EVALUATION OF BURDEN ON THE CAPACITY OF THE MENTAL HEALTH CARE SYSTEM IN SERBIA DUE TO THE LEADING CAUSES OF HOSPITALIZATION, 2021-2023

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Background: Many mental disorders require hospital care (HC) and long-term care (LTC), while in their stable presentation, they can be treated in outpatient care (OC) settings. In light of the Serbian system's transition towards community-based mental health care, this study aimed to determine the extent of the system's burden by schizophrenia, depression and psychoses, which require hospitalization and how LTC and to what extent OC services relieve them.

Methods and Objectives: We used data on the number of patients, hospital days (HD) and the episodes of hospital treatment, aggregated based on the diagnostic groups (DGs): F23-29: Psychoses, F20-21: Schizophrenia and F32-33: Depression, according to the International Classification of Diseases, Tenth Revision, for 2021-2023 in Serbian hospitals.

Results: In the 2021-2023 period, among patients with psychoses, an increasing number of LTC days spent and its share in the total HD for the specified DG [(2021, 2022, 2023: 21.1; 22.0; 23.2), %] was observed. Patients with schizophrenia spent the highest number of HDs in the LTC setting, with a growing share of the total time spent in LTC [(2021, 2022, 2023: 17.3; 18.7; 18,5), %]. Compared to psychoses and schizophrenia, patients with depression spent a higher proportion of days in OC settings, with an increase in the observed period [(2021, 2022, 2023: 16.1; 18.3; 18.6), %]. At the same time, patients with depression had a higher number of treatment episodes in the OC per person than other DGs, with an annual increase ($p<0.05$).

Conclusions: To be able to more efficiently monitor and more clearly interpret the performance of the mental health care system in Serbia, more detailed analyses of individual data are necessary, as well as the implementation of new indicators that would monitor the relationship between interventions and health outcomes at the individual and population level.

Keywords: hospitalization, long-term care, community mental health services