

Youth mental health context in Bulgaria

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Social and legislative context in Bulgaria

The social changes in South Eastern Europe over the past quarter century have been contradictory, dynamic, and multilevel in their relevance to health, and have been particularly important in exacerbating inequalities. These phenomena need to be addressed in their psychosocial, economic, and cultural contexts. Some countries in this area of Europe, including Bulgaria, exhibited worsening health indicators during this period (Todorova, 2011). Even though this phenomenon of health decline has shown recent signs of improvement, it continues to be of central interest both in terms of implications for the current health and well-being of the populations, and in terms of practical and theoretical lessons learned for the future. These changes are also relevant to mental health, including the mental health of young people in the region.

In Bulgaria, one of the policies of the general National Health Strategy 2014-2020 'Creating conditions for health for all through the lifespan' dedicated to mental health, is 'Protecting and improving mental health'. The focus of this mental health policy is on mental health promotion, starting from early childhood and continuing through the lifespan – an area that is currently evaluated to be unsatisfactorily addressed. Another aspect that is currently missing is the development

of an effective community-based system for psychosocial rehabilitation. The National Health Strategy envisions the establishment of community-based mental health services with multidisciplinary teams of professionals for children and adolescents, which will bridge the gap between the existing medical and social services. The National Mental Health Programme 2014-2020 is still under development.

Prevalence of mental health problems in Bulgarian children

In general, among the 42 countries participating in the Health Behavior in School-aged Children (HBSC) 2014 study, Bulgarian children are among those that experience the highest multiple health complaints - for girls these numbers are 39% of 11 year olds, 50% of 13 year olds, 60% of 15-year-old girls (Inchley et al., 2016). According to this HBSC national representative survey in Bulgaria, 19.9% of the girls and 12.1% of the boys cluster in a group with poor mental health (Vasileva et al., 2015). Mental health symptoms that are most frequently reported are feeling nervous (36.8%) and being irritable/with bad temper (30.9%) every day or more than once a week. Bulgarian 13 and 15 year old youth also report some of the highest rates of alcohol consumption among the countries in the HBSC survey, including drinking alcohol at least once a week, and been drunk on two or more occasions (Inchley et al., 2016). It has been estimated that 9% of the Bulgarian children require some sort of mental health care (Kovess et al., 2015). The suicide rate for adolescents aged 15-19

was 3.0 per 100 000 persons in 2010 (Eurostat: Causes of death). In 2014, 224.1 per 100 000 of children under 18 were hospitalized with mental and behavioural disorders (NCI & NCPHA, 2016).

Available services and unmet mental health care needs

According to the School Children Mental Health in Europe (SCMHE) study, 91% of Bulgarian children, who need care for mental health problems, have not received any mental health care consultation (Kovess et al., 2015). This proportion of unmet mental health care needs is the highest within this international dataset. According to the same study, Bulgarian children in need of psychiatric care had the lowest rate of consultation with a psychiatrist (4.4%). Children needing mental health care in Bulgaria usually visit general practitioners (70.7%) or paediatricians (43.8%).

In 2014 in Bulgaria there were 12 psychiatric hospitals with 2393 beds and 12 state mental health centres with 1506 beds (NCI & NCPHA, 2016), including specialized units for children and adolescents. In 2014 there were 0.7 psychiatrists per 10 000 citizens (NCI & NCPHA, 2016). Child psychiatrists in Bulgaria are greatly needed - their number is particularly low and they are unevenly distributed through the country. Indeed, within the Bulgarian Health system "Child psychiatry" didn't exist as a separate medical specialty until 2007.

Psychological services are not covered by the National Health Insurance Fund and have to be covered by parents. This is difficult for many families, given that the median wage in Bulgaria is the lowest in the EU and 21.0% of the population were at risk of poverty in 2013 (Eurostat: Income distribution statistics). In 2008 only 0.3% of Bulgarians aged 15-24 have consulted a psychologist during the last year (Eurostat: Mental

health). From the children with mental health problems requiring non-psychiatric care only 7.3% have met with a psychologist/psychotherapist (Kovess et al., 2015). At present there are a small number of community-based centers for free mental health care services operated by NGOs.

In summary, it is clear that there is room for improvement of the mental health care for youth in Bulgaria, particularly by focusing on prevention. The current social and healthcare system context is complicated, as there are multidirectional and contradictory influences on youth. Since youth are those that best understand how the situation is affecting them, what are their main sources of difficulties, what are their challenges and resources - it would be most beneficial for the youth themselves to be actively involved in understanding these phenomena and developing preventive programs and approaches. This is the impetus of the BRIC project which proposes a Participatory Action Research framework and co-development of culturally relevant preventive approaches to protect youth mental health.

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