova/Kosovo budget and aided by international donors, has built nine community-based Integration Houses, out of which 7 serve people with mental disability and 2 serve elderly people.
- Houses for the Elderly – The MLSW is at the end phase of the construction of two Houses for the Elderly, one in Burim and one in Skenderaj.

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<sup>75</sup> MEST, Strategic Plan for the Development of Education in Kosova/Kosovo 2003-2007, p. 12.

## Reports on the Situation of People with Mental Disabilities

### **World Bank – Ministry of Labor and Social Welfare, “Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the service system for people with disabilities: findings, recommendations and future steps”**

The Kosova/Kosovo Ministry of Labor and Social Welfare, through the Kosova/Kosovo government, made a request to the World Bank for financial assistance in obtaining an expert who would guide the Kosova/Kosovo government, and especially the Ministry of Labor and Social Welfare, in developing policies and guidelines for the integration of people with disabilities, and mental disabilities in particular, into the society. The project was funded by the Norwegian government’s World Bank fund.

In 2004, a SWOT analysis of the system of services for people with disabilities in Kosova/Kosovo was published.<sup>76</sup> The main purpose of the report was to advise the Kosova/Kosovo Ministry of Labor and Social Welfare on services and support for people with disabilities and their families. The analysis gave specific attention to issues of people with intellectual disabilities and the issue of deinstitutionalization. It proposed several steps for the deinstitutionalization process and recommendations for policy development and the strategic development of services for people with disabilities.

The SWOT analysis organized the information obtained based on two main categories: strengths and weaknesses. According to project director Mary F. Hayden, Ph.D., the strengths of the Kosova/Kosovo service system for people with disabilities include all pension schemes (including here basic pensions, pensions for people with disabilities and early retirement pensions) and the social welfare scheme. On the other side, a weakness of the Kosova/Kosovo service system for people with disabilities is illegal imprisonment at the Shtime Special Institute and at the Houses for the Elderly. (Such illegal imprisonment, according to the SWOT analysis, has been an issue since 1999 when the UNMIK Department of Health and Social Welfare (DHSW) was divided into two separate ministries, Ministry of Health (MH) and Ministry of Labor and Social Welfare (MLSF), which were to be governed by the Provisional Institutions of Self-Government (PISG)).

Another weakness of the Kosova/Kosovo service system for people with disabilities, as identified by the SWOT analysis, is the guardianship system. This system is closely related to the issues of “illegal imprisonment.” According to the SWOT analysis, people with disabilities who are under the care of the Ministry of Labor and Social Welfare are under full guardianship. The issues of guardianship are still governed by old Yugoslav laws which give the authority to make decisions about the life of the institution’s residents to the head of the institution. According to the SWOT analysis, this law lacks all mechanisms which are meant to protect people’s rights and interests. The SWOT analysis is concerned with the MLSW deinstitutionalization plan which, even though it is considered a positive step, may result in the compromising of human rights and the movement of Shtime residents to other parts of ex-Yugoslavia against their will.

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76 Mary F. Hayden, SWOT Analysis of services for people with mental disabilities, June 2004.

The SWOT analysis describes the basic services offered to people with disabilities. It also compares the Special Institute of Shtime with other mental health centers such as Community-Based Mental Health Centers and Integration Houses. As a result of the analysis new policies, programs and guidelines were recommended to all ministries and institutions which offer, or should offer, services to people with disabilities. The recommendations include the establishment of an office for people with disabilities at the Ombudsperson's office; beginning a process of cooperation with other governments in developing human resources at the MEST in order to deal with issues of special education; and the development of a survey which aims at gathering basic statistics on people with disabilities in Kosova/Kosovo.

### **Mental Disabilities Rights International (MDRI)**

The MDRI report "Not on the Agenda: Human Rights of People with Mental Disabilities in Kosova/Kosovo" focused on the situation of people with mental disabilities in institutions. The report investigated and described the conditions in inpatient and community-based facilities, psychiatric wards, hospitals, and social care facilities. It focuses in particular on the Special Institution in Shtime and the Elderly Home and psychiatric ward of the University Hospital of Prishtina. It also observes the programs for reforms in the system of the provision of mental health and social services, approved by UNMIK and inherited by the new Kosova/Kosovo's government. The report was highly critical, describing human rights violations including psychological and sexual abuse of people with mental disabilities. The report also highlighted illegal compulsory detention in the Shtime Special Institute. It placed responsibility on UNMIK for not responding to the abuses against persons situated at these institutions and criticized the administration for not enforcing international human rights treaties. The MDRI report presented recommendations for improvements and policy development and called on the international community to direct UNMIK to enforce human rights protections, create community-based services, close the Shtime Special Institute, create a system for human rights oversight, and include people with mental disabilities in policy development.<sup>77</sup>

In 2002, MDRI published another report, "One year follow-up to MDRI report "Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo," which presented updates to the previous report and also presented new findings. This report criticizes UNMIK's decision to rebuild the Shtime Special Institute, arguing that such activity promotes segregation of disabled people from society. UNMIK ignored MDRI's recommendations and continued to rebuild Shtime which now has capacity to house up to 300 people. The MDRI report also recommended that the home for children with intellectual disabilities, which is located outside Shtime, be moved to another location since children who were sexually abused in Shtime are in close proximity to their former residence. MDRI recommended that these children should be provided with substitute families. At this writing there are no UNMIK policies that reflect MDRI's recommendations.

In late 2003, MDRI urged UNMIK to stop the transfer of people with mental disabilities from Shtime to Serbia. Serbian authorities reported to MDRI that UNMIK had arranged to transfer 99 patients to Serbia (49 people with psychiatric disabilities and 50 people with

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<sup>77</sup> MDRI Report, "Not on the Agenda."

intellectual disabilities) into a new psychiatric facility. MDRI argued that by transferring these patients to institutions in Serbia, UNMIK was disregarding its own policy of deinstitutionalization. Moreover, such transfers would pose a serious danger to patients then facing the prospect of lifetime institutionalization in Serbia. MDRI stated that “this plan should not be used as an alternative to creating safe and appropriate community services in Kosova/Kosovo.” UNMIK ceased the transfers.<sup>78</sup>

MLSW has reported that, to date, in fact only a very few patients have been transferred to Serbia. MLSW explains that the transfers have been into family homes and have been at the official request of the families in Serbia.<sup>79</sup>

### **Organization for Security and Cooperation in Europe (OSCE) “Victim Advocacy Introduction Manual”**

The OSCE Department of Human Rights and Rule of Law published a manual on Victim Advocacy in Kosova/Kosovo. The “Victim Advocacy Introduction Manual” is intended as a practical tool for all sectors dealing with victims. It presents a variety of mechanisms, models and skills involved in crime-victim response including victim-based legislation and regulations, governmental policies, compensation, funding and development of victim services.<sup>80</sup>

This manual extensively describes issues faced by people with mental disabilities and gives basic information on their disabilities. The manual emphasizes that research has shown that, due to their vulnerability and stigmatization, persons with mental disabilities are more likely to be the victims, rather than the perpetrators, of exploitation and violence. This is particularly true for females with mental disabilities.<sup>81</sup> Despite the high risk of crime or abuse of power against persons with mental disabilities, individuals are often not believed when they allege that a crime has been perpetrated against them.

### **Ombudsperson’s Special Report #9**

In 2004, the Ombudsperson prepared a special report about the detention of perpetrators with diminished mental capacity.

This report was a result of the investigation conducted by the Ombudsperson into legal issues regarding the detention of “mentally incompetent criminal offenders and of criminal offenders with diminished mental capacity” and as a result of individual letters of concern submitted to the Ombudsperson’s office which allege violations of human rights and abuses of authority.<sup>82</sup>

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78 Interview with Mr. Bajram Kelmendi, Director of Social Services, MLSW.

79 Qazim Gashi, Director of Institutions Division at MLSW - Comment delivered upon review of the preliminary report on “The Situation of People with Mental Health Problems and People with Intellectual Disabilities in Kosova/Kosovo”, KOAPS 2006

80 OSCE (2001), Manual for the Protection of Victims, p. 4.

81 OSCE (2001), Manual for the Protection of Victims, p. 19

82 Ombudsperson Institution, Kosova/Kosovo – Special Report Nr.9, June 2004 p. 4.

The Ombudsperson's Special Report #9 has inspected the detention process of people who are mentally incompetent criminal offenders and of offenders with diminished mental capacity in Kosova/Kosovo and compared the process to international human rights standards, "Article 5, Paragraph 1 of European Convention for the Protection of Human Rights and Fundamental Freedoms." The report provides background information into the problem of "illegal imprisonment" which is a result of the progress from the old Yugoslav Law on the Enforcement of Criminal Sentences of 1977 to the current Provisional Criminal Code of Kosova/Kosovo (PCCK) of 2004. According to the report, mental health institutions such as the Shtime Special Institute continue to adhere to the Yugoslav law of 1977 because the PCCK "does not contain an adequate legal basis for ordering the placement of mentally incompetent criminal offenders and of criminal offenders with diminished mental capacity in mental health institutions." The PCCK, in Article 76, states that such procedures will be governed by a new law which will be developed in the future, but at this time no new law regarding mandatory psychiatric treatment has been established. As a result of this issue, local judges still adhere to the old Yugoslav law since it provides specific guidelines for the detention of perpetrators with mental disabilities, and they refrain from using the official Criminal Code (PCCK 2004) since it would force the judges to set free mentally incompetent criminal offenders, or to place them in ordinary prisons, which according to the Ombudsperson's Special Report could have unforeseeable consequences.

Currently all convicted criminal offenders with diminished mental capacity are sent to detention centers/ordinary prisons and then transferred to Mental Health Clinics. According to the Ombudsperson's Special Report, Mental Health Clinics are failing to accommodate all cases; a fact which has resulted in some criminal offenders with diminished mental capacity spending up to 10 months in ordinary prisons before they are transferred to Mental Health Clinics.<sup>83</sup> This problematic issue is divided between the Department of Justice and the Ministry of Health. The Department of Justice considers that the Ministry of Health, which manages the Mental Health Clinics, should create more beds for their cases, but according to the report, the Ministry of Health has no plans to increase the number of beds for criminal offenders with diminished mental capacity.

The Ombudsperson's Special Report describes the weaknesses of the judicial system in Kosova/Kosovo and urges the Kosova/Kosovo government and UNMIK to develop laws and policies for perpetrators with diminished mental capacity. It recommends that policy-makers, and especially the Special Representative of the Secretary General(SRSG), take action by drafting new legislation concerning perpetrators with diminished mental capacity.<sup>84</sup>

In the report, the Ombudsperson's Institution stated specific recommendations which aim at ensuring that proper legislation governs the detention of criminal offenders with diminished mental capacity. In particular, the report recommends that the SRSG should "ensure that an appropriate law concerning the detention of mentally incompetent persons and of criminal offenders with diminished mental capacity be adopted and promulgated immediately, and no later than the 18<sup>th</sup> of August 2004." The report also recommends that UNMIK, together with the Ministry of Health, "do its utmost to find a solution that will enable the above categories of persons to receive the necessary and required psychiatric treatment in

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83 Ombudsperson's office (June 2004) Kosova/Kosovo, Special Report Nr.9, p. 2.

84 Ibid.

appropriate mental health institutions.”<sup>85</sup> To date, there has been no new law or legislation adopted or promulgated by the Kosova/Kosovo Assembly and the SRSG<sup>86</sup> which governs the detention of mentally incompetent persons and of criminal offenders with diminished mental capacity.

## **The Impact of International and Local Reports**

It is difficult to measure the impact of reports on the situation of people with mental disabilities. Most reports on the general situation of people with mental disabilities have described low interest, low engagement and inappropriate actions on the part of the local and international organizations, especially regarding patients housed in the Shtime Special Institute and at the Elderly House in Prishtinë/Pristina. The Shtime Special Institute, the Psychiatry Wards and the Elderly House in Prishtinë/Pristina have received more attention as a result of projects and reports developed by MDRI, the World Bank, and the WHO. The WHO’s involvement prompted the development of mental health strategies. These strategies created the basic conditions for directing mental health services towards community-based treatment and resulted in the establishment of Community-Based Mental Health Centers all over the country. It is too soon to assess the influence and impact of the SWOT analysis report prepared for the Ministry of Labor and Social Welfare.

## **Other Reports**

### **United Nations Development Program (UNDP) Kosova/Kosovo Human Development Report 2004**

This report describes some general facts about the situation of people with disabilities in Kosova/Kosovo; however, it does not present information or data on people with mental disabilities exclusively.<sup>87</sup> The Human Development Report states that, according to the Kosova/Kosovo Rehabilitation Center for Torture Victims (KRCT), up to 25% of people in Kosova/Kosovo suffer from Post-traumatic stress disorder (PTSD), but this condition remains generally undiagnosed.

### **Statistical Office of Kosova/Kosovo**

The Statistical Office of Kosova/Kosovo (SOK) has gathered information and data on education, health and unemployment in Kosova/Kosovo.<sup>88</sup> This includes statistics on special needs pupils by type of impairment. According to the SOK, more than 60% of students in special schools have intellectual impairments. It states that the majority of special needs pupils (with physical as well as mental disabilities) are boys: 346 boys as compared to 157 girls. The SOK recommends data collection regarding special needs children who are not in school, which, according to the SOK, constitute the majority of special needs children. The SOK has neither statistical data nor any documents relating to people with disabilities in Kosova/Kosovo apart from those relating to children attending special schools.

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85 Ibid, p. 9.

86 [www.kosovo-assembly.org/documents/laws](http://www.kosovo-assembly.org/documents/laws).

87 UNDP (2004) Kosova/Kosovo Human Development Report 2004, p. 93.

88 SOK (2003) Statistical office of Kosova/Kosovo, Health Statistics.

## **Kosova/Kosovo Ministry of Education, Science and Technology (MEST)**

MEST has prepared a special report with statistical data on education in Kosova/Kosovo which also includes information about children with mental disabilities and children attending special schools.<sup>89</sup> Its latest statistical report was for the 2004/2005 school year. This publication states that a total of 908 children with special needs attend special schools at the pre-elementary, elementary and secondary levels and in appended classes. This report does not provide details with respect to the number of children with intellectual disabilities who attend special education as compared to children with other disabilities. (See also the “Education for People with Mental Disabilities” section of this report.)

## **United Nations Population Fund (UNFPA)**

In March 2003, the United Nations Population Fund developed a one-page profile document on Kosova/Kosovo that included general data on population, education, employment, household, marriage & children and reproductive health.

The reproductive health section of this profile contained no data on children born with disabilities. The profile reported:

- Prenatal mortality rate for hospital-born babies was 29.2 per 1000 births in 2000 and 28.7 per 1000 births in 2001.
- Twenty-nine percent of all hospital deaths are babies aged 0 to 28 days.
- In 1999, 47% of pregnant women had 0 to 2 medical visits during their pregnancies, and 80% of newborns were delivered in health facilities.
- Women have, on average, 2.7 children with a mean interval between births of 2 to 2.5 years. Current observations estimate a decrease in the numbers of births per month in 2002 as compared to 2001.
- No data on prevalence and incidence of any Sexually Transmitted Infections (STI).
- New HIV cases reported to the Institute of Public Health: 11 in 2001; 6 in 2000; total since 1986 = 41 cases.
- Main means of HIV transmission thought to be from needle sharing among intravenous drug users.

## **Activity of International Donors in Mental Disability**

### **FSDEK**

#### **Finnish Support to the Development of Education in Kosova/Kosovo II**

FSDEK has given support to MEST in the area of special education. In addition to providing support for professional education as described elsewhere in this report, FSDEK supports MEST in developing projects for the inclusion of children with mental disabilities in the education process.

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<sup>89</sup> MEST- Ministry of Education Science and Technology – Education in Kosova/Kosovo 2003-2004.

FSDEK was awarded a grant by the Finland Ministry of Foreign Affairs to contribute to educational reform in Kosova/Kosovo through the development of an inclusive education system and the training of existing and new teachers in working with children with special needs. This project has been established in order to support the MEST policy on Special Needs Education through teacher education.

FSDEK has provided support to establish the Department of Special Education at the University of Prishtinë/Pristina.<sup>90</sup> In 2002, the Faculty of Education at the University of Prishtinë/Pristina was extended to include Masters training in Special Education (for pre-school and primary school teachers).

FSDEK has prepared the “Phase II of the Finnish Support to the Development of the Education Sector in Kosova/Kosovo,” (FSDEK II) which explains the strategies and objectives of the FSDEK in Kosova/Kosovo for September 2003 to September 2007.<sup>91</sup>

- The FSDEK II project aims to continue its initiative for inclusion which it began with Phase I of the Finnish Support to the Development of the Education sector in Kosova/Kosovo (FSDEK I). The core goal of FSDEK II is to provide capacity-building in inclusive education within the teaching profession.
- For pre-service training, the project aims to support the development of the new Faculty of Education by providing sufficient capacity in terms of human and other resources to ensure that all new teachers in Kosova/Kosovo will have basic skills in inclusive education.
- To support practicing teachers and other education professionals, the project seeks to capitalize and expand on the accomplishments of the FSDEK I in inclusive education. The project will continue supporting professional development programs and promote cooperation between different actors in inclusive education.

The program is divided into two parts – one for pre-service training and one for in-service training of teachers. The first part includes the support of the University of Prishtinë/Pristina Faculty of Education which will aim at increasing the number of Ph.D.s and other professionals in the field of education and connect the Faculty of Education with regional and Europe-wide inclusive education experts.

The second part of the program includes training of teachers in special education. FSDEK has already completed introductory training in inclusive education for 800 - 900 teachers from different fields from all over Kosova/Kosovo. An additional 100 teachers have completed a year and a half-long special FSDEK professional development training in Special Needs Education.<sup>92</sup>

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90 Interview with Kaija Matinheikki-Kokk, Finish Expert in Education and Psychology, September 2004.

91 Ministry for Foreign Affairs of Finland (2003) Phase II of the Finnish Support to the Development of the Education Sector in Kosova/Kosovo “Towards Effective School for All: Project Document.”

92 Jester Holts, Head of the FSDEK Team, Comment delivered upon review of the preliminary report on “The Situation of People with Mental Health Problems and People with Intellectual Disabilities in Kosova/Kosovo”, KOAPS 2006

## Doctors of the World – USA

In December 2003, Doctors of the World – USA (DOW) published its final report on the Deinstitutionalization and Inclusion project for Kosova/Kosovo. The DOW Deinstitutionalization and Inclusion Project was launched in December 2000 and with the aim to establish community-based services to facilitate the community and family integration of 16 children moved from Shtime and the Prishtinë/Pristina Elderly Home. The project also developed protocols for best practices that can be replicated and supported by communities in the region.<sup>93</sup>

The DOW deinstitutionalization project was supported by the United States Agency for International Development (USAID) and UNICEF. DOW developed community-based knowledge (Objective 1) and resources through the following activities:

- The development of a community advisory board in Shtime, an Albanian majority area, and in Gračanica, a Serbian and Roma minority area, in the first quarter. Members of the Community Advisory Boards (CABs) include NGO representatives, parents of children with mental disabilities, and related professionals. CABs oversee DOW activities and facilitate integration from the homes into the greater communities.
- Conducting mobile assessments of children with disabilities in Gračanica and Shtime and creating associated community services plans.
- The development of a parent support group in each area. The 40 members were primarily those identified by the above assessment. DOW provided ongoing logistical, technical and financial support to these groups which met twice per month.
- Organizing the training of approximately 40 parents of children with disabilities in basic care and social needs of disabled children.
- Broadcasting regular de-stigmatization radio spots on Serbian language radio stations (four times/day).

As a result of DOW lobbying, the Shtime resource center was moved outside the main Shtime building with a separate entrance. The resource center's activities will thus continue beyond DOW involvement, providing necessary services to children with disabilities who are isolated in the community. In addition, two sustainable parent support groups were created, and they continue to meet on a regular basis. These parents provide support to one another in negotiating access to public services and in addressing obstacles to community integration.<sup>94</sup>

The second objective of the DOW initiative was to evaluate the project in order to develop guidelines/protocols for deinstitutionalization and social inclusion of disabled children throughout the region. The deinstitutionalization protocols that were developed can be used by government and non-government agencies working throughout Southeastern Europe.

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93 Doctors of the World – USA (2003) Deinstitutionalization and Inclusion Project Report, p. 1.

94 Doctors of the World – USA (2003) Deinstitutionalization and Inclusion Project Report, p. 3.

The third objective was to provide psycho-social and rehabilitative services to children in order to increase their independent living skills and options for community integration. It succeeded in offering physiotherapy, speech therapy and special education to almost 40 children who had not previously received any help.

As of 2004, towards the end of DOW's engagement, the MLSW took over and continued to provide financial support for the project implementation

### **Kosova/Kosovo Foundation for an Open Society (KFOS)**

KFOS has an education strategy which aims at building capacity for the development of appropriate reform strategies and policies and promoting good teaching and governance at the school level. KFOS plans to continue to support the Kosova/Kosovo Education Center and to support and encourage the participation of the Kosova/Kosovo Education Center in major events of the KFOS Network, including Soros-funded centers around the world and institutions with which the Kosova/Kosovo Foundation for an Open Society has partnerships.

The Open Society Mental Health Initiative, working in collaboration with KFOS, provides financing to two community-based projects in Kosova/Kosovo. One is a day center for children with intellectual disabilities in Prizren, operated by the NGO Hader, and the other is a day center for people with mental health problems in Prishtinë/Pristina, operated by the NGO Klubi Deshira.

### **Canadian International Development Agency - CIDA**

CIDA has committed \$104 million for reconstruction and humanitarian aid in Kosova/Kosovo. In the immediate aftermath of the war, CIDA's assistance focused on providing humanitarian assistance to those in need. CIDA is now concentrating its assistance to initiatives in Rule of Law, Health and Education.

With respect to health, CIDA has allocated \$20 million for community-based rehabilitation towards the Kosova/Kosovo social sector, primary health system and education, and for essential community infrastructure.<sup>95</sup>

### **Swiss Government and the Government of Japan**

Both the Swiss and the Japanese Governments contributed to the development of the Mental Health Strategic Plan. The Swiss Government has contributed funding to build the mental health centers and protected apartments in Gjilan and Gjakova.<sup>96</sup>

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95 The International Center for the Advancement of Community-Based Rehabilitation, <http://meds.queensu.ca/icacbr/kosovo.htm>.

96 WHO (2002) Newsletter on Emergency Preparedness and Response, June/July, Issue no. 55.

## **Successful Projects**

### **Ministry of Labor and Social Welfare (MLSW)**

#### **Deinstitutionalization of children with intellectual disabilities from Shtime into community-based housing**

The MLSW has taken the first steps in the deinstitutionalization process by separating the children with intellectual disabilities from the adults at Shtime. The children were relocated to housing in the community.

#### **No admission policy & the decrease of residents at the Shtime Special Institute**

The MLSW has reduced the number of residents at Shtime from 300 after the 1999 conflict to 175 in 2005. The MLSW has achieved these results through re-uniting people from Shtime with their families and by placing them in Community Integration Houses.<sup>97</sup>

### **Ministry of Health (MH) & World Health Organization (WHO)** **Community-Based Mental Health Centers (CBMHC)**

The WHO project on CBMHC is a real success story. The project has supported the first steps toward deinstitutionalization in Kosova/Kosovo with the establishment of mental health centers based on the community model while enabling the implementation of mental healthcare treatment outside an institutional setting.

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<sup>97</sup> MLSW – Institutions Division, Deinstitutionalization Policy Document.

## CHAPTER II

### General Situation of people with Intellectual Disabilities

#### How Intellectual Disability is defined

The Ministry of Education, Science and Technology (MEST) has adopted the term used by the UNMIK Comprehensive Disability Policy<sup>98</sup> - “intellectual impairment” - which refers to intellectual ability and self-help skills that are significantly below the expected level based on an individual’s age. On the other hand, the Ministry of Health still uses the term “mental retardation” in classifying or referring to people with intelligence problems. Intellectual impairments are diagnosed using intelligence tests in the early years of childhood.<sup>99</sup> We are not aware if the test used is standardized to the population of Kosova/Kosovo or even if the tests are standardized at all.

The degree of impairment reflects difficulties in areas such as: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency - difficulties which are not covered by any test administered.

According to the MEST, IQ tests are used to determine if a child needs special education in a special school, an appended class, or if the child is able to go to a regular class in a mainstream school. Appended classes accept children with an IQ of 52-70, though sometimes children with an IQ of less than 52 are enrolled. Special schools accept children with IQs of up to 80, and there is no minimum IQ requirement to be placed in a special school.

The Ministry of Health also uses IQ tests, usually in order to determine if people are eligible for the disability pensions offered by the Ministry of Labor and Social Welfare since all applicants for the disability pension scheme must fall into one or more of three categories of disability: physical, mental or sensory. Both ministries use the test provided by the psychologist or psychiatrist testing the child and consider the result to be determinative of the child’s intellect. Testing criteria are established by the psychologist or the psychiatrist completing the test. Children in special schools are accepted following a report from a psychologist/psychiatrist at the University of Prishtinë/Pristina, University Center in Prishtinë/Pristina. The only national tests used by health professionals for assessing the development of children are the Binet Intelligence test and the Wechsler Intelligence test. Psychiatrists Nada Morina and Shqipe Ukshini at the University of Prishtinë/Pristina Clinical Center are responsible for administering IQ tests for children older than 7 years of age.

In addition to the Wechsler and Binet, the Prizren Community-Based Mental Health Center uses the MMPI, EPQ, Koch’s, and Cornell’s Index according to Shaban Qoqaj, Psychologist and Director of the center. Children and their families are referred to these professionals by MEST in order to undergo IQ testing for special education.

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98 UNMIK (2001) Comprehensive Disability Policy for Kosova/Kosovo, p. 37.

99 Interview with Luljeta Kabashi, Official for Special Education, MEST.

Assessments for special education are first made when children are between 6-14 years of age. FSDEK estimates that 40,000 children have intellectual disabilities, out of which only some 1,000 are in special schools and appended classes.<sup>100</sup>

At present, MEST lacks the human resources to assess children younger than 6 years old. Handikos assesses children under the age of 6, but the assessments are not recognized by either the MEST or the Ministry of Health. There is no information about whether hospitals assess and diagnose disability in children.

In practice, most children are taken by parents to a psychiatrist to be assessed/diagnosed at a regional hospital and then referred to the Psychological-Pedagogical Health Council of MEST. The Psychological-Pedagogical Health Council is a special team created to assess disability in children for the purpose of school enrollment. There is one team per region, a total of 7 in Kosovo/Kosovo, where one team includes two special educators, the special school director and the parent.<sup>101</sup>

The Council is responsible for reviewing an assessment only if the child is referred by the psychologist/psychiatrist to be placed in mainstream education. According to MEST, the Council has the sole responsibility for reviewing such cases. There is no periodic review of assessments, except if a review is requested by the teacher. There is no available data on whether any children are reassessed in practice. There is no available information on early intervention services for children with mental disabilities, though Handikos offers play therapy for young children with intellectual disabilities.

### **People with Intellectual Disabilities Living at Home**

There is no single administrative center where people with intellectual disabilities who are living at home are registered or should be registered, and there is no standard registration process. Until June 2004, people with intellectual disabilities were registered with local organizations such as Handikos or a Center for Social Work in order to receive financial support. Since June 2004, a person with intellectual disabilities must be registered with the Pensions Administration in order to qualify for a disability pension. There is no data on the number of people with intellectual disabilities who are registered with the Pensions Administration.

If people with intellectual disabilities are living at home and are registered with one of the mental health services, such as the Community-Based Mental Health Centers, the Centers for Social Work (CSW), the Pensions Administration or Handikos, there is a possibility that they receive some medical care or social assistance. If a person with intellectual disabilities is registered with the Pensions Administration and participates in the disability scheme, s/he is eligible for a monthly disability pension (40€/month).

If a person with intellectual disabilities is registered with the local Handikos center, s/he receives services offered by that center. Usually Handikos centers offer games for children

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100 Interview with Mr. Vedat Bajrami, Special Education Officer, MEST, March 2004.

101 Ibid.

with intellectual disabilities which aim at helping the children use their cognitive abilities. If a person is registered with the Community-Based Mental Health Centers s/he may receive therapy and food and can use the premises of the CBMHC to socialize with others.

Ordinary citizens can apply for social welfare assistance if they are in a difficult financial situation and are taking care of a person with intellectual disabilities at home. Having a person with disabilities living within the home can classify a non-disabled citizen as a recipient of social welfare assistance. This scheme is different from the disability pension since monetary help is given to a family which, besides other financial and/or social difficulties, has a person with intellectual disabilities or mental health problems living at home.

As part of the range of services offered professionals from the CBMHC provide home visits, which include supporting families to bring the person with the mental disability to the Mental Health Center in order to receive the full spectrum of services available to them. For example, in the second half of 2004 the Prishtinë/Pristina Community-Based Mental Health Centers made 450 home visits to people mainly with mental health problems and offered their mobile services such as medication and basic forms of counseling.<sup>102</sup>

### **People with Intellectual Disabilities under Guardianship**

At this writing, the legal procedure regarding guardianship is being prepared under a new Administrative Order by the Ministry of Labor and Social Welfare.<sup>103</sup> Issues regarding guardianship today are still governed by old Yugoslav laws which have not yet been replaced by new legislation.

When the former Yugoslav Administration ended, the new Ministry of Labor and Social Welfare inherited responsibility for 99% of the residents of the Shtime Special Institute and the House for the Elderly. The MLSW under UNMIK does not consider it their responsibility to place people under guardianship. There is no information about whether these people have legal guardians appointed by courts, or if they had legal guardians when they were placed in the institutions by the former Yugoslav Administration.

The term “guardianship” is not explicitly used in describing any category of people with mental health problems. However, there are several cases in which, while people with mental health problems are hospitalized at one of 7 hospitals in Kosova/Kosovo, they are referred to local Community-Based Mental Health Centers for daily services. In this situation, the individuals in question are still under the authority of the hospital where they are hospitalized, but no legal guardian has been appointed for them. In several cases, persons with mental health problems, who are hospitalized, receive outpatient mental health services from the local Community-Based Mental Health Centers.

While the question of guardianship was inadequately defined in the past, the current Law on Social and Family Services, approved in 2005, is an appropriate starting point for defining the issue of guardianship for people with mental disability. Under the section on Protection

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102 Interview with Valon Qesku, Psychologist, Prishtinë/Pristina Regional Mental Health Center.

103 Interview with Qazim Gashi, Director of Institutions Division at MLSW.

of Vulnerable Adults, this law specifies that officials of the Centers for Social Work must undertake all necessary measures to avoid the imposition of guardianship on a person with a mental disability. However, at the time of publication of this report, information about the implementation and effectiveness of this law was not available.

### **Access to Education for People with Intellectual Disabilities**

MEST has 7 regional offices for monitoring special education. Each regional office consists of a Special Education Expert and a General Education Inspector.<sup>104</sup> According to the latest statistical publication on education by MEST, children with intellectual disabilities have limited access to education.<sup>105</sup> There are 7 special schools for children with intellectual disabilities, and 60 appended (attached) classes in mainstream schools. The division of special education pupils according to level is as follows:

Number of Pupils with Special Needs 2004/2005 school year <sup>106</sup>			
	<b>Male</b>	<b>Female</b>	<b>Total</b>
Pre-Elementary S. Education	12	8	20
Elementary S. Education	496	315	811
Secondary S. Education	54	23	77
<b>Total</b>	562	346	908

The number of special schools is not sufficient to meet the needs of children with intellectual disabilities in Kosova/Kosovo.<sup>107</sup> MEST is not planning to create more special schools since it believes that special schools are not effective and that they segregate children with disabilities.<sup>108</sup> The strategy of MEST is to support the integration of children with disabilities into mainstream education and to support the families of children with disabilities.<sup>109</sup>

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104 Law No. 2004/37 on Inspection of Education in Kosova/Kosovo established the framework for monitoring all public and private education institutions in Kosova/Kosovo, including special education.

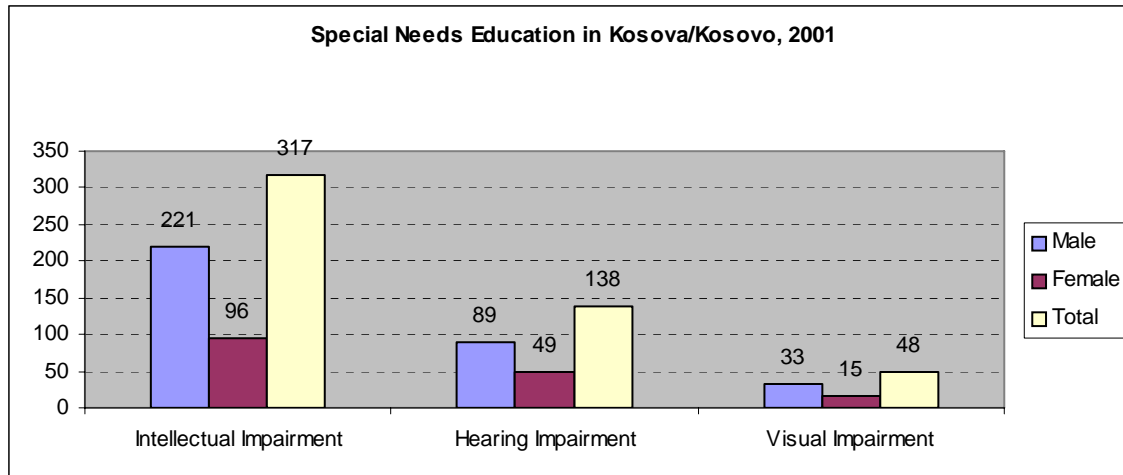
105 <http://www.mashtgov.net/Shqip/Te%20dhena%20statistikore/Te%20dhena%20statistikore.html>.

106 MEST, Statistical Data on Education in Kosova/Kosovo 2004/2005.

107 Interview with Luljeta Kabashi, Special Education Officer, MEST.

108 Ibid.

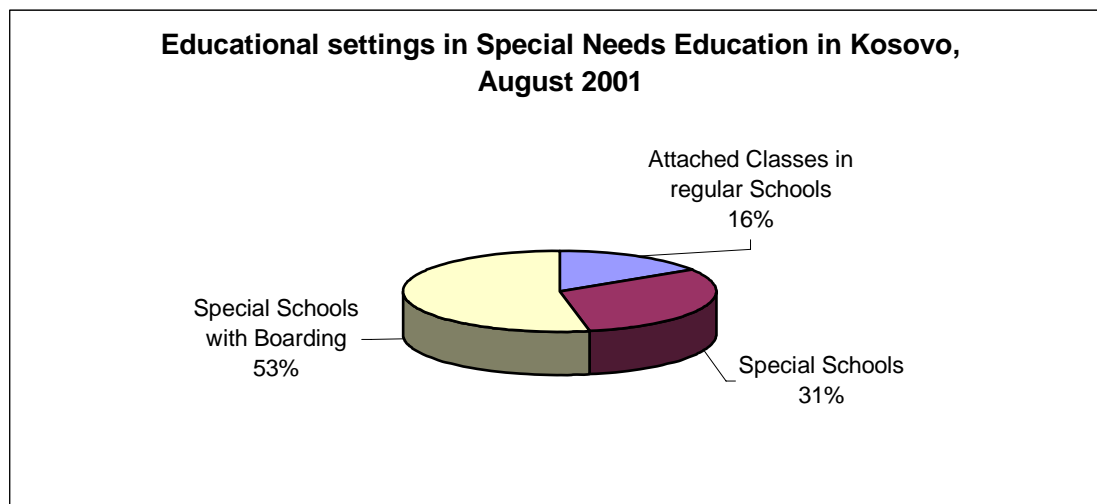
109 <http://www.mashtgov.net/Shqip/Te%20dhena%20statistikore/Te%20dhena%20statistikore.html>.



Title: Type of Impairment in Special Needs Education in Kosova/Kosovo 2001.  
 Source: SOK – Statistics on Education in Kosova/Kosovo.

In 2004/05, there were 485 more students attending special schools and appended classes than in the 2001/2002 school year. Access to special education and appended classes is tremendously limited, and attendance is especially difficult for village children who cannot afford transportation. Classes are limited with respect to the number of pupils they can accept, and new classes are expensive to open because of a lack of human resources and donations.<sup>110</sup>

There is no detailed information on the breakdown of the education budget. There is no information regarding education options for adults with intellectual disabilities.



Source: World Bank/MEST.

It is estimated that every year, an average of 37,000 children enter first grade of special education in Kosova/Kosovo and that more than 80% of children with disabilities and/or

<sup>110</sup> Interview with Mr. Vedat Bajrami, Special Education Officer, MEST.

intellectual disabilities are left out of school.<sup>111</sup> According to MEST, there are two main reasons that children with disabilities are not included in special education. The first is that some children are kept at home and are deliberately not sent to school by their parents because the family is ashamed as a result of stigma (this is particularly strong in villages).<sup>112</sup> The second reason why children with disabilities are excluded from special education is that some children with special needs and/or intellectual disabilities are not, in fact, diagnosed with a disability and may be attending school in the mainstream system.<sup>113</sup> Although primary education is obligatory, the MEST has no information on which families do not send their children to school.

### **Access to Employment for People with Intellectual Disabilities**

Access to employment is virtually nonexistent for people with intellectual disabilities. A small number of people with intellectual disabilities have been employed in non-governmental organizations such as Handikos.<sup>114</sup> In the course of researching this report, 6 persons with mental or physical disability were found to be employed as cleaners at the Handikos Resource Center. They work two hours/day and are paid 10-80€ / month.<sup>115</sup>

### **The Pension System for People with Disabilities**

A pension system specifically for people with intellectual disabilities does not exist, but people with intellectual disabilities aged 18-64 are included as eligible for pensions under the Disabilities Pension Law.<sup>116</sup> According to this law, the disability pension provides financial assistance for eligible persons in accordance with the resources from the Kosova/Kosovo Consolidated Budget. The Ministry of Labor and Social Welfare, and the Ministry of Finance and Economy are responsible for establishing the proposed annual budget for Disability Pensions.<sup>117</sup> In 2004, 15€ million was allocated to the disability pension fund.

A Medical Commission comprised of a panel of medical experts is responsible for making decisions about specific cases of eligibility for a pension.<sup>118</sup> Between July 2004 and March 2005, 27,758 applications for disability pensions were processed, and 18,558 applicants were found to be eligible to receive disability pensions. The process of determining eligibility for pensions is decentralized. Each region (7 + 1 in North Mitrovica) has a medical panel/commission that examines applicants. Doctors assign points during the examination, and the case is returned to the Pensions Administration Center in Prishtinë/Pristina for computer evaluation which determines eligibility. There is a significant backlog of applications to be processed due to the late allocation of the budget. The application form does not provide details on the nature of the disability giving rise to eligibility for a pension.

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111 MEST (2004) Statistical Data on Education in Kosova/Kosovo, [www.mashtgov.org](http://www.mashtgov.org).

112 Interview with Mrs. Luljeta Kabashi, Special Education Officer, MEST, September, 2004.

113 Interview with Mr. Vedat Bajrami, Special Education Officer, MEST, March 2004.

114 Interview with Mr. Afrim Maloku, Handikos Resource Center, Project Manager.

115 Ibid.

116 Law No. 2003/23 on Disability Pensions in Kosova/Kosovo.

117 Law No. 2003/23 Section 11.

118 Law N0. 2003/23 Section 3 of Law on Disability Pensions in Kosova/Kosovo

According to the Handikos Organization for Disabled People, the pension scheme for people with disabilities is discriminatory since the MLSW, with this scheme, effectively prevents Kosova/Kosovo’s population with disabilities from working. According to Handikos, the Ministry of Labor and Social Welfare should have developed job training for people with disabilities in general in order to make them equal participants in the work force. Handikos believes that the MLSW has not invested enough resources in establishing training, skill development, or on-the-job training<sup>119</sup> for people who have disabilities.

Persons who are approved for disability pensions also receive other benefits such as free local travel, free electricity, and free entrance to cultural events. Healthcare services are provided free of charge in the Public Health Institutions for “persons with disabilities,”<sup>120</sup> but these benefits do not include medication, so people have to pay for their medicine themselves. The amount of the monthly disability pension is 40€, which is the same amount as the basic pension for people above age 65.

People who receive the disability pension do not qualify for any privileges based on their disability other than the ones mentioned above. People on the disability scheme do not qualify for the social welfare scheme based solely on their disability; but their families can classify for the social welfare scheme if they are experiencing financial hardship and if the family has a person with physical or mental disabilities (which includes mental health problems and intellectual disabilities) living with them.

In order to understand the level of assistance the monthly disability pension of 40€ provides to people with mental disabilities in Kosova/Kosovo, see Table 9 which compares the Kosova/Kosovo average monthly consumption with average monthly income. The average monthly income for a Kosova/Kosovo family is 321.85€, and the average Kosova/Kosovo family, in order to survive, spends approximately 374.78€ per month - far greater than the level of support 40€ can provide for a person with disabilities.

**Title: Kosova/Kosovo Household Consumption table**

Kosova/Kosovo Average	KOSOVA/KOSOVO /monthly	Type of Settlement	
		Urban	Rural
Income of Household	321.85€	302.40€	324.12€
Consumption of Household	374.78€	314.17€	405.10€
Expenditure of Household	321.36€	309.72€	328.04€
Consumption of own produced or fetched food	53.42€	4.45€	77.06€
Expenditure on food	115.07€	140.49€	99.25€

Table 9: Source: SOK, Household Budget Survey, 2003

## General Information on People with Mental Health Problems

119 Interview with Mr. Afrim Maloku, Handikos Resource Center, Project Manager.

120 Law No.2004/4 The Kosova/Kosovo Health Law, Section 22.1.

According to the Kosova/Kosovo Ministry of Health and its Mental Health Development Plan, mental health problems in Kosova/Kosovo are defined according to the International Classification of Diseases, version 10 (ICD-10).<sup>121</sup>

Policy developers have given more attention to institutions for people with mental health problems in both the old and the new administrations than to institutions for people with intellectual disabilities. The institutions that offer mental health services to people with mental health problems are: the Shtime Special Institution, Psychiatry Departments, Integration Houses, Houses for the Elderly, and Community-Based Mental Health Centers. With the exceptions of the Special School, appended classes and children’s homes in Shtime and Gracanica, most of the institutions which provide services to people with intellectual disabilities also provide mental health services to people with mental health problems.

The aim under the Mental Health Strategic Plan is to transfer patients from inpatient wards to Community-Based Mental Health Centers. Exceptions will be made in treating acute and/or emergency patients.

### **Statistical Data on People with Mental Health Problems**

Health Information Officers at the Ministry of Health provided information to calculate the number of people with mental disabilities who have registered with one of the Municipal Centers for Family Medicine (MCFM). According to the Health Information System, a total of 6,065 people with Psychiatric and Personality Disorders, as defined by the ICD-10, are registered with the MCFM. People can register with MCFM and/or at regional hospitals, but registration with MCFM results in the allocation of an identification number which can then be tracked by the Health Information System.

To date, there has been no information gathered or provided on the mortality rates of people with mental disabilities or mental health problems. Neither the Ministry of Health nor its Mental Health Department has information or details on the mortality data regarding people with mental disabilities or mental health problems. There is similarly no information about people with mental health problems disaggregated by ethnicity or gender.

### **Length of Stay for People with Mental Health Problems in Psychiatric Hospitals**

The average length of stay in psychiatric hospitals according to the Health Information System is demonstrated in the following table:

<b>LENGTH OF STAY IN PSYCHIATRIC HOSPITAL</b>				
	Total Days of Stay for Category	Max. Days per Patient	Min. Days per Patient	Average per Patient
Light Mental Retardation	36	19	7	12
Mild Mental Retardation	199	139	17	50
Severe Mental Retardation	11	11	11	11
Schizophrenia	2986	135	1	25
Depression Periods	435	46	1	20

121 Ministry of Health, Mental Health Development Plan 2004-2009.

## **People with Mental Health Problems Living at Home**

People with mental health problems receive some services at home from the same centers that are offering mobile services to people with intellectual disabilities. (Exceptions are the Handikos centers in Kosova/Kosovo, which do not offer services to people with mental health problems.) Community-Based Mental Health Centers are specialized and seek to offer mobile services to people with mental health problems. Currently the majority of people who receive these services have mental health problems, however a very small number of people with intellectual disabilities have also been served. As of June 2004, people with mental health problems have been registered with the Pensions Administration as part of the disability pensions scheme. However, not all who apply qualify for the scheme.

If people with mental health problems are living at home and are registered with one of the mental health services, such as the CBMHC, the Centers for Social Work (CSW), or the Pensions Administration, there is a possibility that they receive some medical care or social assistance. If a person with intellectual disabilities is registered with the Pensions Administration and participates in the disability scheme, s/he is eligible for a month disability pension (40€/month).

As mentioned in the section on people with intellectual disabilities living at home, most mobile mental health services are offered by the CBMHC which are run by the Kosova/Kosovo Ministry of Health. As part of the range of services offered, professionals from the CBMHC provide home visits. Such visits include support for families in bringing the person with the mental disability to the Mental Health Center in order to receive the full spectrum of services available to them.<sup>122</sup>

QKRMT (Kosova/Kosovo Center for the Rehabilitation of Trauma Victims), a local NGO, is another center which offers mobile services to people with mental health problems. It has some 7 centers around Kosova/Kosovo, and different psychiatrists are mobilized each week to travel to these centers and offer their mental health services in areas including Peja, Prishtinë/Pristina, Mitrovica and Burim.

## **People with Mental Health Problems under Guardianship**

People with mental health problems, just as people with intellectual disabilities, are not governed by any specific law or legislation in respect to legal guardianship. According to the Ministry of Labor and Social Welfare, a new Administrative Order regarding guardianship for people with mental disabilities is being prepared, but to date no order has been enacted. People with mental health problems, if placed in a mental health institution such as a psychiatric ward, are under the authority of the ward director, and no legal guardian is appointed in order to act in the best interests of the person with mental health problems.

People with mental health problems are protected by anti-discrimination laws which ensure that people with disabilities cannot be withheld employment based on their disability, but the

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<sup>122</sup> Interview with Valon Qesku, Psychologist, Prishtinë/Pristina Regional Mental Health Center.

overall employment situation in Kosova/Kosovo makes it extra difficult for people with mental health problems to find suitable employment opportunities. Generally, employment opportunities are offered to all people regardless of gender, ethnicity and disability, and this is especially true with regard to working in governmental institutions. The process of employing people with mental health problems is closely related to the issue of education for this group. In contrast to people with mental disabilities who are offered special education, people with mental health problems do not receive special education and are not part of any special education system; they are part of the general education system.

## CHAPTER III

### Institutions for People with Mental Disabilities

After more than a decade of regression and decay, positive changes in the development of the Kosova/Kosovo mental health institutions and services are now visible. According to the Kosova/Kosovo Ministry of Health, the general strategy is to incorporate all mental health services under the Ministry of Health and its Mental Health Department. According to the Kosova/Kosovo Mental Health Strategy 2004-2009, the Ministry of Health aims at increasing the efficacy of the current available mental health institutions and mental health services and at the same time increasing their capacity. It is obvious that, with the help and guidance of donors and experts, the Kosova/Kosovo Mental Health Services have started to develop more community-based services and to limit their institutionally-based services. While the transition and development have encountered many difficulties along the way, the Ministry of Health, with the support of the WHO, and donors such as the Japanese and Swiss governments, has succeeded in establishing fully functional Community-Based Mental Health Centers. The Ministry also aims at creating a fully functional system of cooperation between psychiatric wards, Integration Houses and Community-Based Mental Health Centers, in order to accelerate the process whereby patients are re-socialized.<sup>123</sup>

#### Patient Numbers

In Kosova/Kosovo, there are 148 psychiatric beds (1 per 15,000 residents) where patients with acute and chronic psychiatric illnesses can be hospitalized. Of this overall number, 72 beds are in the Psychiatric Clinic in Prishtinë/Pristina, part of the Clinical University Center. The remainder are situated in other psychiatric wards within general hospitals around the country.

It is important to note that the Shtime Special Institute was initially established to offer inpatient treatment to children with mild intellectual disabilities. However, it was subsequently transformed into an inpatient institution, providing treatment to people with various diagnoses, including people with intellectual disabilities, people with chronic mental health problems, people with alcohol dependency, and abandoned children.

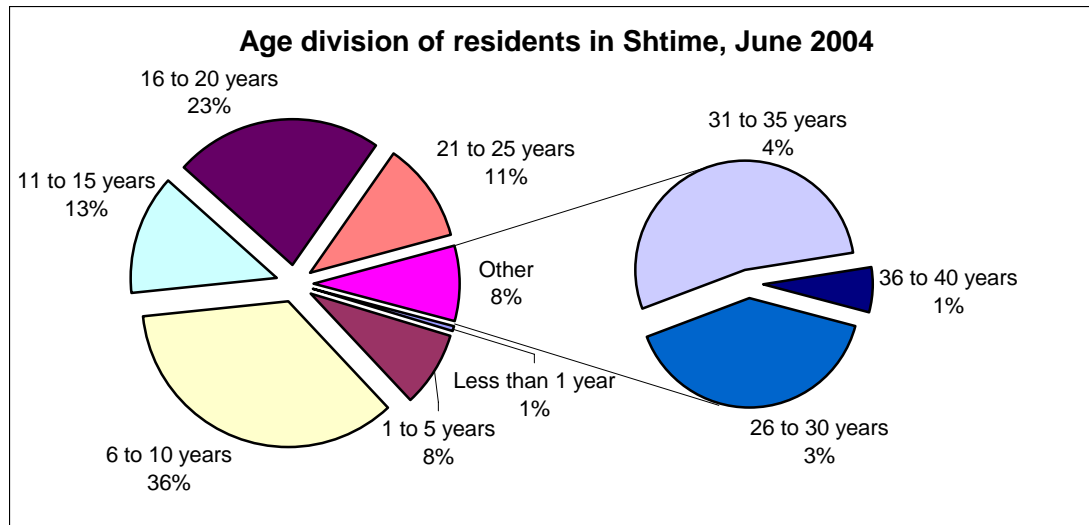
According to the Ministry of Labor and Social Welfare, in 2005, the Shtime Special Institute was housing 175 residents, but according to the Ministry of Health in June of 2004, the Shtime Special Institute had 168 residents<sup>124</sup> which means that, in a period of 6 months, the Ministry of Labor and Social Welfare, though claiming adherence to the “No Admission” policy, placed 7 new patients at the Institute.<sup>125</sup>

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123 Ministry of Health, Mental Health Strategic Plan 2004-2009, p. 14.

124 Ministry of Health, Mental Health Strategic Plan 2004-2009, p. 7.

125 MLSW, Institutions Division, Deinstitutionalization Policy Document.



Source: SWOT Analysis, p. 29.

The Elderly House currently accommodates 127 people, (96 Albanian, 15 Serbian and 16 of other nationalities) of whom 43 are diagnosed with Mental Disorders/Psychosis. Community-based housing being built in Burim and Skenderaj will soon accommodate people who currently reside in the Elderly House. The establishment of community-based housing is part of the Ministry of Labor and Social Welfare policy aimed at people who lack accommodation.

### **Mental Health and Disability Professionals**

At present there are, in total, 10 psychiatrists, 68 nurses, 8 social workers, and 12 psycho-social counselors working in Community-Based Mental Health Centers across the whole country. In the psychiatric wards, there are 10 psychiatrists and 26 specialists, 75 nurses, and 1 social worker. There are only five psychologists in the country. Two are based at the Psychiatric Clinic in Prishtinë/Pristina and one each at the Community-Based Mental Health Centers in Prizren, Peja and Prishtinë/Pristina. The Ministry of Health aims to employ a psychologist for every Community-Based Mental Health Center. Regulations currently being developed will require that clinical psychologists can practice only after they have a master's degree (a 3 + 2 year course program).

Most psychologists and psychiatrics who work today in Kosova/Kosovo have earned their degrees from universities other than the national University of Prishtinë/Pristina, this is due to a combination of educational and political factors. The University of Prishtinë/Pristina, until recently, did not offer degrees in psychology or specializations in psychiatry. As a result, students wishing to obtain degrees in psychiatry or psychology had to attend universities such as the University of Belgrade in Serbia or the University of Zagreb in Croatia. However, due to rising ethnic tensions in Kosova/Kosovo during the late 1980s and 1990s, ethnic Albanian students from Kosova/Kosovo stopped attending Serbian and other Yugoslav universities. One result of this change was the decline in the number of Kosovar psychologists and psychiatrists.

In 2001, the University of Prishtinë/Pristina opened a department of psychology which today offers both Bachelor and Masters degrees in Clinical, School and Research Psychology. In 2004 some 60 Bachelors of Psychology were graduated, and today the department has 40 students in its MA program.

Until recently, most mental health services for children and adolescents were offered only through family healthcare centers. The one exception to this is in Prizren where there is a specialized psychiatric ward that provides services to this age group. This center does not have any inpatient beds and mainly provides psychotherapy, pharmacology-therapy and counseling. From May to October 2004, this center had 102 patients.<sup>126</sup> In July 2005, a psychiatric ward for Children and Adolescents opened in Prishtinë/Pristina. Its work will be focused on these two age groups.

All 7 directors of the Community Based Mental Health Centers are psychiatrists. Only two psychologists currently work in these centers. Other personnel at the mental health centers are nurses with high-school qualifications or psycho-social counselors who were trained by the International Organization for Migration (IOM) psycho-social program in Kosova/Kosovo in 1999-2000. The Shtime Special Institute and the House for the Elderly do not have an adequate number of professionals who are trained to work with people with mental disabilities. The staff at the House for the Elderly includes physicians, nurses and social workers.

### **Organizational Structure of Services**

Mental Health Services were established by order of the Ministry of Health in 2002 in Kosova/Kosovo.<sup>127</sup> According to this order, the Mental Health Department of the Ministry coordinates mental health services in the country. Mental health services are divided into 7 regions, each with a regional mental health director who manages regional services. Each regional mental health service is responsible for the mental health needs of the local population. Each region must have: (1) One Community-Based Mental Health Center, (2) One Integration House (except Prishtinë/Pristina which has 4 IHs) with 10 beds, (3) One Psychiatric Ward with a division of 20 beds and an Intensive Care Unit with six beds.

The Counseling Board for Mental Health, which is organized centrally by the Kosova/Kosovo Ministry of Health, coordinates regional mental health services; the board is composed of relevant stakeholders engaged in the mental health system, including Psychiatry Departments, Community-Based Mental Health Centers, and Integration Houses. The Board organizes regular monthly meetings and is also responsible for monitoring the work of psychiatric wards, CBMHCs and IHs regarding the professional and ethical conduct of the personnel and treatment of the patients. However, the Counseling Board is organized in such a way that officials of lower rank monitor the work of their superiors, thereby making it difficult to perform independently and in accordance with professional standards. MDRI recommended that this organ be transformed and become independent from the Ministry of Health, but the Ministry did not accept this recommendation.<sup>128</sup>

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126 Interview with Dr. Selman Shehu, Director of the Psychiatry Department in Prizren.

127 Ministry of Health, Administrative Order no. 6/2002.

128 Interview with Ms. Dea Pallaska, MDRI Officer, MDRI Prishtinë/Pristina Office.

Financing for mental health services comes from the budget-line dedicated to mental health in the Ministry of Health budget. This budget is distributed to the regions and is allocated by the Regional Mental Health Director.

Mental Health Services are organized at three levels: primary, secondary and tertiary. The Primary level services include Family Medicine Centers and Municipal Centers for Family Medicine. The secondary level services include psychiatric wards at regional hospitals, Community-Based Mental Health Centers and Integration Houses. Tertiary level services include a psychiatric ward, intensive psychiatric care, an Institute for Forensic Psychiatry, services for children and adolescents, and substance abuse services. Every hospital in the major cities has a psychiatric ward which tests, diagnoses and treats people with mental health problems. Such wards offer both inpatient and outpatient care.

The seven Community-Based Mental Health Centers (CBMHC) are located in Kosova/Kosovo's largest cities. These centers offer mental health services primarily to people with mental health problems but also serve people with intellectual disabilities. Some Integration Houses provide services to homeless people, some of whom have mental health problems.

The issue of the role of Integration Houses in terms of which groups of people they serve is being debated between the Ministry of Labor and Social Welfare and the Ministry of Health because they each use the IHs for different purposes. According to the Ministry of Health, the IHs are meant to be used by people with mental disabilities as a resource for community integration. The Ministry of Health believes that IHs should be used by residents of the Shtime Special Institute during the deinstitutionalization process. The Ministry of Labor and Social Welfare, on the other hand, is using IHs as shelters for homeless people who do not suffer from any mental disability.

While Integration Houses, the Special Institute in Shtime and the House for the Elderly without Family Care are managed by the Ministry of Labor and Social Welfare,<sup>129</sup> various non-governmental organizations also offer services to people with disabilities. The NGO Handikos has 27 centers around the country that offer services primarily to children with physical and/or intellectual disabilities. Other NGOs that work with people with intellectual disabilities are "Hader" in Prizren, "Love Bridge" in Prishtinë/Prishtina and "Vita" in Gjakova.

## **Description of Existing Institutions**

### **Psychiatric Wards**

A total of 148 beds in psychiatric wards are available across the country for people with mental disabilities. This number means one bed per every 15,326 residents for a population

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<sup>129</sup> Qazim Gashi, Director of Institutions Division at MLSW - Comment delivered upon review of the preliminary report on "The Situation of People with Mental Health Problems and People with Intellectual Disabilities in Kosova/Kosovo", KOAPS 2006

of about 2.5 million people.<sup>130</sup> Psychiatric wards are units in regional hospitals that are managed and financed from the hospital budgets. Psychiatric wards offer services to people with acute and/or chronic mental health problems; they operate in all seven regions of the country with the exceptions of Ferizaj and Mitrovica.<sup>131</sup>

### **Intensive Psychiatric Care Unit**

This is a special unit of the psychiatric ward at the University of Prishtinë/Pristina Clinical Center in Prishtinë/Pristina that provides services to prisoners with mental disabilities. This psychiatric ward, which is within the Psychiatry department, is guarded by the UNMIK police and is under the administration of the UNMIK Correctional System. The prisoners receive monitoring around the clock. The Municipality Hospital branches in Peja and Prizren have constructed Intensive Psychiatric Care Units which, in these cases, are detached from the Psychiatric departments of the hospitals. These units are also under the UNMIK Correction System and are guarded by the UNMIK Police since the patients are prisoners with mental disabilities.<sup>132</sup>

### **Forensic Psychiatry**

According to the Mental Health Strategic Plan, Forensic Psychiatric Wards must be established in cooperation with the UNMIK Department of Law, the Ministry of Health, and the Penal System. The Ministry of Health aims to build the capacities of the Forensic Psychiatry Institute in Prishtinë/Pristina to include a total of 18 beds so that this Institute can offer its services to the needs of all Kosova/Kosovo. Mental health service providers will offer mental health services within the Forensic Psychiatry Department, whereas special units of public services will provide security and safety. People with mental health problems who have been convicted of a crime and are sentenced to prison time will be able to use the forensic psychiatry services within their correctional facility. According to the MHSP, directors of mental health services and the penal system must agree on offering mental health services within their penal system.

### **Institutional Funding**

The two main Ministries responsible for funding institutions for people with mental disabilities are the Ministry of Health, and the Ministry of Labor and Social Welfare. The main international donors which provide funding to these institutions are the World Health Organization, the European Agency for Reconstruction (EAR) and the governments of Japan and Switzerland.

The Ministry of Health finances the Community-Based Mental Health Centers and the psychiatric departments at hospitals. The Ministry of Health has received supplemental funding from the EAR and UNDP for administering these institutions. The Ministry of Labor and Social Welfare finances the Shtime Special Institute, while UNICEF funds the

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130 Ministry of Health, Mental Health Strategic Plan 2004-2009.

131 In Ferizaj, a hospital has been recently opened, and it is planned that a psychiatric ward will open there soon.

132 <http://pristina.usmission.gov/hrkos3.htm>.

community-based Children's Homes through Doctors of the World. The Ministry of Education, Science and Technology finances special schools and appended classes.

### **Monitoring Institutions**

MDRI has been active in monitoring and reporting its findings on the conditions in institutions for people with mental disabilities. No other local or international organization involved in regular monitoring has produced public reports.

### **Ministry of Labor and Social Welfare (MLSW) Board of Visitors**

In order to ensure that the MLSW is offering adequate services and that the rights of residents are being respected, the MLSW has established a Board of Visitors which consists of different NGO representatives who are independent from the MLSW. The Board of Visitors is required to visit MLSW institutions at least once a month and to write a report on the conditions at the end of the month.

There has been some substantial criticism of the Board of Visitors, its services and the methods by which it is run. According to the Strength, Weaknesses, Opportunities and Threats (SWOT) analysis of services to people with mental disabilities in Kosova/Kosovo, the Board of Visitors lacks the main characteristics needed by a monitoring body in order to adequately check the quality of services offered to people with mental disabilities at the Shtime Special Institute and at the House for the Elderly.<sup>133</sup> The SWOT report states that the Board of Visitors at the Shtime Special Institute and the House for the Elderly are not viable human rights monitoring or quality assurance mechanisms because the Board of Visitors is a government-sponsored body. According to the SWOT report, the Board therefore lacks the independence necessary to assess the real circumstances under which mental health services are offered. It has no legal authority in compelling the Ministry of Labor and Social Welfare to improve their services with regard to human rights violations; no reports have been produced by the Board since its establishment in December 2002; and several members of the Board have no appropriate educational qualification related to people with mental disabilities and rely instead on personal judgment.<sup>134</sup>

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133 Mary F. Hayden (2004) SWOT Analysis of services for people with mental disabilities, p. 54.

134 Ibid.

## CHAPTER IV

### Integration of People with Mental Disabilities into Society

#### Community-Based Services

##### Community-Based Mental Health Centers (CBMHC)

Community-Based Mental Health Centers provide outpatient daycare and medical services to people who have mental health problems and live in the community. They offer their services to all people who need them even if they have not been hospitalized or if they have not been referred to the CBMHC by a Psychiatric Ward.

People are referred to CBMHCs through:

- Centers for Social Work
- Hospitals
- Family Health Centers
- Employment Centers

A CBMHC coordinates its activities in close cooperation with the Psychiatric Ward and Integration House in the same region. CBMHCs also cooperate and encourage cooperation with the community, including family members of clients, NGOs and other informal community structures. CBMHCs as well as hospitals and psychiatric wards are responsible for identifying people who are ready to use community-based mental health services. Each regional CBMHC identifies families who have people with mental health problems and encourages the families to send their family member to the center for day services.

##### Integration Houses (IH)

Integration Houses are healthcare institutions that operate around the clock. Each has 10 beds for chronic psychiatric residents and is a step toward integrating people with mental problems into the community. IHs are government-operated institutions.<sup>135</sup> The Mental Health Strategic Plan envisages that activities in the IHs should be rehabilitative and should aim to support residents in everyday activities that include learning basic skills such as self care, home care, independent living, re-establishing social contacts and developing social skills.

Clients in Integration Houses can have a short, medium or long-term stay, in accordance with their needs. Admittance of clients into an IH is decided and approved by a commission which includes MLSW officials, psychiatrists and the director of the IH in question.<sup>136</sup>

According to the Ministry of Labor and Social Welfare,<sup>137</sup> four residents of the Shtime Special Institute have been placed into the Gjakova Integration House as part of the process

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135 Interview with Mr. Qazim Gashi, Director of Institutions Division, MLSW.

136 Ibid.

137 Ibid.

of community integration and re-socialization. Others will continue to reside at the Institute until they are reunited with their families or placed into Integration Houses near their original communities. Also according to the Ministry of Labor and Social Welfare, people at the Shtime Special Institute are not detained there under any specific national law but because there is no other place where they can live; therefore the best option is for them to stay at the Institute.

### **Handikos Centers**

Handikos is an NGO with branches in 27 towns of Kosova/Kosovo; the larger branches are located in Prishtinë/Pristina, Prizren, Peja, Gjilan, Gjakova and Ferizaj. The Handikos centers offer outpatient therapy to children or adults with physical and/or intellectual disabilities. A total of 632 children visited these centers during 2004.

Handikos and its regional centers aim at the promotion of the rights of people with disabilities and full participation of people with disabilities in Kosova/Kosovo. Handikos supports people with disabilities by providing orthopedic, medical, and social aid such as crutches; wheelchairs; encouragement for parents to send their children to school, promotion of the equal treatment of children with disabilities at school; and promotion of sports for people with disabilities. Handikos has organized summer-active rehabilitation camps on the seaside for adults and children with disabilities, and it has promoted the participation of people with disabilities in the electoral process through direct participation in the Central Electoral Committee.

The regional Handikos centers evaluate children using special protocols and offer special physical rehabilitation for children. The centers offer psycho-social and sensorial stimulations in order to improve the communication, attention, and creativity of children with intellectual disabilities.<sup>138</sup> Handikos informs parents or caregivers of effective exercises.

### **Children's Homes**

Children's Homes in Gracanica and Shtime have been established by Doctors of the World and provide services to children with mental or physical disabilities. These homes were financed by UNICEF and are currently being operated by Doctors of the World. In Gracanica, there are 8 resident children and 5 from the Gracanica community who receive the services offered by the center such as physical and play therapy. In Shtime, there are 10 resident children and 8 from the community who receive the services offered by the center.

### **Club Dëshira**

Club Dëshira, a local non-governmental organization, engages in the identification, rehabilitation, re-socialization and integration of people with mental disabilities. There are currently 115 members of the club, and daily member attendance is approximately 20 people. Daily stays on the club's premises are managed and maintained primarily by club members.

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138 Handikos (2004) Handikos CBR-Kosova, p. 5.

Representatives of Club Deshira report that, in cooperation with World Vision Kosovo and the Ministry of Labor and Social Welfare, they have secured full-time employment for 14 club members, all of whom have some form of mental disability. Nine have been engaged as cleaners at the Resource Center on Disability. The Center was opened in July 2003 by HandiKos, in conjunction with World Vision Kosovo, and includes facilities for vocational training. Five other members of Club Deshira found full-time employment at the Center for Trainings and Development in Post and Telecom of Kosova. Occasionally, Club Deshira has also enabled its members to undertake part-time or seasonal employment.

## **Public Awareness**

Reports on issues regarding people with disabilities in general and people with mental disabilities in particular have had a consistent presence in all media and particularly in print media.

In spite of regular coverage of issues regarding people with disabilities in all daily and weekly newspapers, no issues have received front page coverage. Issues most notably reported on by the newspapers have revolved around descriptions of the new Disability Pensions Scheme from the Ministry of Labor and Social Welfare. The Community-Based Mental Health Centers and related projects have also received some coverage.

Handikos has received the most coverage on its projects, workshops and seminars. Much additional coverage was given to special requests made to the Ministry of Labor and Social Welfare, and the Ministry of Health for the creation of a special commission which would be actively involved with the issues of people with mental disabilities at the Shtime Special Institute.<sup>139</sup>

During the month of August 2004, a number of articles in the daily Koha Ditore and Epoka e Re reported on the increasing number of homeless people who, according to the report, also suffered from mental disabilities.<sup>140</sup> These reports, in the process of analyzing the issues of homeless people in Kosova/Kosovo and mainly in the capital, Prishtinë/Prishtina, offered details on available services such as Community-Based Mental Health Centers and Integration Houses.

During late September 2004, the daily newspaper Koha Ditore presented a one-page report titled "Staff of the Mental Health Centers is trained with new techniques."<sup>141</sup> This article elaborated on a training session held by the American Mind-Body Center led by Professor Jim Gordon and the Kosova/Kosovo Ministry of Health. This advanced training, supported by the American Office in Prishtinë/Prishtina, presented a new approach to dealing with psychological problems, stress and trauma. According to Dr. Afrim Blytaj, leader of the project in Kosova/Kosovo, the project aims at training 65 staff from the 7 regional Community-Based Mental Health Centers. The training includes information on new clinical

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139 Koha Ditore, July 15th 2004, p. 5.

140 Epoka e Re, August 1st, 2004, p. 7.

141 In this article, "Mental Health Centers" refers to the Community-Based Mental Health Centers.

techniques, their implementation in individual and group settings, and educational issues of mind-body approaches.<sup>142</sup>

During the month of October 2004, “Handifer” an Organization of people with disabilities based in Ferizaj and supported by the Ferizaj Municipality, organized a local awareness campaign. The campaign, named “Days of Professional Opportunities,” aimed at making people aware of the need to support the issues of people with disabilities in the region of Ferizaj. Issues addressed included employment and the need for institutional support regarding professional training and employment counseling.<sup>143</sup>

The World Health Organization and its Mental Health department are among the prime non-governmental institutions concerned with the improvement of services and with legislation concerning people with mental disabilities. The WHO Mental Health department works especially closely with the Kosova/Kosovo Ministry of Health and provides recommendations, advice and critique on programs already developed by the Ministry of Health. Very often officials from the WHO Office in Kosova/Kosovo are present in the drafting of new legislation such as the drafting of the Mental Health Strategic plan 2004-2007 by the Ministry of Health.

The WHO Mental Health Department developed several documents and recommendations which were submitted to the Ministry of Health for consideration. One such document was the Kosova/Kosovo Charter of Rights for Mental Health Patients. This Charter was developed by the WHO Kosova/Kosovo in order to address the need for the lawful protection of mental health patients. The charter has not been incorporated into the Kosova/Kosovo Health Law, but it has been submitted to the Ministry of Health for consideration. Among other statements, the Charter maintains that all persons have the right to the best available mental health care which shall be part of the health and social care system and that all persons with a mental disorder shall be treated with humanity and respect for the inherent dignity of the human person. Point 5 of the Charter states that every person with a mental disorder shall have the right to exercise all civil, political, economic, social and cultural rights, as recognized by the Universal Declaration of Human Rights.<sup>144</sup>

Handikos, as the largest organization of people with disabilities in Kosova/Kosovo, has played a major role in representing the needs of people with disabilities to governmental agencies. Handikos and its partner OPFAKOS have succeeded in establishing a cooperative relationship with the Ministry of Education, Science and Technology and the Office for Good Governance at the Prime Minister’s Office.<sup>145</sup>

Handikos is one of the main OPDs and has been active in promoting the integration of people with disabilities into the community. The organization has made its position known to all governmental organizations. Handikos has produced a written request directed at several ministries, such as the Ministry of Labor and Social Welfare, whereby the ministry is requested to create special commissions which will deal with the situation of people with

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142 Koha Ditore, September 24th, 2004.

143 <http://sq.oneworld.net/article/view/95803/1/>.

144 WHO Kosova/Kosovo (2004) Kosova/Kosovo Charter of Rights for mental health Patients.

145 Interview with Hysni Veseli, Office for Good Governance, Prime Minister’s Office.

mental disabilities at the Shtime Special Institute. Unfortunately, the request was not answered positively.

## Conclusions

The apparent lack of valid and reliable information and data regarding people with mental health problems and intellectual disabilities in Kosova/Kosovo has made issues and needs regarding the health services, social services and other services to this population ambiguous and unclear. The lack of reliable quantitative data on people with mental disabilities in Kosova/Kosovo has reduced the efficiency of the small number of services currently available for this population. Moreover, the scope of new policies and programs is difficult to estimate when concrete data related to people with mental disabilities do not exist. The attempt of the Kosova/Kosovo government to respect international declarations of human rights, anti-discrimination and equality must be aided by the systematic collection of data on people with mental disabilities in Kosova/Kosovo.

Unfortunately, mental disability in Kosova/Kosovo has not received enough attention as to compel the government to develop a comprehensive national strategy on issues important to people with mental disabilities. At this time, when the Kosova/Kosovo government is developing a legal system from the ground up, it is important to emphasize the need to address issues of mental disabilities in all aspects of life, from the education, health and legal systems to all aspects of social participation and integration.

Since the establishment of the Kosova/Kosovo Provisional Institutions of Self-Government in 1999, many new laws have passed and many others are being drafted; but it is apparent that the government must specifically address the issues of people with mental disabilities in order to close existing gaps in the legal system regarding issues such as detainment, hospitalization, and guardianship for the residents of Shtime Special Institute.

It is important that the government produce special bodies which enforce laws on anti-discrimination in the education system, employment and other settings. The discrepancy between the law and its implementation is largely due to the absence of these enforcing agencies. For example, although the legal system states that people should not be discriminated against based on disability, the number of employed mentally disabled people is very small.

Education remains one of the main needs of people with intellectual disabilities. The number of children with intellectual disabilities receiving special education is on the rise, and it is highly recommended that the Kosova/Kosovo Ministry of Education, Science and Technology embark on a national campaign to include all children with intellectual disabilities in the education system.

Social services for people with mental disabilities are few and are mainly a result of the disability law which offers disability pensions to this group of people. National policies for social re-integration of people with mental disabilities remain one of the key needs for this population. Although, currently, the government and the ministries are developing guidelines for community integration of people with mental disabilities who are institutionalized, there is no national or regional policy, from either the government or the ministries, which addresses the need for social integration of people with mental disabilities who are not hospitalized or institutionalized.

Due to the efforts of the WHO Office in Prishtinë/Pristina and the governments of Japan and Switzerland, Kosova/Kosovo has taken concrete steps in developing community-based services such as the 7 regional Community-Based Mental Health Centers for people with mental disabilities and mental health problems in particular. The need for inter-ministry cooperation in regard to the deinstitutionalization process is very large, and in order to accelerate this process, all ministries must develop joint strategies in regard to people with mental disabilities both in and out of institutions.

Organizations of People with Disabilities (OPDs) have had considerable success in making Kosova/Kosovo institutions aware of the needs of people with disabilities in general but not of people with mental disabilities, specifically. International NGOs have paid attention to issues of people with mental disabilities in Kosova/Kosovo and have supported local organizations in providing some services to people with mental health problems and intellectual disabilities. However, the need for more widespread services for people with mental disabilities remains high.

Under Kosova/Kosovo law, people with mental disabilities are treated as equal to other citizens in all regards and especially in education and employment. Nevertheless, the reality is that people with mental disabilities face many difficulties in these two areas, and the Kosova/Kosovo government must take steps, such as affirmative action in employment and open access to education, to remedy the de facto discrimination that continues to occur against people with mental disabilities in Kosova/Kosovo.

## Annex: Tables and Data

### Gender-related statistics in Kosova/Kosovo

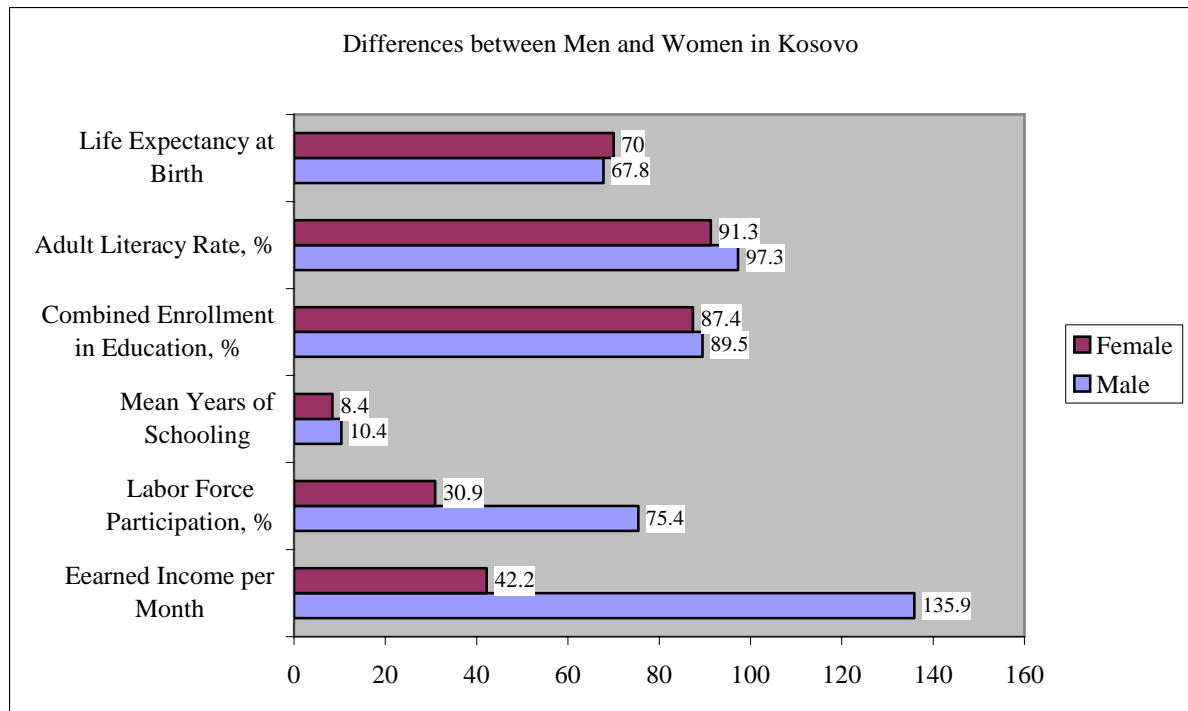


Table 1: Source: UNDP, Human Development Report 2004

## **Annex: Structure of the Kosova/Kosovo Government**

The President of Kosova/Kosovo is directed by the Constitutional Framework to “represent the unity of the people and guarantee the democratic functioning of the Provisional Institutions of Self-Government.” The President is elected by secret ballot of the Assembly and has a mandate of 3 years. He or she may not hold any other office or appointment during this time.

The Constitutional Framework provides that the Government is comprised of the Prime Minister and Ministers and “shall exercise the executive authority and shall implement Assembly laws and other laws within the scope of responsibilities of the Provisional Institutions of Self-Government established by this Constitutional Framework.” It further provides that “the Government may propose draft laws to the Assembly at its own initiative and shall do so at the request of the Assembly.”

The Constitutional Framework provides for an independent and impartial judicial system for the administration of justice, which includes both trial of criminal allegations and for judicial review of decisions made by Government or an executive agency under the authority of the Government. The Constitutional Framework provides for the Supreme Court of Kosova/Kosovo, District Courts, Municipal Courts, and Minor Offense Courts.

Chapter 8 of the Constitutional Framework reserves particular powers and responsibilities to the SRSG. In addition, section 4.6 states: “Based on his direct responsibilities under UNSCR 1244 (1999) to protect and promote human rights and to support peace-building activities, the SRSG will retain the authority to intervene as necessary in the exercise of self-government for the purpose of protecting the rights of Communities and their members.”

According to the Constitutional Framework for Provisional Self-Government in Kosova/Kosovo, the authority of the SRSG is defined as follows: “The exercise of the responsibilities of the Provisional Institutions of Self-Government under this Constitutional Framework shall not affect or diminish the authority of the SRSG in ensuring full implementation of UNSCR 1244 (1999), including overseeing the Provisional Institutions of Self-Government, its officials and its agencies, and taking appropriate measures whenever their actions are inconsistent with United Nations Security Council Resolution UNSCR 1244 (1999) or this Constitutional Framework.”

## Annex: The Educational System

Existing Structure	Age	Grade	New Structure	Age
Preschool Education	3-5	Kindergarten	Preschool education	5
	5-7	Pre-primary		5-6
Primary Education	7-8	Grade 1	Primary education (compulsory)	6-7
	8-9	Grade 2		7-8
	9-10	Grade 3		8-9
	10-11	Grade 4		9-10
	11-12	Grade 5		10-11
	12-13	Grade 6	Lower secondary education (middle school) (compulsory)	11-12
	13-14	Grade 7		12-13
Secondary Education	14-15	Grade 8	13-14	
	15-16	Grade 9	14-15	
	16-17	Grade 10	Upper secondary education (Theoretical and Vocational/Technical Gymnasia and Vocational Schools)	15-16
	17-18	Grade 11		16-17
	18-19	Grade 12		17-18

Table 2: Source: SOK, MEST (2002) The Education System in Kosova/Kosovo

The most recent statistics on education for the year **2004/2005** show the following enrollment data:

		TOTAL	Male		Female	
			Number	Percent	Number	Percent
New structure	Kindergarten (Age 3-5)	7076	3644	51.5	3432	48.5
	Pre-Primary (Age 5-7)	17596	9215	54.4	8380	47.6
Existing Structure	Primary (Grade 1 – 8)	327207	170641	52.15	156566	47.85
	Secondary (Grade 9-12)	69760	38940	55.82	30820	44.18
	TOTAL	421639	222441	52.76	199198	47.24

Table 3: Source: MEST Statistics of Education 2004/2005<sup>146</sup>

146 <http://www.mashtgov.net/Shqip/Te%20dhena%20statistikore/Te%20dhena%20statistikore.html>.

## **Annex: United Nations High Commissioner for Refugees (UNHCR) and Organization for Security and Cooperation in Europe (OSCE)**

In March 2004, the United Nations High Commissioner for Refugees (UNHCR) and the Organization for Security and Cooperation in Europe (OSCE) released the tenth assessment of the situation of ethnic minorities in Kosova/Kosovo covering May to December 2002. This assessment does not include any information on the situation of people with mental disabilities in particular nor people with disabilities in general. The assessment examines issues of discrimination pertaining to minority communities in Kosova/Kosovo with regard to their access to education, employment, social services and health care. It concludes that, whether direct or indirect, intentional or unintentional, discrimination continues to represent a significant obstacle to the ability of minorities to live reasonable lives in Kosova/Kosovo.<sup>147</sup>

The assessment points out that access to healthcare has not improved for minorities and makes the following recommendations:

- The Ministry of Health must take actions towards the implementation of an integrated healthcare system able to serve majority and minority communities alike, supporting those facilities already serving mixed communities and duplicating existing best practices. Coordinated efforts and the dialogue between the Ministry of Health, UNMIK and the Ministry of Health in Belgrade should lead to a sustainable solution to the ongoing presence of parallel healthcare systems in Kosova/Kosovo.
- The Ministry of Health should promptly issue the “Charter of Patients’ Rights.”<sup>148</sup>
- The Ministry of Health must continue its efforts in raising awareness about available healthcare services among minority communities, with a special focus on Kosova/Kosovo Roma, Ashkali and Egyptian communities (RAE).

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147 OSCE – UNHCR (2003), Tenth Assessment of the situation of ethnic minorities in Kosova/Kosovo, p. 6.

148 NOTE: The Charter on the Rights of Patients has been passed by the Kosova/Kosovo Assembly.

**Annex: Open Society Institute (OSI), UK Department for International Development (DFID), Health Systems Resource Center, UNICEF, and the London School of Hygiene & Tropical Medicine, Kosova/Kosovo Health Profile Report**

The June 2003 Kosova/Kosovo Health Profile prepared by this group of organizations includes an introduction to the situation in Kosova/Kosovo after the war and the situation of the healthcare system and services. According to the Kosova/Kosovo Health Profile, the quality of health data in Kosova/Kosovo is unreliable and should be treated with caution. Healthcare data gathered after 2000 is more reliable than that gathered in the pre-war period. The Kosova/Kosovo profile includes statistical data on life expectancy at birth of children, maternal mortality rate, and infant mortality rate and notes that the infant mortality rate is the highest in Europe and is 2-3 times higher than the rate in many other South Eastern European countries. According to the Kosova/Kosovo Health Profile poor obstetric standards seem to be a contributing factor to high infant and maternal mortality.<sup>149</sup> This report does not include any information on policies regarding people with disabilities, nor does it include any information on services and statistics regarding people with disabilities in general, or mental disabilities in particular.

Maternal mortality rate:	509 per 100.000 live births
Infant mortality rate:	35 per 1000 births
Prenatal mortality rate:	33 per 1000 births
Children Immunized against Polio and DPT	88%

Table 4: Source: DFID (2003), Kosova/Kosovo Health Profile.

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149 DFID (2003) Kosova/Kosovo Health Profile, p. 3.

## **Annex: International Donor Activity**

### **European Agency for Reconstruction (EAR)**

The European Agency for Reconstruction (EAR) is one of the most important International Donors in Kosova/Kosovo. In a 4 year period after the 1999 war, the EAR donated more than \$1 Billion US to Kosova/Kosovo through different agencies and partners. The EAR supports the Ministry of Health in many fashions, including providing support for the establishment of a policy and planning board, and a pharmaceutical unit; the implementation of a sustainable telemedicine pilot system; development of a modern and sustainable health information system; and establishing a safe blood transfusion service. Support is being provided for the development at the Faculty of Medicine and Nursing College at Prishtinë/Pristina's University to raise undergraduate and postgraduate education to meet European standards and to complete the training of newly qualified doctors in the field of family medicine. The Agency has also supported health service professionals, including family doctors, medical specialists and nurses, through training programs. The training programs are not specifically concerned with people with mental disabilities.

EAR has made a significant contribution to the Ministry of Health, in developing the Health Information System (HIS). The aim of this project is to establish an integrated information system in the health sector. The database has been installed in all mental healthcare institutions throughout Kosova/Kosovo, and the first official reports were to be published in January 2005 but were not.

### **The World Bank**

In February 2001, the World Bank Poverty Reduction and Economic Management Unit, Europe and Central Asia Region, published Report No. 21784-KOS, "Kosova/Kosovo, Federal Republic of Yugoslavia – Economic and social reforms for peace and reconciliation." Volume I presents information on economic background, political economy, and policy priorities, whereas Volume II speaks about budget and fiscal structures, external trade, banking, private enterprise development, education, health and social protection. Chapter 6 of this report, "Health," describes the health situation up to the year 2000 and includes information on the pre-war period.

The report does not include information regarding people with disabilities, but it does mention the lack of mental health interventions for conflict victims. Given both the lack of psychiatric services in Kosova/Kosovo and the return of a number of Kosovar patients from long-term psychiatric facilities in Serbia, the report urges that primary health care be equipped to manage serious mental illness.<sup>150</sup> On November 15<sup>th</sup> 2004, the World Bank published the "Implementation Completion Report" regarding its activities in Kosova/Kosovo. According to this report, the WB has donated \$2.07 million US in the area of Health and Social Welfare. This report does not include any information on people with mental disabilities in Kosova/Kosovo.

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150 World Bank (2001) Report No. 21784-KOS "Kosova/Kosovo, Federal Republic of Yugoslavia – Economic and social reforms for peace and reconciliation," p. 136.

### **CIDA – Canadian Agency for International Development**

- The United Nations Population Fund (UNFPA) has received \$2.5 million US from CIDA to help meet the medical needs of mothers and their young children. The UNFPA has provided health equipment and supplies to the Prishtinë/Pristina Hospital and to five other hospitals throughout Kosova/Kosovo.
- CIDA awarded the Canadian Public Health Association (CPHA) \$1.6 million US to provide training to local health professionals in such fields as obstetrics, gynecology, nursing, health services management and laboratory operations. The CPHA also worked to improve the ability of regional health offices to promote and protect good health and to prevent disease among the people of Kosova/Kosovo.
- CARE-Canada received \$1.5 million US from CIDA, to help restructure health services and facilities and to ensure that healthcare services are available in rural communities in Kosova/Kosovo.

### **United Nations Development Program (UNDP) Hospitals Rehabilitation Program in Kosova/Kosovo (HRP)**

The UNDP funded a \$1 million US project for the rehabilitation of the primary healthcare sectors in Kosova/Kosovo.<sup>151</sup> There is no special component concerned with people with mental disabilities. The project objectives were:

- To improve the quality of health services at the target Family Health Centers through the provision of modern and functional facilities;
- To improve the quality of medical workers and services in the target areas by conducting strategic and meaningful support in the development of an expert and a core body of family medicine healthcare providers; and
- To increase public awareness of basic health care in the target areas.

### **International Rehabilitation Council for Torture Victims (IRCT)**

In October 1999, a team of doctors who worked in refugee camps in Albania were supported by the IRCT to establish the Kosova/Kosovo Rehabilitation Center for Torture Victims (KRCT) with financing from the European Union and Cordaid.

KRCT is an independent NGO with a mission to provide treatment and rehabilitation for Kosovar torture and trauma victims and to build capacity of KRCT management and professional staff and of the different public sectors working in Kosova/Kosovo.

KRCT has seven satellite centers in Skenderaj, Podujeve, Gjilan, Suhareke, Rahovec, Peje and Deqan, the areas in which the most crimes against humanity and destruction occurred. KRCT provides both urgently needed treatment and rehabilitation for traumatized Kosovars and training to doctors and teachers. The objectives of the KRCT are:

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151 UNDP in Kosova/Kosovo, Hospital Rehabilitation Program in Kosova/Kosovo HRP, [www.undp.Kosova/Kosovo.org](http://www.undp.Kosova/Kosovo.org).

- To improve the psychological and physical health status, to empower torture and trauma victims in regaining control of their lives;
- To raise awareness among the population and governing bodies about torture and other ill-treatment and their long lasting negative effects;
- To contribute to the prevention of torture; and
- To promote human rights.

The main activities of the KRCT include:

- **Rehabilitation** – To strengthen the psychological, physical and social well-being of torture victims and their families and to enable them to reintegrate into society.
- **Psychological Rehabilitation** – Using several different treatment methods such as individual psychotherapy, group psychotherapy, and family therapy.
- **Physical Rehabilitation** – A general practitioner examines the identified cases and intervenes with medical treatment in cases where such a service is required.
- **Social Rehabilitation** – Identify torture victims in need of social assistance. Evaluate victims' real social needs and assist in meeting those needs by establishing collaborative links with relevant social institutions and providing social counseling.
- **Education** – Capacity-building of professionals, who might be able to deal with victims of torture, by provision of training courses to the medical personnel, educative personnel, NGO personnel, students of psychology and Police Services.
- **Prevention & Awareness** – Advocacy and awareness-raising among the population, the Kosova/Kosovo governing bodies, and KPS about torture. Includes seminars, tributes, signing of different declarations, media publications and press conferences.

## Annex: Human Resource Distribution in Mental Health Services

Human Resource Distribution in Kosova/Kosovo CBMHC							
	Psychiatrist CBMHC	Psychologist	Social Worker	Psycho-social Counselor	Nurse CBMHC	Home Nurse	Administrator
Prishtinë/ Pristina	1	1	2	1	10		1
Prizren	1	1	1	1	9	7	1
Ferizaj	2		1	2	12		1
Mitrovica	2		1	2	8		1
Gjilan	1		1	2	11	8	1
Peja	1	1	1	2	9		1
Gjakove	2		1	2	9	7	1
Total	10	3	9	12	68	22	7

Source: Ministry of Health, Mental Health Strategic Development Plan 2005 -2009.

Human Resource Distribution in Kosova/Kosovo Psychiatry Departments					
	Psychiatrist	Psychiatry Interns	Psychologists	Social Workers	Nurses
Prishtinë/ Pristina	6 (1 for children)	8	2	1	29
Prizren	1	6			11
Ferizaj		1			
Mitrovica		1			
Gjilan	1	4			13
Peja	1	2			6
Gjakove	1	3			16
Total	10	24			75

Source: Ministry of Health, Mental Health Strategic Development Plan 2005-2009.

## Annex: Structural organization and description of the Mental Health Services

<b>Health facilities under the Ministry of Health</b>	<b>Number</b>
University of Prishtinë/Pristina, University Hospital (2500 beds)	1
District Hospital (450-550 beds each)	5
Community-Based Mental Health Centers	7
Protected Apartments	3
Forensic Psychiatry (9 beds)	1

<b>Health facilities under the Municipalities</b>	<b>Number</b>
Main Family Health Centers (health house)	30
Family health centers	173
Puncta (small health centers)	162

Source: Ministry of Health “Kosova/Kosovo Health Systems & MH Mental Health Strategic Plan 2004-2009”