The development of mental health strategy in Armenia: A review of the activities of the Armenian mental health policy working group

Zsolt Bugarszki

Anahit Chilingaryan

Anahit Papikyan

Marieta Temuryan

Davit Amiryan

Abstract

For many years, the health care system of the Republic of Armenia has focused on purely inpatient psychiatric care, which limits the potential for providing services at the community level. Psychiatric care has been exclusively provided in specialised mental health institutions, including hospitals and social psycho-neurological centres.

In 2010, Armenia ratified the Convention on the Rights of Persons with Disabilities. Since 2013, by adoption of two national policy papers – the Mental Health Strategy and Concept together with an Action plan – the government made a commitment to start the deinstitutionalisation process and introduce community-based services on a policy level.

The purpose of this paper is to introduce the processes recorded in the framework of a deinstitutionalisation process in the Republic of Armenia, its achievements and current issues. The study shows that the process of introducing the model of community-based service in the Republic of Armenia was accompanied by a number of challenges, which were more or less successfully overcome. It is deemed a success because the introduction of a community-based model is now on the government agenda and there is close cooperation with state agencies, as well as the private and public sectors. However, in addition to discriminatory attitudes and societal stigmatisation, the inability to currently operate community-based models due to the absence of relevant state budget allocations and a lack of knowledge and awareness of specialists, state officials and wider public about mental health issues is still a challenge.

Keywords

Mental disability, community-based services, discrimination, deinstitutionalisation, group home, human rights, psycho-social disabilities, Armenia

Background

Following the independence of the Republic of Armenia in 1991, due to socioeconomic hardships, the number of people in need of medical psychiatric and social services significantly increased. "As a result of a disastrous earthquake, military conflicts, poverty, political clashes, and the flooding in of refugees, producing many lonely and homeless people, there has been an increased number of persons in Armenia who need the medical psychiatric and social services in the last ten years".[1] This was the main reason for a rising level of recorded stress reactions. However, as a post-Soviet state, the Republic of Armenia inherited a health system organised according to the Semashko model with guaranteed free medical assistance and access to a comprehensive range of medical care for the entire population.[2]

[1] WHO. Mental Health in Europe. Country reports from the WHO European Network on Mental Health. Copenhagen 2001.p. 6.

http://www.who.int/iris/handle/10665/107419

[2] WHO. Mental Health in Europe. Country reports from the WHO European Network on Mental Health. Copenhagen 2001.p. 6.

http://www.who.int/iris/handle/10665/107419

In December of 1991, the UN General Assembly adopted the Resolution A/RES/46/119, endorsing "The principles for the protection of persons with mental illness and the improvement of mental health care", which was a significant step towards internationalization of mental health disability rights.[3]

Since then, the provision of mental health services in Armenia has not undergone significant reforms. As the system of psychiatric provision in the RA has inherited the Soviet system, mental health services are still exclusively provided in specialised psychiatric institutions, including hospitals and social care homes, but lack appropriately trained mental health providers.[4] According to civil society monitoring reports, people with psychosocial disabilities in specialised mental health institutions still face enormous problems, such as poor resource supplies, stereotyped approaches to patient management, cases of ill-treatment, discrimination, social exclusion, and human rights abuses. Stigmatisation of patients with mental health problems remains a challenge for both families and society as a whole.[5]

Despite the existing problems of the past decade, remarkable changes towards the reformation of the mental health system of the RA have been recorded. The year 2013 marked the first time that the government made a strong commitment to introducing community-based services on a policy level.

The overall new approaches are dramatically changing the perception towards the mental health field in the RA and thus allow the shift in policies and practices from purely psychiatric medical approaches to a human rights based model where the human rights of people with mental disabilities are given the highest priority.

The speedy adoption of two national policy papers in 2013 and 2014, the Mental Health Strategy and Concept, was a breakthrough in the whole reform, creating the opportunity for the country to institutionalise a community-based service model.

While there is a lack of financing, credible analytical data regarding the needs of countrymen, and a lack of professionals trained in the field,[6] now more than ever, crucial steps must be taken to assess the needs, adjust policies related to different aspects of the system, organise a plethora of trained professionals, and test the community-based service model for further scaling up nationwide.

The development of the legal sector is very important in regards to the promotion of equal rights for people with disabilities and their participation and integration within their community.

Method

The goal of the current study is to introduce the processes recorded in the framework of deinstitutionalisation in the RA and their effectiveness.

Namely, the legislative amendments within the scope of legal processes, their progress, institutional amendments, as well as the current change of attitudes towards persons with psychosocial disabilities will be presented.

This document presents the analysis of projects over implementation of amendments in the field, the results of amendments to the legal system, the impact of amendments on persons with psychosocial disabilities, and the public at large. In order to compile this study, the contents of the aforementioned state projects, the implementation process of projects, project results as for now, and their impact were analysed.

Besides the recent legislative amendments and their impact, the reflection and expression of the field-related issues under the general state policies were studied. The study also covers the issues that have come out during the establishment of a group home (alternative social care facility), functioning of the service, as well measures to overcome those issues.

---

[3] Eric Rosenthal and Leonard S.Rubenstein. International Human Rights Asvocacy under the "Principle for the Protection of persons with Mental Illness" (Vol. 16). International Journal of Law and Psychiatry. 1993. p. 269

[4] WHO. WHO-AIMS Report on Mental Health System in Armenia. Yerevan 2009. p. 9.

http://www.who.int/mental_health/armenia_who_aims_report.pdf

[5] Helsinki Citizens' Assembly Vanadzor Office. "A hospital can never become a home… for anyone". Vanadzor 2014. p. 54.

http://hcav.am/en/publications/human-rights-situation-in-neuropsychiatric-medical-institutions-in-2013-hospital-never-can-become-a-home-for-anybody/

[6] John McCarthy, Hasmik Harutyunyan, Meri Smbatyan, Heidi Cressley. "Armenia: Influences and Organization of Mental Health Services". New York 2012. p. 106

Results

The start of reforms

In September 2010, the RA ratified the UN Convention on the Rights of Persons with Disabilities. Among other commitments, the ratification of the convention necessitated utmost complex amendments for mental health services in the RA. In Armenia, the mental health system is based upon inpatient medical care[7] and thus diverts its attention and efforts to persons with mental disabilities registered at various dispensaries, thus practically neglecting the problems of mental health among the general population.

Since 2011 the government undertook efforts to transfer the mental health care system from exclusively inpatient (institutional medical care) to another system that mainly focuses on the provision of medical care and assistance at community level.

The absence of the RA general policy was a serious challenge for achieving such systemic amendments and results, where each event or action would be exclusively driven by the fundamental principles and norms of human rights.

The drafting of the first mental health policy document was launched in 2011, when a joint working group was created by the Ministry of Health (MoH) of the RA with support of the Open Society Foundations – Armenia (OSFA).

The interdisciplinary working group was comprised of both state governing bodies and public sector specialists, including psychiatrists, psychologists, and NGO representatives.[8] The goal of the working group was to draft the Mental Health Strategy for the RA, the first document directed to reform the mental health field. The Chair of the working group was Armen Soghoyan, the representative of the MoH of the RA and the president of the Armenian Psychiatric Association at the same time. The activities of the working group were supported by the international expert Zsolt Bugarszki, lecturer of Tallinn University, Estonia, director of CARe Europe.

The working group singled out the main domains that were challenging in the RA and necessitated amendments. The analysis of those domains and the responsibility of presenting recommendations/actions directed at amendments in target areas were split according to separate subgroups. The activities carried out by the group were discussed during the workshops and online.

Due to efforts of the working group over the following year, the Strategy on Preserving and Improving Mental Health in the RA and the list of actions for 2014-2019 ensuring the implementation of the strategy was developed. The strategy and the plan of actions were approved via decree #15 of the RA Government dated April 17, 2014.[9] In the meantime, on September 13, 2013, the RA Government approved the Action plan of the Concept on Provision of Alternative Care and Social Services to Persons with Mental Health Problems for 2013-2017.[10] The Concept was adopted on May 2, 2013,[11] to be implemented under the RA Ministry of Labour and Social Affairs (MLSA).

The Concept and the Action Plan under MLSA of the RA was directly aimed at the introduction of relevant community-

---

[7] John McCarthy, H. H. (2012). "Armenia: Influences and Organization of Mental Health Services". New York 2012. p. 106.

[8] Representatives from the RA Ministry of Health, RA Ministry of Labor and Social Affairs and Ministry of Education and Science presented the state authorities in the working group, while human rights organization Helsinki Citizens' Assembly Vanadzor and "Khnamq" NGO that provided community-based services to persons with mental health issues represented the NGOs.

[9] Legislative Information System of Armenia. "2014-2019 Strategy on Preserving and Improving Mental Health in the RA and the list of actions ensuring the implementation of the strategy."

http://www.arlis.am/DocumentView.aspx?DocID=90364

[10] Legislative Information System of Armenia. "Action plan of the Concept on Provision of Alternative Care and Social Services to Persons with Mental Health Problems."

http://www.arlis.am/DocumentView.aspx?DocID=85539

[11] Legislative Information System of Armenia. " Concept on Provision of Alternative Care and Social Services to Individuals with Mental Health Problems." http://www.arlis.am/DocumentView.aspx?DocID=83190

based services. Meanwhile, the Strategy on Preserving and Improving Mental Health in the RA and the list of actions for 2014-2019 envisaged activities of institutional nature, such as improvements of the legislative field, including the compliance of the RA legislation with the CRPD, training of specialists, raising public awareness, design and implementation, and evaluation of a community-based pilot project.

The impact of international experiences and east-west co-operation

During the development work, international experiences were studied to customise (adapt) to local strategies and needs. Along with analysing the contemporary literature of deinstitutionalisation and policy documents and guidelines of the European Expert group;[12] the Armenian working group on policy reforms participated in study tours to understand the experience of different European countries.

Three Eastern European and post-Soviet countries – the Czech Republic, Estonia, and Hungary – were selected for closer review. The working group members believed that the new member states of the European Union were closer in their historical and socio-economic situation to Armenia than traditional Western European welfare states. The experiences gained by these countries in the field since the early 90s largely contributed to the work of Armenian experts, especially policy design and its implementation.

In the Czech Republic, besides the relevant shift toward community-based care, working group members explored a vibrant sphere of social enterprises connected to traditional social and health services. Restaurants, stores, workshops, gardening and repair services, catering, hotels and many other small social enterprises are supporting not only the employment of people with mental health problems, but also the sustainability of the knowingly underfinanced social services in the Eastern European region.

In Hungary, the Armenian working group had an insight into the ongoing development work of community-based mental health services and the relevant role of local NGOs as service providers and advocacy organisations. Hungarian experts learned about the importance of involving different stakeholders in the policy reforms, which would prevent future tensions in the new, community-based care system. Armenia made relevant progress regarding interdisciplinary policymaking, including not only the representatives of mainstream services but also academics, government and local government representatives, and the often very critical human rights organisations and other NGOs.

Estonia was an especially interesting example for Armenian experts, as both countries were part of the Soviet Union and the Soviet culture is still a very relevant burden for the mental health systems of Estonia and Armenia. Analysing the post-Soviet transition and the opportunities and obstacles for contemporary rehabilitation and care models provides a relevant support for the implementation of Armenian policy reforms. It was necessary to understand that neglecting the heritage of the Soviet care system and the cultural environment of care is the same mistake as denying the urgent need for reforms, referring to the large differences between the Western European welfare traditions and Eastern Europe.

In the three analysed countries, the Armenian expert group found relevant ideas and encouragement to move forward with the system reforms, creating a unique combination of solutions based on the available Western European models and the special cultural and socio-economic circumstances of post-Soviet countries.

Implementation

As of the end of 2014, the process of forming and incorporating the model of community-based services launched more actively. In the framework of the process of implementation, another working group was set up by the OSFA jointly with MLSA and MoH of the RA to facilitate the implementation of the 2013-2017 Action Plan for the Concept on Provision of Alternative Care and Social Services to Individuals with Mental Health Problems through the implementation of several actions. The group was created to assess the field and disclose the gaps, namely to evaluate the community needs and

[12] European Expert Group on the Transition from Institutional to Family Based Care. "Common European Guidelines on the Transition from Institutional to Community based Care." Brussels 2012.

provide evidence for policy adjustments, to define a community-based model for the country, and to design and evaluate the pilot to be further supported by the government.

As a result of the activities by the working group,

- the Project for incorporating a community-based service model was drafted [1];
- individual needs of persons receiving care in mental health facilities and social services were assessed in line with a CANSAS adapted tool in order to provide relevant services[13][2];
- on December 17, 2015, Government decree N 1533-N on approving the Order of providing alternative care and social services to persons with mental health problems in 24-hour care homes was adopted[14] [3];
- on March 2, 2016, a joint order of the Minister of Labour and Social affairs and the Minister of Healthcare approved the Evaluation procedure of the clinical condition of persons with psychosocial disabilities, their social skills and abilities (including evaluation methodology and criteria), the Formation and working procedure of specialised commissions, and the sample form of conclusion issued by commissions was adopted.[15]

[1] Dual-type care home services for up to 8 and up to 16 persons with mental health problems in two regions were defined and approved by MLSA with the aim of ensuring the full integration of the residents in community living (as set forth in Article 19 of the Convention[16]), more specifically through developing their skills for carrying out basic activities of daily living, interpersonal relationships, and participation in community activities.

[2] The results of the assessment in one of the large care homes Vardenis Neurological and Psychiatric Boarding Home showed that 216 out of 438 residents were eligible for further stay in the boarding home, while 110 residents needed treatment or diagnosis; therefore, it was impossible to issue a final conclusion. Nine residents needed treatment outside a mental hospital, and a conclusion drawn about only 103 residents showed that the latter did not need further stay in the boarding home; instead, they could live in care homes for 3 people or in residential homes for 10 people maximum.[17]

[3] The order of providing alternative care and social services to persons with mental health problems in 24-hour care homes, enforced by Government decree N 1533-N, defined the goal and principles of 24-hour alternative community care services for people with psychosocial disabilities. According to the decree, the main goal of the care home is to promote the right to independent living and to be included in the community, as well as provide support to the social inclusion of persons with psychosocial disabilities. Transparency, cooperation, equality, and continuity are defined as the main principles of care home services. The decree also stipulates the general requirements of care home admission and discharge of persons with psychosocial disabilities, as well as issues related to their social integration and responsibilities of the care home personnel.[18]

The tangible result of the implemented actions was visible in May 2016. A pilot project started in Spitak city, in the Lori region of Armenia. The pilot project assisted the first 10 people in moving out of a large mental health institution.[19]

The selection of the mentioned location and facility was determined by local self-governing agencies and the regional administration's motivation to support the creation of the service. The motivation could be explained by their ambition to enhance their reputation in the field of human rights protection, as well as to create new job opportunities in the community.

---

[13] A. Soghoyan, S. Sukiasyan, L. Baghdasaryan. CANSAS adapted methodology. https://drive.google.com/file/d/0B7yWVhb_Q9E8MzAxY0tjSnYxems/view?usp=sharing

[14] Legislative Information System of Armenia. N 1533-N Government decree on approving the Order of providing alternative care and social services to persons with mental health problems in 24-hour care homes.

http://www.arlis.am/DocumentView.aspx?DocID=102747

[15] Legislative Information System of Armenia. Joint order of the Minister of labor and social affairs and Minster of Healthcare on approving the procedure of evaluation of clinical condition of persons with psychosocial disabilities, their social skills and abilities (including evaluation methodology. https://drive.google.com/file/d/0B7yWVhb_Q9E8V0w3NnRDN1lmbWc/view?usp=sharing

[16] UN. Convention on the Rights of Persons with Disabilities. 2006.

http://www.un.org/disabilities/convention/conventionfull.shtml

[17] A. Soghoyan, S. Sukiasyan, L. Baghdasaryan. "Report of the working group to the Minister of Social and Labor affairs." Yerevan 2015.

[18] Legislative Information System of Armenia. N 1533-N Government decree on approving the Order of providing alternative care and social services to persons with mental health problems in 24-hour care homes.

http://www.arlis.am/DocumentView.aspx?DocID=102747

[19] Find more information about the group home on its Facebook page.

https://www.facebook.com/profile.php?id=100012608611103&fref=ts

The support of the local community and regional governing bodies played a crucial role in the creation of the care home in this specific area, as well as in the organisational aspects during the home's establishment and formation of the personnel.

The home care service in Spitak city has benefited from close cooperation with the human rights organisation Helsinki Citizen's Assembly Vanadzor, which provides legal counselling, training and awareness-raising on human rights issues to the personnel and residents of the service. The organisation is a member of the mental health policy working group and a strong advocate in the field. It is noteworthy that prior to the project development, discussions and meetings were organised for the stakeholders, including state governing bodies, to outline and determine perspectives of the home care service in Spitak city. Currently, the organisation is supporting residents to resolve a number of issues related to their legal status and social benefits.

Discussion

Challenges posed during the introduction of a community-based service model

As stated above, the drafting and adoption of national strategic programs in the field of mental health served as legal grounds for the implementation of mental health reform in the RA. Moreover, taking into account that the system of social and medical services in the RA is split, two main strategic programs were drafted.

The following issues were encountered during the introduction of the alternative services model and drafting of the programs.

- *Stereotypical approaches*
- *Material, legal and financial provision*
- *Selection and training of the community-based home personnel*
- *Selection of residents*
- *Full ensurance of human rights*

Stereotypical approaches

In a country, where no effective legal and institutional anti-discrimination mechanisms exist,[20] and the phenomenon of stereotypisation and stigmatisation towards vulnerable groups is accepted by society, it is difficult to achieve success in promoting the rights of persons with psychosocial disabilities by legal reform alone.

Stereotypical approaches among members of the policy-working group, especially during the development of national policy documents, were one of the main challenges faced during the development of concepts and action plans. Nonetheless, it is worth noting that those approaches have been overcome in the majority of cases and have not negatively affected the policy development process, however, they did complicate the implementation process.

Material, legal and financial provision

The need for establishing alternative care facilities in the RA is determined by relevant governmental action plans and governmental agencies that are bound to implement those action plans. In the meantime, it should be noted that the adopted action plans failed to clearly define necessary allocations from the state budget. Due to private allocations, the implementation of only one part of the program was made possible, although it was initially planned to create two care homes intended for 8 and 16 residents. As a result, only one home was established with 10 persons currently residing in it.

At the same time, the community had its fundamental contribution in terms of material provision through donating of property and allowing free use of the house for an unlimited period of time.

[20] A. Ghazaryan, Vahe Grigoryan. "Is it expedient to adopt a separate "non-discrimination law"?" Yerevan 2015.

http://www.epfarmenia.am/wp-content/uploads/2014/06/Research-on-Anti-discrimination_-21.05.15-ENG_Final-1.pdf

Selection and training of the community-based home personnel

The presence of stereotypical approaches again posed a serious challenge to the selection and training of the personnel. Therefore, the most pressing issue of the project is the education and training of persons with required capacities, which will contribute to the formation of such services in the near future.

Apparently, in this stage the personnel have not yet fully understood the mentality and approaches driven by the principle of the project goals. However, this issue is being tackled through talks and expression of treatment towards the residents based on personal experiences during regular visits of the project team and relevant specialists.

The crucial issue in the formation of the staff is the large number of personnel, which was caused by the cautious approaches to ensure the secured course of the pilot project. Thus, in the given conditions, it is a significant challenge to monitor the proper and full implementation of obligations by the staff, so that they really contribute and express determination for the independent development of residents while overcoming the fear of losing their jobs.

The number of personnel will be gradually decreased in parallel with the development and reinstatement of residents' capacities.

Selection of residents

As mentioned above, several issues came about during the selection of the residents, which the experts linked to identifying persons with required capacities, who are also endowed with self-criticising abilities.

Actually, this issue needs further research: it is unclear how much of a challenge it is, in fact, and whether or not the approach based on which the person's capacities were assessed was not a challenge itself.

On the other hand, the 3-month functioning of the home in Spitak city has revealed that there might be a situation, where the identified person would be unable to adapt to the conditions of such type of a care home. Namely, over a month later one of the residents returned to Vardenis Neurological and Psychiatric Boarding Home. According to experts, the person's further residence in the care home was impossible due to her health condition and ambition to join her family. Her family resided in the same community, but did not want to mingle with her; her stay in the same community was a problem for her family most likely due to the stigma. Although the person's return to Vardenis cannot be justified merely by the consequences triggered by her family's treatment, this circumstance once again pushes for the need to carry out consistent work (both preliminary and current) with the resident's family members and friends.[21]

Ensuring human rights

Although the whole process was directed at the implementation of a human rights based approach, the process itself also required greater attention in terms of safeguarding minimum human rights standards during the changing of the persons' living place and the provision of a new dwelling. Particularly, issues such as acknowledged consent of persons while deciding to move into another place of residence were kept in the limelight.

In the meantime, it should be pointed out that approaches typical of the institutional system against its residents still occur in the pilot care home system. The residents are not perceived by the staff as competent subjects, who can make their own decisions regarding any matter (including where to sit and what to eat); instead, they are treated as persons under guardianship (guarded objects). It should be recorded that the approaches based on the human rights model are not yet formulated in the established home, but they are rather based on the social model.

The status of persons under guardianship is another issue, which poses a serious challenge to the protection of human rights of persons with psychosocial disabilities in the RA[22] (Helsinki Citizens' Assembly Vanadzor Office, 2013-2015).

Conclusion

Thus, although the process of introducing the model of community-based mental care services in the RA was accompanied by a number of problems and challenges, which were more or less successfully overcome (putting the issue on the agenda and introducing a community-based model as a result of joint work with state agencies, private and public sector is itself qualified as a success), currently the RA is facing greater challenges.

---

[21] Later that resident returned home again.

[22] Helsinki Citizens' Assembly Vanadzor Office. "RA legislative regulations on recognizing an adult legally incapable and appointing a guardian". Vanadzor 2013-2015.

The presence of discrimination and stigmatisation in the society is a challenge, and the reduction or elimination of discrimination is as important as the introduction and implementation of community-based models with relevant state budget allocations and redistribution, as well as the enhancement of skills and knowledge of specialists and state officials.

Abbreviations

RA	Republic of Armenia
UN	United Nations
CRPD, Convention	Convention on Rights of Persons with Disabilities
MoH	Ministry of Healthcare
MLSA	Ministry of Labour and Social Affairs
OSFA	Open Society Foundations-Armenia
NGO	Non-governmental organization