WHO-AIMS

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM

IN Armenia

World Health Organization

Republic of Armenia,
Ministry of Health

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM

IN ARMENIA

A report of the assessment of the mental health system in Armenia using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

Yerevan, Armenia

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Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.
http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Armenia. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Armenia to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

As a post-Soviet state, the Republic of Armenia inherited a health system organized according to the Semashko model with guaranteed free medical assistance and access to a comprehensive range of medical care for the entire population. The system was highly centralized with vertical management dominating. Financial and other allocations were based on national norms and failed to take account of population health needs. Since the independence, the health system in Armenia has undergone numerous changes.

Following the decentralization of public services the ownership of health services have been devolved to local and regional governments. While the emphasis of suggested reforms is on improved state budget financing and more efficient use of those resources, the majority of financing is still derived from out-of-pocket payments, both formal and informal. Thus, the population, especially those in need, has limited access to health services. Services delivered are sometimes at questionable quality. Many health facilities, especially in rural areas, lack modern medical technology and human resources. The shift towards a primary care orientation is noticeable with gradually increased roles for health workers to influence the determinants of health. The general health care system transition difficulties are reflected in mental health system development issues. General approaches to mental health are far from being modernized and maintain some strategies and practices from the Soviet period.

Since 1991 when Armenia became independent the Parliament of Armenia has adopted few laws on public health and health care. For that period the field of mental health in Armenia was regulated by the Order of Minister of Health of USSR. This was the only document, which partially regulated the patient's rights, involuntary treatment and other mental health issues. At the same time this Order had no power of law. Currently the field of mental health in Armenia is regulated by the Law on Psychiatric Care, which was adopted on May 25, 2004. This is the document, which regulates the involuntary treatment, civil and human rights protection of people with mental disorders and other mental health related issues. The last amendment of the Law was on 06.06.2009.

Currently new amendments are suggested by the National Assembly of the Republic of Armenia that will focus on definitions of treatment facilities and service structure as well as some amendments that will cover human rights. Policy in Mental health is still not developed as well as there is no governmentally approved and adopted Mental Health Program in Armenia. The other issue of concern is that there is no emergency/disaster preparedness plan for mental health.

Mental health services in Armenia are insufficient, and what is available is poorly integrated into the primary care system. The current system focuses on inpatient care. There is a lack of trained social workers and other mental health professionals which ends up at limiting the potential for providing services at community level. Essentially, psychiatric care is still exclusively provided in specialized mental health institutions including hospitals and social psychoneurological centers.

Currently only 3% of health care expenditures provided by the government health department is devoted to mental health. As a result of centralized mental health services system, the large proportion (88%) of all the expenditures spent on mental health are devoted to mental hospitals. The essential psychotropic medicines are accessible for 100% of patients who are registered. All the severe and some mild mental disorders are covered in social insurance schemes and patients get not only free of charge treatment but also those who are recognized to have chronic disorders get financial support from the government as disability pension.

There are 82 hospitals in Armenia -59 hospitals with beds are public (under the management of RA Ministry of Health or regional governmental bodies), 23 are private hospitals. The overcapacity of inpatient beds and mental health staff causes unnecessary admissions of chronic patients who could be treated in outpatient settings. Unfortunately, there is no systematic approach to developing community mental health services except for some small-scale pilots, usually supported by international organizations.

The number of primary health care clinics in Armenia is 467, out of them 380 are physician based in the public sector, 69 physician based in the private sector and 18 are under other governmental bodies or departments. The psychosocial rehabilitation is underrepresented in mental hospitals. Few patients in mental hospitals received one or more psychosocial interventions in the last year. Nevertheless, the psychotropic medicine is highly accessible in inpatient mental health facilities. All mental hospitals have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Only five (5) outpatient mental health facilities are available in Armenia. All of them are organizationally integrated with mental hospitals. 40% of mental health outpatient facilities are for children and adolescents only. There are 1311.5 users per 100,000 general population treated true mental health outpatient facilities. This number includes involuntary treated patients and patients who are under social care, as well as those who are under dispenser observation. Among those patients treated through outpatient services 29% are female and 2% are children and adolescents. The users treated in outpatient

facilities are primarily diagnosed with schizophrenia, schizotypal and delusional disorders (28%). The average number of contacts per user of outpatient facilities is unknown.

There are 3 mental health facilities that provide day treatment care in Armenia, all of them are for adults only. There are no day treatment facilities for children and adolescents. Day treatment mental health facilities treat 9.5 users per 100,000 population.

Generally in Armenia, mental health and mental disorders among children and adolescents are not regarded with anything like the same importance as physical health. Although some activities have been initiated recently in Armenia in regard to establishment of some programs concerning general mental health, they do not cover children and adolescents at all.

The number of professionals graduated last year in academic and educational institutions per 100,000 is as follows: 11.1 medical doctors (not specialized in psychiatry) 50 nurses (not specialized in psychiatry). There are no psychiatrists, psychologists or nurses and social workers with at least 1 year training in mental health care. Around 20% of psychiatrists immigrate to other countries within five years of the completion of their training.

Only 17% of psychiatrists get at least two days of refresher training in the rational use of drugs but none of them had training on psychosocial interventions and child/adolescent mental health issues during past last year. None of other mental health staff members had such trainings during past year. The major problem for mental health education is pretty close to major problems in the field of public health in general: there is no continuous medical education available for psychiatry and clinical psychology on regular bases. The government supports professional training once in every five years, but generally the training is formal and psychiatrists are not satisfied with knowledge and updates introduced during the training.

The international experience exchange is lacking or even absent on governmental level. No new trends of treatment and drugs are introduced. There are some donor organizations supporting the international experience exchange for a limited number of professionals, others try to participate in international conferences and workshops using their personal recourses.

The research area is still underdeveloped and lacking financial governmental support. There is some research based on interests of investigators or some priorities suggested by donor organizations. Research that has been conducted has focused on epidemiological studies in community samples, epidemiological studies in clinical samples, biology and genetics, policy, programmes, financing/economics, pharmacological, surgical and electroconvulsive interventions. Currently the mental health system in Armenia is still lacking resources and positive reforms that should be done on individual, governmental and political levels.

Introduction

Armenia is a landlocked mountainous country in Eurasia between the Black Sea and the Caspian Sea, located in the Southern Caucasus. It shares borders with Turkey to the West, Georgia to the North, Azerbaijan to the East, and Iran and the Nakhchivan exclave of Azerbaijan to the South. The total area is ***29,743***sq km from which ***land is 28,454*** sq km and ***water 1,289*** sq km.

A former republic of the Soviet Union, Armenia is a unitary, multiparty, democratic nation state with an ancient cultural heritage. Armenia prides itself on being the first nation to formally adopt Christianity (early 4th century).

According to the census of 2001 the population of Armenia is ***3,219,200*** but the July 2009 estimate is ***2,967,004***. The population of Armenia is pretty homogeneous - Armenians form the ***97.9%,*** of population**.** The other minority groups are Yezidi (Kurd) ***1.3%,*** Russian ***0.5%,*** other ***0.3%*** (2001 census). The spoken language is Armenian. The main religious group is Armenian Apostolic ***94.7%,*** other Christian ***4%,*** Yezidi (monotheist with elements of nature worship) ***1.3%.*** According to the World Bank criteria Armenia classified as country of ***lower-middle-income group.***

The age structure is distributed as following: ***14*** *years:* ***18.2%*** (male ***289,119***/female ***252,150***) ***15-64*** *years:* ***71.1%*** (male ***986,764***/female ***1,123,708***) ***65*** *years and over:* ***10.6%*** (male ***122,996***/female ***192,267***) (2009 est.). The growth of population is estimated to be ***0.03%*** (2009 est.) The birth rate per 1,000 population is estimated to be ***12.53*** (2008 est.). Death rate is ***8.34*** deaths per 1,000 population (2008 est.). Infant mortality rate is ***20.21*** deaths/1,000 live births in total (2009 est.). Life expectancy at birth for total population is 72.68 years and ***69.06*** years for male and ***76.81*** years female (2009 est.). Healthy life expectancy at birth is ***66.7*** years. The population of Armenia is mainly urban: ***64.2 % (2,066.700).*** Rural population accounts for ***35.8 % (1,152.400).*** Most of adults ***(99.5%)*** are literate.

The proportion of health budget **t**o ***GDP is 7.8%.*** Total expenditure on health per capita is around ***272*** (Intl $, 2006). Per capita government expenditure on mental health in 2006 was ***42*** AMD (10 cents) for outpatient care and inpatient care is financed as fee for service and accounts for ***4600***AMD (10 USD) per day of hospital stay.

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As a post-Soviet state Republic of Armenia inherited a health system organized according to the Semashko model with guaranteed free medical assistance and access to a comprehensive range of medical care for the entire population. The system was highly centralized with vertical management dominating. Financial and other allocations were based on national norms and failed to take account of population health needs. There was an emphasis on structural and quantitative indicators, resulting in the creation of expanded physical capacity, oversupply of health personnel and a surplus of hospital beds along with the unequal distribution of resources. Since independence, the health system

in Armenia has undergone numerous changes. Following the decentralization of public services the ownership of health services have been devolved to local and provincial governments. While the emphasis of suggested reforms is on improved state budget financing and more efficient use of those resources, the majority of financing is still derived from out-of-pocket payments, both formal and informal. The population, especially those in need, have limited access to health services. Services delivered are sometimes at questionable quality. Many health facilities, especially in rural areas, lack modern medical technology and human resources.

Armenia is increasingly engaged in reforming the system from one that emphasizes the treatment of disease and response to epidemics towards a system that emphasizes prevention, family care and community participation. The shift towards a primary care orientation is noticeable, with gradually increased roles for health workers to influence the determinants of health. (Health Systems in Transition, Vol.8 No 6. 2006)
Mental health services in Armenia are lacking and the scope available is poorly integrated into the primary care system. The current system focuses on inpatient care. There is a lack of trained social workers and other mental health professionals which ends up at limiting the potential for providing services at community level. There is a high level stigmatization of mental disorders and the limitations of the health statistics surveillance system in Armenia (Van Baelen & Theochartopolus, 2005) that brings to underestimated reported data on mental health disease burden.

Essentially, psychiatric care is still exclusively provided in specialized mental health institutions including hospitals and social psychoneurological centers. There is an overcapacity of beds and staff in psychiatric hospitals, leading to the unnecessary admission of chronic patients who would be more appropriately treated in an outpatient, community setting.

There is no systematic approach to developing community mental health services except for some small-scale pilots, usually supported by international organizations. (Health Systems in Transition, Vol.8 No 6. 2006). There are ***82*** hospitals in Armenia, out of them ***59*** hospitals with ***beds*** are public (under the management of RA Ministry of Health or regional governmental bodies), ***23*** are private hospitals. The percentage of beds in private hospitals is ***28.04 %*** of total.

The rate of general practitioners per 100,000 populations is ***57.6.*** (www.armstat.am 2008)
The number of primary health care clinics in Armenia is ***467***, out of which ***380*** are physician based in the public sector, ***69*** physician based in the private sector and ***18*** are under other governmental bodies or departments. Non-physician based primary health care clinics in the public sector are ***638***. Almost all of them are distributed around the regions (marzes) of the country. There are not private non-physician based primary health care clinics in Armenia.

This study was carried out by working group. Technical support was provided by WHO's Mental Health Evidence and Research Team in Geneva.

Armenian team is expressing gratitude to our advisors Samvel Torosyan, Psychiatrist General and Ara Babloyan, RA Parliament, Head of Standing Committee on Health Issues for invaluable assistance in initial development of this thesis report, offering ideas, advice and encouragement.

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The development of this study has also benefited from the collaboration with Municipality Department of Health and Social Issues, RA National Assembly, Standing Committee on Health Issues, National Institute of Health, Armenian Association of Psychiatrists, Avan Mental Hospital, Regional hospitals from marzes of Armenia.

Data was collected in 2008-2009 and is based on years 2007-2009.

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

For the first time after the Armenian Independence (1991) the legislative changes in Mental Health were suggested by the Board of Mental Health Foundation in December, 1997 and the draft of the national law was introduced in 1998. Currently the field of mental health in Armenia is regulated by the Law on Psychiatric Care, which was adopted on May 25, 2004. This is the document, which regulates the involuntary treatment, civil and human rights protection of people with mental disorders and other mental health related issues. The last amendment of the Law was 06.06.2009. The legislative regulations of mental health are also provided by Criminal Law that is mostly focused on involuntary treatment and involuntary treatment facilities. Currently new amendments are suggested by the National Assembly of Republic of Armenia that will focus on definitions of treatment facilities and service structure as well as some amendments that will cover human rights. Nevertheless, the legislative enactments are not fully developed that might cause conflicts between mental health specialists and other service providers and patients interests. For example, the terms of voluntary and involuntary admissions are not clearly described. Involuntary admission terms are fixed by Criminal Law but is not described in Law on Psychiatric Care. The rights of family members or other caregivers are not fixed.

The law alone is not sufficient for the total legislative regulation of the mental health field. Policy in mental health is still not developed as well as there is no governmentally approved and adopted Mental Health Program in Armenia. General approaches to mental health are far from being modernized and maintain some strategies and practices from the Soviet period. The other issue of concern is that there is no emergency/disaster

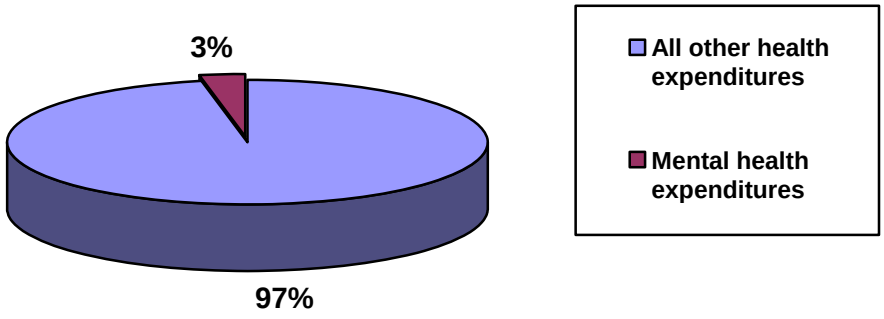
preparedness plan for mental health. (Evaluation of emergency/disaster preparedness capacities of Armenia. WHO Regional Office, 2007**)**

The step forward for Armenia is that Ministry of Health adopted a list of essential medicines that are supplied to all patients registered. These medicines include antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptic drugs.

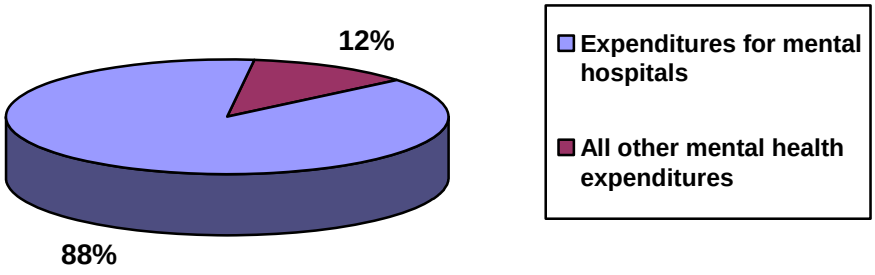
Financing of mental health services

Currently only ***3%*** of health care expenditures provided by the government health department are devoted to mental health (see Graph 1.1). Due to centralised mental health services system, a large proportion ***(88%)*** of all the expenditures spent on mental health are devoted to mental hospitals (see Graph 1.2). The essential psychotropic medicines are accessible for ***100%*** of patients who are registered. Besides this support, all severe and some mild mental disorders are covered by social insurance schemes and patients get not only free treatment but also those who are recognised to have chronicle disorders get financial support from government as disability pension.

GRAPH 1.1 HEALTH EXPENDITURE TOWARDS MENTAL HEALTH



GRAPH 1.2 MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS



Human rights policies

Human rights issues, in particular rights of people with mental health are not fully covered by the current policy existing in Armenia. There is no national or regional human rights review body and no regular inspections of human rights protection of patients. The Ministry of Health has inspectorate function over mental health facilities at the national level. The Ministry of Health has the review function of complaints investigation processes but has no authority to impose sanctions based on facts of human rights violation. The Ministry of health can quite the agreement with particular hospital for human rights violation of out of pocket payments.

There is one facility (Mental Health Hospital in Vardenis) that is for long stay patients (patients who lost their social links, have no relatives or official representatives who can take care of them) which is under supervision of Ministry of Social Affairs. The Ministry of Social Affairs has the inspectorate function over that facility. Nevertheless, the staff of inpatient psychiatric units and community residential facilities have not had even one day training on human rights protection of patients in the last two years. Human rights issues are not covered during regular external checks and inspections by Ministry of Health.

Domain 2: Mental Health Services

Organization of mental health services

There is no mental health authority in Armenia, yet there is a General Psychiatrist who provides advice to the government on mental health policies and legislation as well as on service planning, service management and co-ordination. Monitoring and quality assessment of mental health services is basically under the responsibility of the Department of Health Care of Ministry of Health. There are no catchments areas/service areas existing as a way to organize mental health services for communities.

Mental health outpatient facilities

Only five ***(5)*** outpatient mental health facilities are available in Armenia. All of them are organizationally integrated with mental hospitals. ***40%*** of mental health outpatient facilities are for children and adolescents only. There are ***1311.5*** users per 100,000 general population treated true mental health outpatient facilities. This number includes involuntary treated patients and patients who are under social care, as well as those who are under dispenser observation. Among those patients treated through outpatient services ***29 %*** are female and ***2 %*** are children and adolescents. The users treated in outpatient facilities are primarily diagnosed with schizophrenia, schizotypal and delusional disorders ***(28%).*** There are no outpatient facilities or mental health mobile teams in Armenia. The majority (almost ***81 %***) of users received one or more psychosocial interventions in mental health outpatient facilities in the past year. All of mental health outpatient facilities (*100%*) had at last one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility. In general, the outpatient care (primary care) is poorly developed due to lack of funds and large flow of resources allocated to mental hospitals.

Day treatment facilities

There are ***3*** mental health facilities that provide day treatment care in Armenia, all of them are for adults only. There are no day treatment facilities for children and adolescents. Day treatment mental health facilities treat ***9.5*** users per 100,000 general population. Unfortunately there is no report on gender distribution among patients treated in day treatment facilities. On average, users spend ***11*** days in day treatment facilities. The reason for the low average number in day treatment facilities is that patients who need longer observation, are usually observed in mental hospitals not day care clinics. Day treatment services are still with low capacity in Armenia.

Community-based psychiatric inpatient units

Community-based psychiatric inpatient services are not present in Armenia.

Community residential facilities

Community residential facilities are not available in Armenia.

Mental hospitals

There are ***11*** mental hospitals available in the country for a total of ***37.3 beds*** per 100,000 population.***45%*** of these facilities are organizationally integrated with mental health outpatient facilities. None of mental health hospitals are specialised for children and adolescents and there are no hospital beds for children. In spite of this fact, services are organized for adolescents and children. The patients admitted to mental hospitals are mostly diagnosed with schizophrenia ***(37%).*** The number of patients treated in mental hospitals is ***229*** per 100.000 population. On average patients spent ***34.61*** days in mental

hospitals. Unfortunately there is no data on proportion of long stay patients treated in mental hospitals for more then one year. Also, psychosocial rehabilitation is underrepresented in mental hospitals. Few patients in mental hospitals received one or more psychosocial interventions in the last year. Nevertheless, the psychotropic medicine is highly accessible in inpatient mental health facilities. All mental hospitals had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic and antiepileptic medicines) available in the facility. There are some major problems related to mental health physical capital in general. There are no specific rehabilitation units, crises centers or community based day care units for people with mental health disorders in Armenia, which causes additional admissions and overload in inpatient clinics and the Vardenis long stay hospital.

Forensic and other residential facilities

In addition to beds in mental health facilities, there are also ***60*** beds for persons with mental disorders in forensic inpatient unit that is located in mental hospitals (see Graph 2.1). There are no forensic units in general hospitals or prison mental health treatment facilities. The data is not available on percentages of patients who spent more than a month in forensic care due to confidentiality.There are no other residential facilities such as homes for persons with mental retardation, detoxification inpatient facilities, homes for the destitute, etc. in Armenia. Limited or even no housing is provided to mental health patients. The only possibility for shelter is Vardenis long stay hospital which has limited number of beds and can`t support needs of all patients. There is no psychogeriatric care in Armenia. There are no continuous nursing beds in hospitals.

Human rights and equity

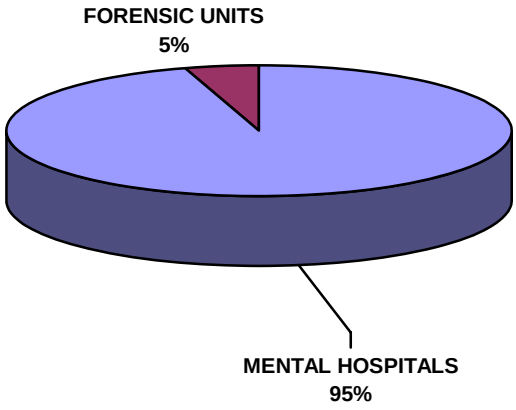
During the past year only ***1%*** of all admissions to mental health hospital were involuntary. Between ***0-1%*** percent of patients were restrained or secluded at least once within the last year in mental hospitals in Armenia.

The density of psychiatric beds in or around the largest city is ***1.08*** times greater than the density of beds in the entire country. Such distribution of beds slightly favours urban users.

Inequity of access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) is not an issue in the country. Ethnic minorities are mostly Russian speaking and since majority of mental health specialists are bilingual they can provide effective care for these patients. In case if neither Armenian nor Russian is understood by the patient a translator is invited. Since non- Christian religious groups are underrepresented in the country they are also rare in inpatient admissions. The population of Armenia is pretty homogenous, so there are little or no admissions of other ethnic groups to mental hospitals. In case of admission of representative of other ethnic or religious groups the attitude of care givers and other patients is tolerant.

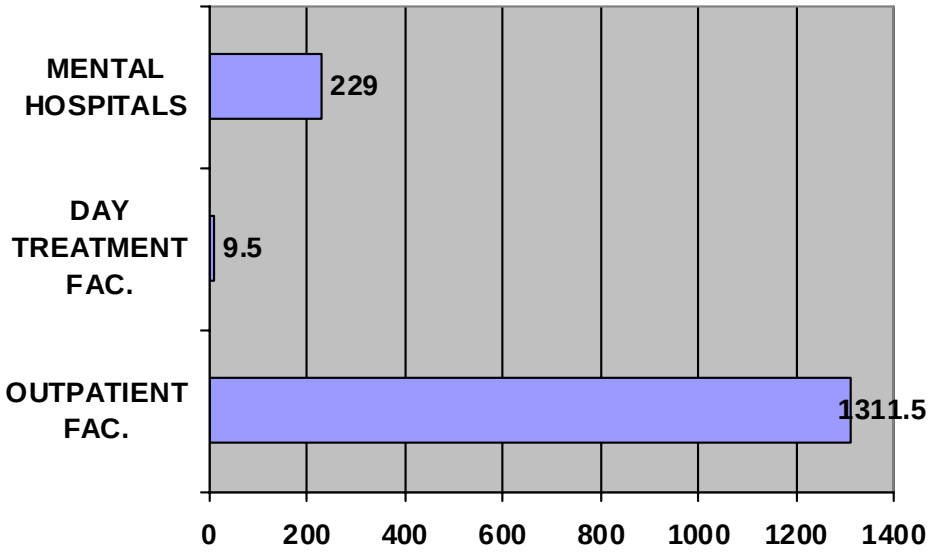
Summary Charts

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES



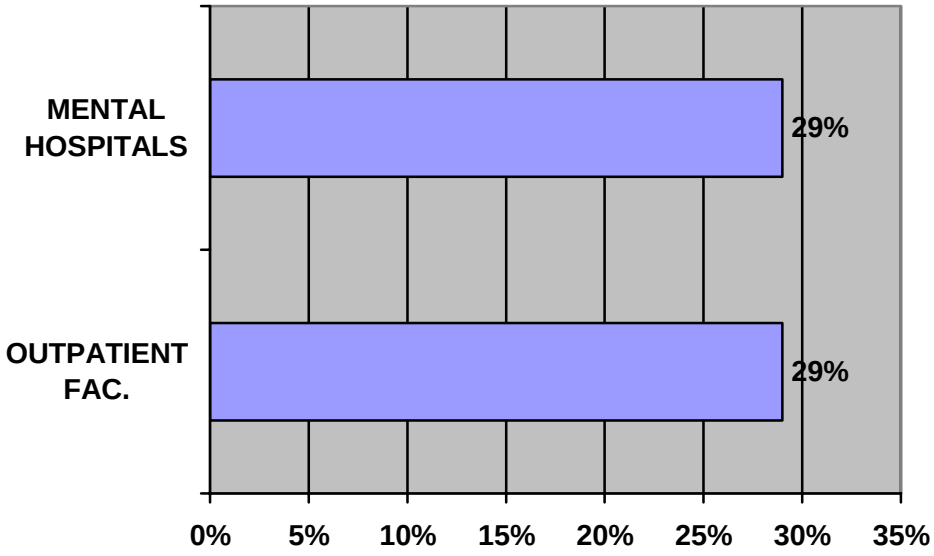
The majority of beds in the country are provided by mental hospitals, followed by forensic residential units inside the mental health system.

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)



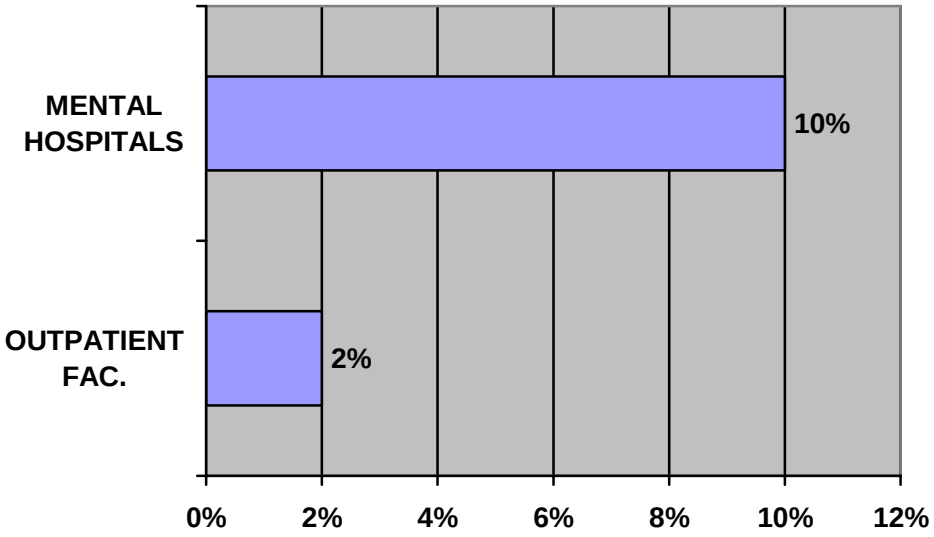
The majority of the users are treated in outpatient facilities. The rate of patients treated in mental hospitals is significantly less, because most of admissions and occupation in mental health hospitals are represented by long stay patients. The rate of users treated in day treatment facilities is significantly lower.

GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



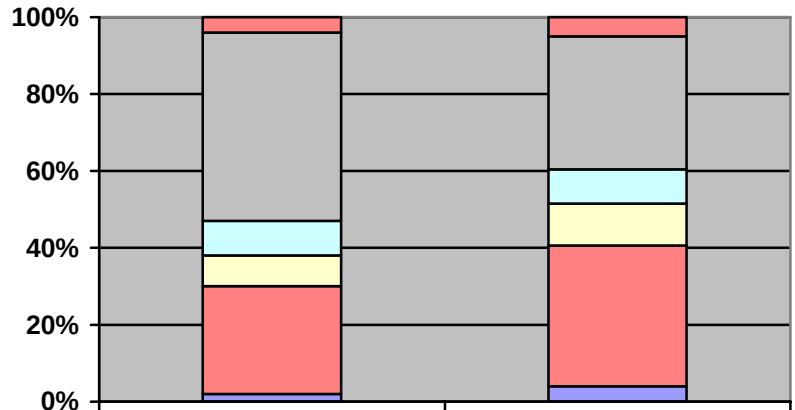
Female users make up approximately 29% of the population in all mental health facilities in the country.

GRAPH 2.4 - PERCENTAGE OF CHILDREN AND ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES AMONG ALL USERS



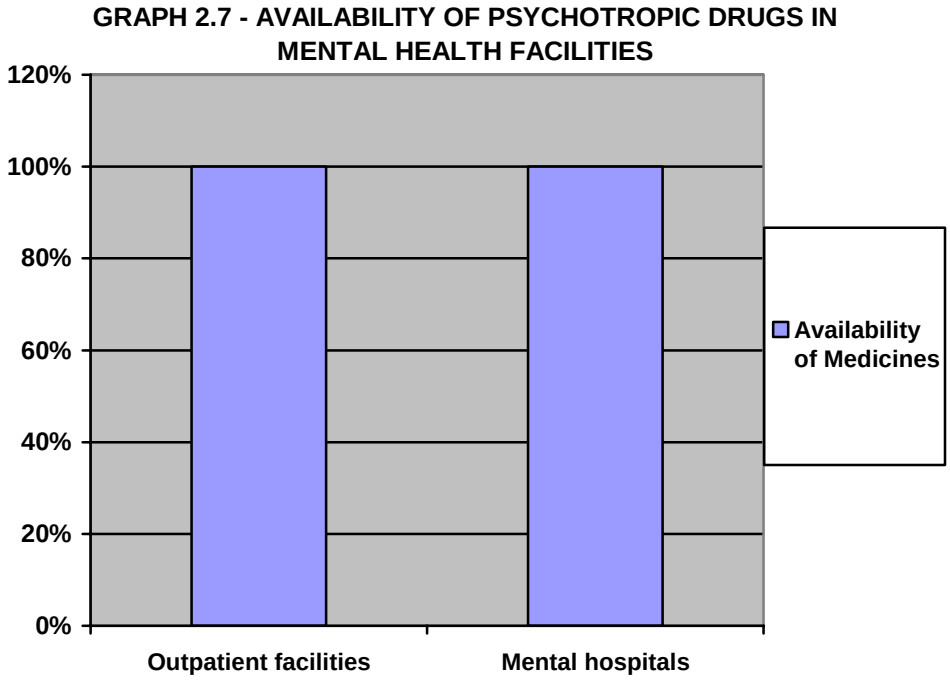
The proportion of children users is highest in mental hospitals mental health and lowest in outpatient facilities .

GRAPH 2.5 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS



	OUTPATIENT FAC.	MENTAL HOSPITALS
MOOD DISORDERS	4%	5%
OTHERS	49%	35%
PERSONALITY DIS.	9%	9%
NEUROTIC DIS.	8%	11%
SCHIZOPHRENIA	28%	37%
SUBSTANCE ABUSE	2%	4%

The distribution of diagnoses dos not significantly differ across facilities. Both in outpatients and inpatient schizophrenia and "other" diagnoses are most frequent.



Psychotropic drugs are ***100%*** available in mental hospitals and outpatient mental health facilities.

Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

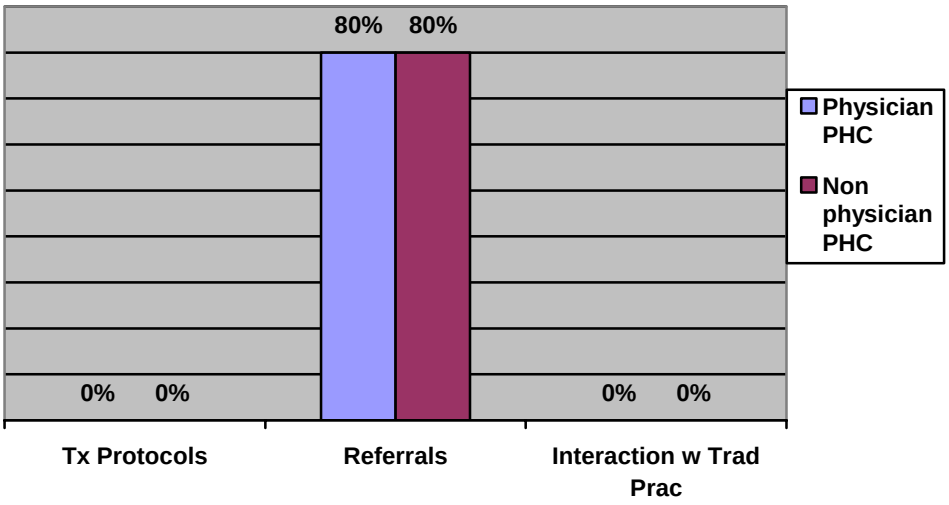
The training in mental health is not very extensive for non psychiatrist medical doctors. Only 5% of the training for medical doctors is devoted to mental health. Yet the training is even less for nurses and takes only 1% of their undergraduate curriculum. Non-doctor/non-nurse primary health care workers are usually not trained in psychiatry at all. As of refresher training, none of primary health care doctors or nurses and non-doctor/non-nurse primary health care workers have received at least two days of refresher training in mental health during the past year.

Mental health in primary health care

Both physician based primary health care (PHC) and non-physician based PHC clinics are present in the country. Nevertheless, none of them have assessment and treatment protocols for key mental health conditions available. The majority (***51-80%***) of physician-based primary health care doctors make on average at least one referral per month to a mental health professional. The majority (***51-80%)*** of non-physician based primary health care clinics make a referral to a higher level of care.

In terms of professional interaction between primary health care staff and other care providers, most of primary care doctors (***51-80%***) have interacted with a mental health professional at least once in the last year. There is no interaction between physician-based as well as non-physician-based PHC clinics and complimentary/alternative/traditional practitioners.

GRAPH 3.2 - COMPARISON OF PHYSICIAN BASED PRIMARY HEALTH CARE WITH NON-PHYSICIAN BASED PRIMARY HEALTH CARE



Prescription in primary health care

Health regulations do not authorize primary health care nurses and non-doctor/non-nurse primary health care workers to prescribe and/or to continue prescription of psychotropic medicines. Only primary health care doctors are allowed to prescribe psychotropic medications without restrictions. As for availability of psychotropic medicines, all of physician-based PHC clinics have at least one psychotropic medicine of each therapeutic category. As for non-physician based primary health care, the proportion is not known.

Domain 4: Human Resources

Number of human resources in mental health care

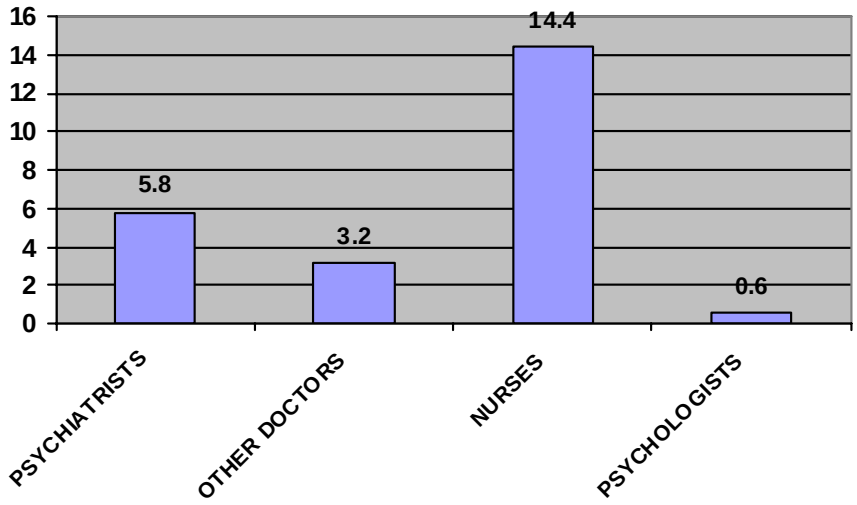
The total number of human resources working in mental health facilities or private practice is ***24*** per 100,000 population. The breakdown according to profession is as follows: ***5.8*** psychiatrist, ***3.2*** other medical doctors (not specialized in psychiatry), ***14.4*** nurses, ***0.6*** psychologists (See Graph 4.1).

All psychiatrists work for government administered mental health facilities, as there are only governmental mental health facilities in Armenia regarding the workplace, ***11*** psychiatrists work in outpatient facilities and ***179*** in mental hospitals. As for psychologists, there are 6 of them working in outpatient facilities and ***15*** in mental hospitals. There are 103 other medical doctors working in mental health facilities. Since outpatient facilities are basically integrated with inpatient care, medical doctors at the same time provide consultancy for visitors of outpatient facilities. As to nurses, there are 137 of them working in outpatient mental health facilities, and 330 working in mental health inpatient facilities

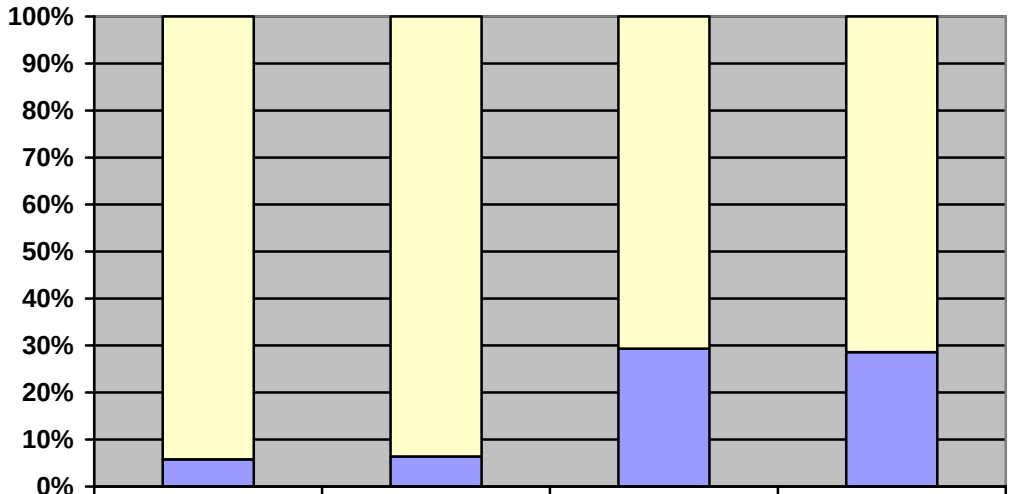
In terms of staffing in mental health facilities, there are ***0.15*** psychiatrists per bed in mental hospitals in Armenia. The statistics are not available on distribution of human resources between urban and rural areas. There are several problems pertaining in mental health human recourses. Most of mental health professionals do not get sufficient refreshment training and knowledge of new treatment methodologies and modern medications, which results in unnecessary long stay of patients.

One of the main problems in human resources in mental health is related to the lack of specific training for narrow specialists and lack of international experience exchange as well as continuous education for acting psychiatrists. Nurses working in psychiatry are not educated as psychiatric nurses. Psychiatric nurses usually taking some training in general psychiatry to take a position of nurse in a mental health clinic. There are no geriactric specialists among psychiatrists and psychologists to provide professional care for the elderly. The number of social workers is very limited among staff, and most of them do not receive specific training in psychiatry. In general, there is not a professional team approach among psychiatrists, psychiatric nurses, social workers and clinical psychologists.

GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)



GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



	PSYCHIATRISTS	OTHER DOCTORS	NURSES	PSYCHOSOCIAL STAFF
MENTAL HOSPITALS	179	103	330	15
OUTPATIENT FAC.	11	7	137	6

Data Source: Ministry of Health, Mental Health Services

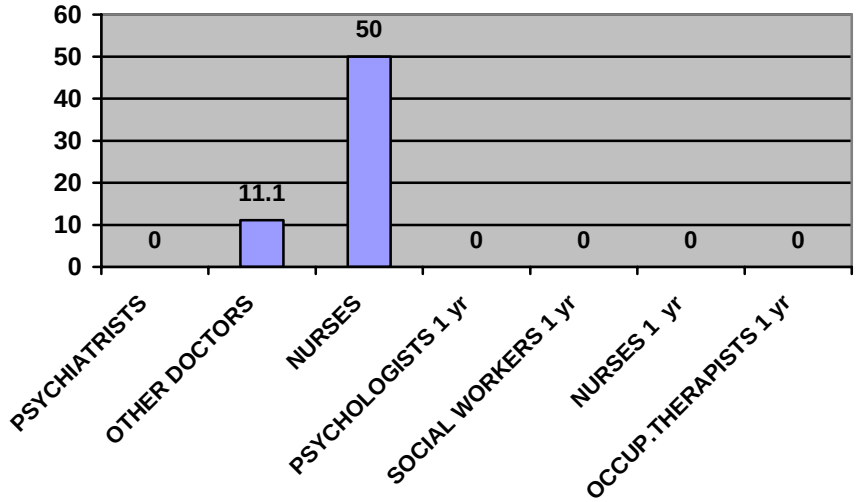
Training professionals in mental health

The number of professionals graduated last year in academic and educational institutions per 100,000 is as follows: ***11.1*** medical doctors (not specialized in psychiatry) ***50*** nurses

(not specialized in psychiatry) , ***0*** psychiatrists, ***0*** psychologists with at least 1 year training in mental health care, ***0*** nurses with at least 1 year training in mental health care, 0 social workers with at least 1 year training in mental health care, ***0*** occupational therapists with at least 1 year training in mental health care (See Graph 4.4.). Around ***20%*** of psychiatrists immigrate to other countries within five years of the completion of their training.

Only 17% of psychiatrists get at least two days of refresher training in the rational use of drugs but none of them had training on psychosocial interventions and child/adolescent mental health issues during past last year. None of other mental health staff members had such trainings during past year. The major problem for mental health education is pretty close to major problems of the field of public health in general: there is no continuous medical education available for psychiatry and clinical psychology on a regular bases. The government supports professional training once in every five years, but generaly the training is formal and psychiatrists are not satisfied with knowledge and news introduced during the training. The international experience exchange is lacking or even absent at the governmental level. No new trends of treatment and drugs are introduced. There are some donor organizations supporting the international experience exchange for a limited number of professionals, others try to participate in international conferences and workshops using their personal recourses.

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



Consumer and family associations

There are no users/consumers associations, but there is one association of patient's family members that accounts for ***30*** members. There is one newly operating nongovernmental organization of patient's rights. The government does not provide economic support for consumer and family associations. Family association has not been involved in the formulation or implementation of mental health policies, plans or legislation in the past two years. A few mental health facilities have interacted with existing family association. In addition to consumer and family associations, there are ***32*** other NGOs in the country that are registered as NGOs with mental health orientation, some of them are periodically involved in individual assistance activities such as counselling, housing or support groups.

Domain 5: Public Education and Links with other Sectors

Public education and awareness campaigns on mental health

Public education and awareness campaigns on mental health are still highly underdeveloped in Armenia. Stigmatization of mental health disorders is still pretty high among general population. Besides, the awareness campaigns are not supported by the government.

There is no coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Only a few NGOs and some international organizations have promoted public education and awareness campaigns in the last five years. There have been no public education and awareness campaigns targeting professional groups in recent past period.

Legislative and financial provisions for persons with mental disorders

The following legislative and financial provisions exist to protect and provide support for users: legislative provision for employment and provisions concerning protection from discrimination (dismissal, lower wages) solely on account of mental disorder. The Constitution of Republic of Armenia and Law on Psychiatric Care provide most of these rights but not all of these provisions are enforced. There are no legislative or financial provisions concerning priority in state housing and in subsidized housing schemes for people with severe mental disorders and concerning protection from discrimination in allocation of housing for people with severe mental disorders.

Links with other sectors

In addition to legislative and financial support, there are formal collaborations between the government department responsible for mental health and the departments/agencies responsible for primary health care/ community health, HIV/AIDS prevention, child and adolescent health and welfare.

In terms of support for child and adolescent health, only 1% of primary schools have either a part-time or full-time mental health professionals. They are mostly pilot projects located in capital city Yerevan.

It is known that ***2*** to ***5*** percent of prisoners diagnosed with psychosis and all or almost all of prisons have at least one prisoner per month in treatment contact with a mental health professional.

Unfortunately, none of police officers and none of judges and lawyers have participated in educational activities on mental health in the last five years.

In terms of financial support for users, none of mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, ***11%*** of people who receive social welfare benefits do so for a mental disability.

Domain 6: Monitoring and Research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists. As shown in the table ***6.1,*** the extent of data collection is consistent among mental health facilities. RA Ministry of health receives information on mental health from National Institute of Health were data from ***100%*** of mental hospitals and ***100%*** of mental health outpatient facilities is concentrated annually.

Based on this data, a report was published by the Ministry of Health department but did not include comments. This report is now accessible on website of National Institute of Health (*www.**nih**arm.am).*

In terms of research, unfortunately none of all health publications in the country were on mental health. There is some research based on interests of investigators or some priorities suggested by donor organizations. This research is focused on epidemiological studies in community samples, epidemiological studies in clinical samples, biology and genetics, policy, programmes, financing/economics, pharmacological, surgical and electroconvulsive interventions.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

TYPE OF INFORMATION COMPILED	MENTAL HOSPITALS	INPATIENT UNITS	OUTPATIENT FAC.
N° of beds	100%	NA	NA
N° inpatient admissions/users treated in outpatient facilities	100%	NA	100%
N° of days spent/user contacts in outpatient facilities.	100%	NA	100%
N° of involuntary admissions	0%	NA	NA
N° of users restrained	0%	NA	NA
Diagnoses	100%	NA	100%

Strengths and Weaknesses of the Mental Health System in Armenia

A general analysis of mental health system in Armenia shows that there are still many weaknesses and gaps to be addressed by continuous reforms of health care system. Mental health in Armenia still is not recognized as a major component of health and well-being of all individuals. There is less attention paid to mental health than to physical health both on individual and governmental levels.

In the general the network of mental health facilities there is an overcapacity of inpatient services and under representation of outpatient or community level mental health services. As to human rights issues, on the legislative level the rights of patients are mostly regulated, nevertheless, the monitoring system is greatly underdeveloped, there are no organizations, review/inspection boards that can officially deal with issues of human rights violations. There is no clear mechanism for implementation of human rights in

mental health care. Besides, stigmatization of mental disorders is still very high among the general population. Services are mostly centralized around the capital city and access is limited for regions. The best solution for this problem might be community based services. Unfortunately, the government is far from even theoretical discussion of this issue. The majority of resources allocated for mental health are spent for mental hospitals.

Also the training component is lacking in the mental health system. There is no continuous medical education available for psychiatry and clinical psychology on a regular bases. The government supports professional training once in every five years, but generaly the training is formal and psychiatrists are not satisfied with knowledge and updates introduced during the training. There are some nongovernemental organizations that might organize training spot programms for psychiatrists. On the positive side, essential psychotropic medicines are available in all mental health facilities in Armenia.

The other area of concern is that there are no consumer associations in Armenia. Only one family association was formed and yet this association does not influence decision making and is not publicly active. It has some interactions with one of the mental health hospitals.

Mental health sector have formal links with other relevant sectors, such as government department responsible for mental health and the departments/agencies responsible for primary health care/ community health, HIV/AIDS prevention, child and adolescent health and welfare. Nevertheless during the recent past period the interaction of mental health providers with primary care staff became less intensive than it used to be in the past. Few patients are referred to mental health professional from the primary health care level.

Currently the field of mental health in Armenia is regulated by the Law on Psychiatric Care, which was adopted on May 25, 2004. This is the document, which regulates the involuntary and voluntary treatment, civil and human rights protection of people with mental disorders and other mental health related issues. The last revision of the Law was in year 2009.

The mental health information system is poorly developed in Armenia. Though the information on particular issues and some disease distribution is collected from all hospitals, nonetheless it is sometimes incomplete and hardly accessible for both public and professionals working in this field. During short period of 2009 RA Government developed several amendments to RA Law on Psychiatric Care, dealing with human rights and mental health care provision. Currently the Armenian Parliament has also started to work on amendments and improvement of Law on Psychiatric Care and plans to work on development of Mental Health Law in future that will lay down principles of community based mental health services and mental health system overall improvement. In general, reforms are required in mental health system on individual, health care management, legislative and society levels.

Next Steps in Strengthening the Mental Health System

Policy and Legislative Framework:

- Development of a mental health policy.
- Strengthen law by enforcement measures and governmental decrees.
- Elaboration of mental health program.
- Development of emergency/disaster preparedness plan for mental health.
- Work on development of human rights policies compliance monitoring.

Mental Health Services

- Develop community-based mental health facilities.
- Strengthen outpatient mental health services.
- Shift resource allocation from inpatient to outpatient services.
- Create inpatient psychiatric units in general hospitals.
- Develop geriatric care and nursing homes for elderly people.
- Improve mental health services for children and adolescents to support socialization and education processes support for disabled children and psychological support to their families.
- Day care establishments should be formed to support families with mentally disabled members.

Mental Health in Primary Health Care

- Improve referral between primary health care and mental health facilities.
- Develop continuous education and refreshment trainings in psychiatry and psychology for primary health care physicians.

Human Resources

- Improve continuous refreshment training for psychiatrists.
- Engage other mental health professionals (clinical psychologists, social workers, occupational therapists, psychiatric nurses) in team approach.
- Educate professional psychiatric nurses.
- Educate social workers for mental health.

Links with other Sectors

- Provide governmental support to family and consumer associations.
- Strengthen public participation in mental health policy development and decision making by supporting professional and family and consumer associations.
- Support public education for stigma reduction both on governmental level and true nongovernmental organizations.

Monitoring and Research

- Improve and elaborate mental health information system.
- Develop electronic intranet for mental health services and provide easy access to mental health related databases.

- Develop special training in research methodology for postgraduate students and researchers, as there is no similar approach to research methodology and no compliance with certain rules and basic methods in research.

The purpose of this report is to describe the mental health system in Armenia. Information gathered through this assessment can be used to develop information based plans to strengthen the mental health system. The mental health system bas been regulated on a legal level from May 25, 2004 when the Law on Psychiatric Care was adopted. Currently, there is no mental health policy and program nor an emergency/disaster preparedness plan for mental health developed.

The current mental health system focuses on inpatient care. There is limited potential for providing services at the community level. Essentially, psychiatric care is still exclusively provided in specialized mental health institutions. Psychosocial rehabilitation is underrepresented in mental hospitals. Few patients in mental hospitals received one or more psychosocial interventions in the last year.

There are no day treatment facilities or even inpatient care for children and adolescents. In general in Armenia, mental health and mental disorders among children and adolescents are not regarded with anything like the same importance as physical health.

Continuous medical education for mental health professionals is lacking. Only 17% of psychiatrists had re-fresher training on the rational use of psychotropic drugs. None of the mental health care staff received at least two days of refresher training in the rational use of drugs, psychosocial interventions and child/adolescent mental health issues during past last year. The government supports professional training once in every five years.

The research area is still underdeveloped and lacking financial governmental support. There is some research based on interests of donor organizations. Currently, the mental health system in Armenia is still lacking resources and positive reforms that should be done on individual, governmental and political levels.