

European Society for Child and Adolescent Psychiatry

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The state of child and adolescent psychiatry in Slovenia: a brief report

Introduction

Slovenia is a small European country with only 2.1 million inhabitants; of these 403,000 are aged 19 or younger [1]. At the time of writing, we have 20 practicing child and adolescent psychiatrists (CAP), which represents around one per population of 20,000 children and adolescents. In the recent years, there was a large interest as well as some government's will for financing new specialists, so at the moment there are 22 new CAP trainees [2].

The training

The training in CAP was regulated by the Slovene Medical Chamber, historically as a sub-specialization requiring training in Psychiatry and an additional 1-year course in CAP organized by a Medical faculty. In 2002, Slovenia started the first formal training in Child and adolescent psychiatry. The training lasts 5 years and incorporates 3 years of adult psychiatry, 1.5 years of child psychiatry, and 6 months of pediatrics and developmental neurology. At the moment, the Slovenian Association for Child and Adolescent Psychiatry (Združenje za otroško in mladostniško psihiatrijo, ZOMP, zomp.si) and Slovene Medical Chamber are in the process of reorganizing the training to include less adult psychiatry and more CAP and pediatrics [2].

Slovene association for child and adolescent psychiatry

ZOMP incorporates members from CAP, pediatrics, adult psychiatry, clinical psychology, psychology, special education teachers, and other professionals who work in child and adolescent mental health system (CAMHS). It is a part of the Slovene Medical Association, a core body of all the medical specialties. Historically, ZOMP was and still is aiming to be involved in important professional decisions on CAMH policies mostly as an advisory body together with the Slovene Pediatric Society and Chairs of Psychiatry of the two Slovene Medical Faculties. It consists of an Advisory Board (10 members and a representative of the trainees), including the president, vice-president, a general secretary and a treasurer, and other board members from inpatient and outpatient fields of CAP, and other members of ZOMP. It is a small society of 42 active members and up to 100 occasional members. It organizes regular monthly meetings and a conference of CAP and allied professions, which is held every 3 years. It is closely connected to Slovene Psychotherapy Association, Slovenian Psychiatric Association and Slovene Pediatric Society [2].

Slovene child and adolescent mental health services

The Slovene CAMHS is organized on three levels of the healthcare system. Additional counseling work with children and adolescents is provided by the educational

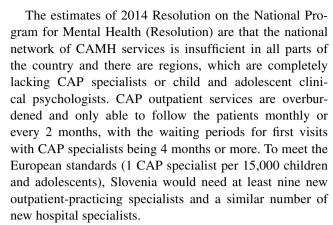


sector with the counseling services located in preschool settings, primary and secondary schools and as a part of local government services (counseling centers developed from child guidance clinics). There are four child guidance clinics in Slovenia. They comprise psychologists, clinical psychologists, social workers, special education teachers and one of them (a counseling center for children, adolescents and their parents in Ljubljana) includes two CAP specialists. On the first level of the healthcare system, a child or adolescent is assessed by the pediatrician [3]. The secondary level is represented by 20 outpatient CAP clinics (CAP specialists) either in the private sector (reimbursed by the insurance company) or as a part of regional health centers. There are seven CAP specialists working in tertiary hospital settings practicing tertiary outpatient clinic 1 day per week. There are three psychiatric departments for children and adolescents. One is a 12-bed department for children up to 14-year old with additional six beds for specialized early anorexia treatment for children and adolescents up to the age of 17 years and a specialized day hospital for autism diagnostics and management. Another is an adolescent department with 18 beds and up to 6 day-hospital places for patients aged 14–21 years, managing a range of psychopathology from trauma and abuse-related disorders, early psychoses, emotional and anxiety disorders, ADHD and autism. These are located in the central part of the country. The tertiary center for the eastern part of Slovenia fosters a 10-bed child and adolescent psychiatry unit for the patients up to 19 years. Referrals to the CAP specialist in the secondary healthcare system are made by pediatricians, school counselors, social services or patient or family themselves. Referrals to the tertiary system are only made through child and adolescent psychiatrists or through emergency adult psychiatrists [3].

There is also a new 14-day inpatient indicated prevention program for children and adolescents with identified risk factors for the development of mental disorders, which takes referrals from pediatricians or child and adolescent psychiatrists and an eight-bed rehabilitation inpatient unit for up to 6 weeks post treatment rehabilitation for adolescents with mental disorders. Both services are run at the moment by an adult psychiatrist [4].

The state of the system in the time of financial crisis

Child and adolescent mental health policy has been in preparation together with a general mental health policy since 2009. Unfortunately, the legislation is still not prepared.



There are no emergency CAMH services, and the children and adolescents in need of emergency mental health assessment and treatment use adult emergency psychiatric acute inpatient and outpatient services.

There are no quality or quantity norms for the inpatient CAMH services regarding either the structure of the inpatient CAMH therapeutic team or its workload.

The Resolution has not been approved by the government to the time of writing this paper.

The current CAMH services in Slovenia are not systematically assessed either in terms of their load or in terms of their efficiency. With the reductions in funding and the savings policy as a consequence of financial crisis, there have been serious reductions in new employments in the past years in the governmental sector and very limited educations funded. Together with the reduction of physicians, nurses, clinical psychologists, special education teachers and social workers in the healthcare sector, there have been reductions in the social and educational sectors, with less social workers and counseling services to the families in need as well as less support for the children and adolescents with special needs in the schooling system.

The impact of these savings has not been systematically assessed and we have to implement urgent measures for the assessment of their impact to be able to oppose to them and advise appropriately, as witnessed from European countries which have done so [5].

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