



Implementation of 2014-2019 Strategy of Maintenance and Improvement of Mental Health in the Republic of Armenia

Summary version of the report in English

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List of abbreviations

MFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MLSA	Ministry of Labor and Social Affairs
HEI	Higher education institution
MES	Ministry of Education and Science
NGO	Non-Governmental Organization
RA	Republic of Armenia
LSGB	Local self-government bodies
MTA ¹	Ministry of Territorial Administration
MTAD	Ministry of Territorial Administration and Development

¹When the Strategy was approved, the Ministry of Territorial Administration was functioning. The information was received from the Ministry of Territorial Administration and Development. Therefore, both the first and the second names and thus, also the relevant abbreviations are mentioned in the report.

Introduction

On 17 April 2014, the RA Government made one of the important decisions of the Republic of Armenia in the sphere of mental health by approving 2014-2019 Strategy of Maintenance and Improvement of Mental Health in the Republic of Armenia and the List of Actions ensuring the implementation of the Strategy (hereinafter referred to as Strategy and List of Actions).

That was the first comprehensive document aimed at securing the rights of persons with mental health problems. It included measures aimed at legislative reforms, securing the human potential, education of specialists, provision of mental health services, raising awareness of the public.

The aim of the strategy is “to develop a system of maintenance and improvement of mental health and to prevent the appearance of mental health problems among the population”. In order to achieve the mentioned main long-term aim, the List of Actions envisaged 7 goals and 32 actions, those responsible for their implementation and co-performers of their implementation, terms, expected results and funding sources.

This report presents the results of the monitoring of the implementation of 2014-2019 Strategy of Maintenance and Improvement of Mental Health in the Republic of Armenia. The interim results of the monitoring of the actions ensuring the implementation of the strategy were published in 2 reports, namely, the report summing up 2014-2015² and the report summing up 2014-2016³.

²See the Report on the conduction of the actions ensuring the implementation of 2014-2019 Strategy of maintenance and improvement of mental health in the Republic of Armenia, time period of 2014-2015, available at <http://archive.hcav.am/wp-content/uploads/2015/11/%D5%BF%D5%A5%D5%B2%D5%A5%D5%AF%D5%A1%D5%B6%D6%84-24-11.pdf>

³See the Report on the conduction of the actions ensuring the implementation of 2014-2019 Strategy of maintenance and improvement of mental health in the Republic of Armenia, time period of 2014-2016, available at <https://hcav.am/wp-content/uploads/2020/05/evaluation-mental-health-strategy-2014-2016.pdf>

Chart 1.2014-2019 Strategy of Maintenance and Improvement of Mental Health in the Republic of Armenia and the List of Actions ensuring the implementation of the Strategy



Methodology

The information on the actions ensuring the implementation of the strategy was summed up and analyzed based on the information provided in response to the inquiries addressed to the responsible and co-performing bodies.

It should be mentioned that the information provided by some state bodies made the assessment of the actions' implementation difficult. In particular, though the Organization asked to provide the information according to the implementation of each action, some bodies did not provide the information on the implementation of actions separately, and in some cases they gave either general answers regarding the implementation of an action or information irrelevant to the action which the inquiry concerned.

The objectives, implementation terms and expected results formulated by the action served as a basis for the assessment of conduction of actions ensuring the implementation of the strategy. The actions were assessed in the following scale:

- implemented
- mostly implemented
- half-implemented
- mostly unimplemented
- unimplemented.

The assessment was made in accordance with the following criteria: the condition that the action commenced within the established timeframe, implementation of the action within the terms envisaged for its completion, efficiency and ensuring the expected result.

It was also assessed as to what degree the implementation of the actions envisaged under each goal contributed to the solution of the problem formulated by that goal.

The report successively presents the Organization's observations and recommendations regarding the Strategy and the List of Actions, the progress recorded in the directions of the Strategy and the current shortcomings, summary data on the number of the implemented actions, content summary and assessment of the actions and the relevant goals.

OBSERVATIONS AND RECOMMENDATIONS REGARDING THE STRATEGY AND THE LIST OF ACTIONS ENSURING ITS IMPLEMENTATION

The Strategy, approved by the Government's decision, is a document that sums up the first steps of the deinstitutionalization policy adopted by Armenia. Various interested parties, such as state bodies, specialists of the sphere (psychologists and psychiatrists), as well as civil society representatives were involved in the development of the document. Such involvement is welcome, however, it should be recorded that *in order to raise the goal-orientation and targeting, it is important to ensure direct participation of persons with mental health problems, as well as their family members in the stage of discussion and development of such documents in the future.*

The Strategy targets problems of mental health sphere, such as the inclusion of psychiatric services in the general healthcare system, introduction, expansion and continuous improvement of community-based services, securing and developing the human potential. However, one more important sphere, i.e. provision of psychotropic drugs, was left out of the target of the Strategy. As mass media publications show, problems of that sphere are no less urgent. For example, the problem of the quality and accessibility of more effective equivalents of the drugs has been left unresolved and without any response for many years. *Thus, it is important to also include this sphere in strategies of the mental health sphere in the future.*

The Strategy includes international and domestic regulations regarding the sphere, detailed description of health care and social protection of mental health, including the proposed models of community-based solutions aimed at the maintenance and improvement of mental health, which are applied in the developed countries of the world. *When developing further strategies, it is important not only to touch upon international treaties and conventions regulating the sphere, but also the international obligations undertaken by the RA. When developing further strategies it is also important to properly study the best international practice and the applied models of all the directions included in healthcare and education and the strategy.*

The Strategy only mentions about the final assessment. Moreover, it is not established in what timeframe it should be carried out and where and in what timeframe its results are to be published. *In terms of efficiency of the implementation of the strategy, it is necessary to apply mechanism of annual report presentations (it is also preferable to discuss the purposefulness of semi-annual reports), which will give an opportunity to analyze current gaps and obstacles, reasons and grounds why certain points were not implemented and to*

make improvements in the future actions. The monitoring results also show that there is a need for such a mechanism. In particular, 27 out of 32 actions of the Strategy were to be carried out during the first 3 years, whereas, only 3 of them were carried out in this time period. *It is necessary to establish a clear mechanism of assessment and accountability, including assessment methodology, criteria, periodicity and terms of presentation of reports, the responsible bodies, as well as the procedure of publicizing them. It is purposeful to envisage an online platform where those reports will be accessible and where assessments and observations made by civil society on the implementation of strategies will be collected.* As an example, the procedure established by the Strategy of Human Rights Protection and the Action Plan for 2020-2022 deriving therefrom can be considered. By the way, according to the procedure, it is also envisaged that the responsible body shall ... “ensure their [reports’] placement on the electronic platform within a ten-day period. Observations and reports are taken into consideration while assessing the conduction of the actions and may be grounds for defining new measures”. According to the Strategy, one of the guarantees of effective implementation is also the establishment of a clear mechanism of oversight. *It is important to consider the need to create a special body or group which will conduct monitoring of the strategy and coordination of its process. A clear mechanism of oversight can mitigate the risk of improper implementation and omissions of the Strategy.*

It was envisaged to implement the Strategy within 6 years. In these terms, it is important to take into account that 6 years is a long period of time in the conditions of the fast-changing reality. Priorities and challenges may change both in mental health and in human rights protection spheres. *Thus, it is purposeful to consider having a “living document”. It will give an opportunity to assess the challenges that arise during the implementation and the resources necessary to overcome them, to give a timely and proper response to the changes of priorities and observations and recommendations presented by international mechanisms.* In terms of ensuring effectiveness, an important precondition is also the clear and realistic planning of the terms of implementing the actions. As already mentioned above, 27 out of 32 actions ensuring the implementation of the Strategy were envisaged to be carried out during 2014-2016. Such distribution was not justified, as only 4 of the actions were carried out⁴. *Thus, when developing future strategies, it is necessary to pay attention to equal, realistic and accurate distribution of the terms set for carrying out the actions.*

⁴In total, 4 actions were assessed as implemented, but the fourth one (action 6.12) was implemented after the envisaged timeframe.

The implementation of the Strategy largely depends on financial investments, while the List of Actions does not clearly mention the sources and the amount of funding. Furthermore, the RA state or community budget is not mentioned as a financial source for the implementation of any action. By the way, as a rule, in response to information inquiries, nothing was mentioned about financial allocations for the purpose of carrying out the actions, and in some cases, the impossibility of implementing certain actions was justified by the lack of financial means (for example, actions 6.4, 6.5 and 6.8). *Thus, for the future strategies, it is important to envisage financial allocations from state and community budgets, as well as to ensure realistic and clear planning of financial resources for the implementation of the actions.*

One of the preconditions of the effective implementation of the strategy is the presence of baseline data, as well as measurable outcomes and results. According to the monitoring results, the actions mainly do not have number indicators. For example, the expected result of action 6.10 envisages reduction in the number of hospitalization cases, but there is no mention of the percentage of reduction in the envisaged period for it to be considered a sufficient result. In general, the lack of baseline, current and target number data makes difficult both the implementation and the assessment of the implementation. The maintenance of unified statistics is the basis on which to achieve measurable results of the Strategy. Such a statistical base does not exist yet. Different state bodies provide different data for the same question. Moreover, the same body uses different variables for different years and as a result, it is impossible to combine and assess the data. *Thus, it is also important that a general electronic base created by action 6.11 should ensure conduction of unified statistics, if it is not envisaged.*

One of the preconditions of the effective implementation of the Strategy is also the responsible attitude of the state bodies and proper communication and cooperation between them. Whereas, the monitoring results show that they are not sufficient. For example, the RA Ministry of Education and Science, the main responsible for the implementation of one of the actions, stated that carrying out that action was out of the scope of their powers, Shirak regional administration informed about financial allocations but did not provide details, justifying it by the fact that they did not have the relevant information. In another case, the RA Ministry of Health stated that the measure was recognized invalid, while the regional administrations provided information on the actions carried out in the frame of that measure or the obstacles that hindered their implementation. *The mentioned problems can also be solved by the introduction of the already proposed clear mechanisms of oversight and accountability procedures and by envisaging an online platform.*

ACTIONS ENSURING THE STRATEGY AND ITS IMPLEMENTATION ACCORDING TO THE TARGET DIRECTIONS

Developing and approving the strategy is itself very welcome, taking into account that this document was one of the first steps towards deinstitutionalization, maintenance of mental health and prevention of mental health problems. During the implementation of the strategy, successes were recorded, among which are the introduction of Spitak care house community-based service and state budget allocations for community-based services. At the same time, however, the Strategy was not implemented effectively, timely and completely.

Grouping the actions meant to ensure the implementation of the Strategy according to the targets, we can separate the following main directions:

Improvement of the legislation by making it in line with the international standards and obligations undertaken by Armenia.

The Strategy envisaged to fill in the gaps of the legislation regulating the sphere and to establish a legislative basis regulating community-based services. For this purpose, the competent bodies made a legislative analysis, developed and adopted drafts, but their main part was approved after the time period set for the implementation of the Strategy. Thus, on 11 June 2020, the draft law “On ratifying the optional Protocol to the Convention on the Rights of Persons with Disabilities” was sent to the Constitutional Court to decide on its compliance with the Constitution. On July 3, RA Law “On psychiatric aid and service” was adopted. Moreover, the legislation was not completely made in line with international standards. In particular, the provision on recognizing a person incapable, which is enshrined in the RA Civil Code, was not amended, though it contradicts Article 12 of the UN Convention on the Rights of Persons with Disabilities (hereinafter referred to as CRPD). The new RA Law “On psychiatric aid and service” enshrined involuntary hospitalization and treatment, which contradicts Article 14 of CRPD. By the way, in his report on the visit to Armenia, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (hereinafter referred to as Special Rapporteur) also touched upon the issue. The Rapporteur found it problematic that the maintenance of mental health of the whole population in Armenia was ignored. It should be noted that during the six years of the implementation of the Strategy, the need for legislative regulation of the relations regarding the maintenance of the mental health of the population remained neglected.

Recommendations⁵

- ❖ To make the legislation regulating the sphere of mental health in line with the international standards, taking into account also the observations and recommendations by international mechanisms.
 - to prohibit involuntary hospitalization and non-consensus treatment
 - to recognize invalid the RA Civil Code provision on recognizing a person incapable.
- ❖ To develop and adopt a comprehensive law by giving equal importance to treatment and service, as well as maintenance of mental health.

Ensuring accessibility and affordability of quality services of mental health, and introduction of services in accordance with the needs of separate groups

In order to ensure quality, accessible and affordable mental health services, the Strategy envisaged to include mental health services in the general healthcare system, including establishment of psychiatric departments in multiprofile hospitals, decentralization of outpatient services of psychiatric dispensaries, introduction of differentiated specialized services. During the implementation of the Strategy, certain work was conducted to solve this issue. In particular, a study was conducted and an assessment was given to the opportunities of introducing services for children and establish psychiatric cabinets in polyclinics of the three major cities of the Republic of Armenia. However, due to shortage or lack of financial means, the services were not introduced. In another case, the necessary study was not conducted, but in 2019, a psychiatric department was organized in one multiprofile hospital in Yerevan. Thus, on the one hand, this decision was not based on the results of the assessment of the needs, on the other hand, establishment of only one department is not sufficient. Outpatient quality, accessible and affordable mental health services were not provided. This gap was also recorded by the Special Rapporteur.

⁵ See the summary recommendation in Appendix 1

Recommendations

- ❖ To ensure there are psychiatric departments in place in RA multiprofile hospitals (especially the ones currently being built),
- ❖ To provide quality differentiated services in line with the international standards of human rights and in accordance with the needs of separate groups,
- ❖ To ensure quality, accessibility and affordability of outpatient mental health services by training specialists and using up-to-date models and approaches,
- ❖ To ensure investments in sufficient volumes to guarantee quality services of mental health.

Introduction and further expansion of community-based services.

The Strategy envisaged the establishment of various community-based services and initiation of relevant legislative regulations. During the implementation of the Strategy, however, only one service was established, namely, Spitak Care House. Whereas, it cannot be considered a sufficient result in terms of meeting the demand. The responsible body assessed some initiatives as community-based (for example, “Dzorak” center of care for persons with mental health problems or the daycare center adjunct to it), but they do not correspond to human rights international standards and best practice of community-based services.

At the end of 2019, the Ministry of Labor and Social Affairs announced grant competitions to organize, through NGOs in regions, services for persons with disabilities, including persons with mental health problems. However, the acting rare services are mainly available in Yerevan so far.

On the other hand, the introduction of community-based services should have targeted also the needs of the families of persons with disabilities. In fact, however, the offered services and legislative regulations are not sufficient to satisfy the current needs. Though in 2019, the RA Government’s draft decision was developed on “Establishing the procedure for providing home care to persons with mental health and intelligence problems who have reached the age of 18”, it was not adopted, as there was no norm giving the Government the power to adopt such a legal act.

There have not been developed sufficient mechanisms yet, which would give the parent an opportunity to work and obtain the necessary length of employment to go on age pension. Thus, the member of the family of the person with disabilities is not only deprived of the right to work, but also does not obtain the necessary length of employment and is thus deprived of the opportunity to exercise his/her right to social security.

Recommendations

- ❖ To provide a sufficient number of community-based services based on human rights and international best practice, as well as according to the assessed needs, and also review those in place.
- ❖ To ensure a sufficient volume of investments to guarantee quality community-based services.
- ❖ To ensure the fair implementation of the right to work and the right to social security of those taking care of persons with mental health problems.

Replenishment and strengthening of the human potential

The Strategy envisaged to replenish and strengthen the human potential by improving working and remuneration conditions and by raising their level of professional preparedness. The monitoring results, however, show that the number of psychiatrists has reduced, while regions are not provided with psychotherapists at all.

With regard to professional preparedness, it should be mentioned that though a continuous professional development system was envisaged, it was not established, and various courses and trainings were of non-regular and non-continuous nature.

Recommendations

- ❖ To provide the sphere with properly trained specialists guided by the international best practice of involvement of specialists.
- ❖ To ensure the continuous education of the specialists of the sphere, as well as regular assessment of the effectiveness of applied modules.

Awareness-raising and stigma reduction

The Strategy envisaged awareness-raising events in order to eliminate stigma and stereotypes, as well as to support the relatives of persons with mental health problems.

The works of raising awareness of the society to reduce stigma demand planned, targeted, united work. However, during the years of the implementation of the Strategy, the work of the responsible state bodies mostly stemmed from the demand of the day, in the form of various interviews, participation in TV broadcasts, covering the implemented actions. Moreover, state officials manifest stereotypical attitudes towards persons with mental health problems and use stereotypical terms. Mass media also often present persons with mental health problems in a way that deepens the present stereotypes. The awareness-raising works also did not target specialists related to the sphere, namely, judges, policemen, public defenders and so on.

On the other hand, the actions that were meant to contribute to the reduction of the stigma (proper introduction of community-based services, inclusion of psychiatric services in the general healthcare system) were not implemented.

The voices of persons with mental health problems was not heard in awareness-raising works, while participation of persons with mental health problems is one of the most important guarantees of reducing the stigma.

Recommendations

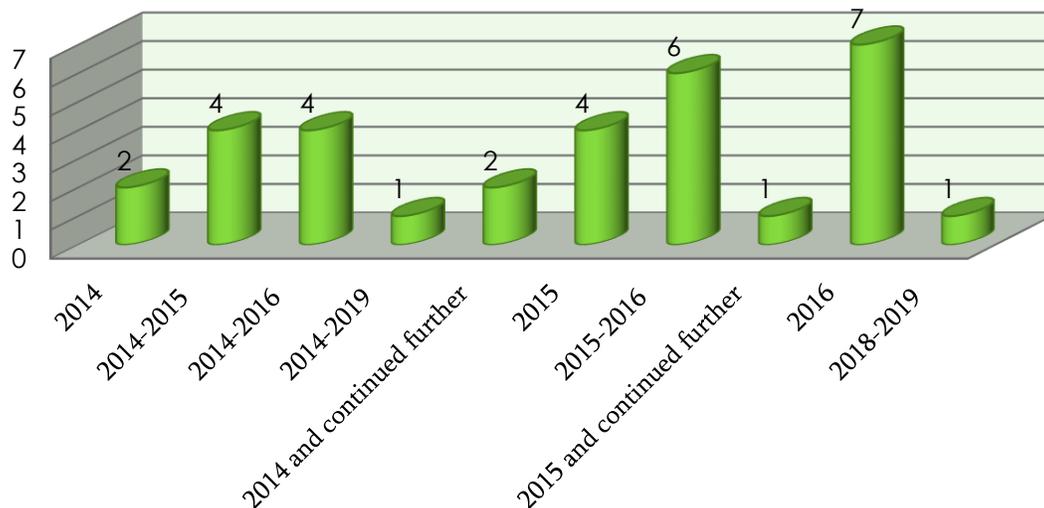
- ❖ To ensure the use of a targeted, planned, up-to-date toolkit.
- ❖ To provide awareness-raising works on the rights of persons with mental health problems for state officials, mass media and specialists related to the sphere.
- ❖ To ensure the direct participation of persons with mental health problems in awareness-raising works, to make their voices heard.

A summary description of the assessment of the implementation of the actions

The Strategy and the actions ensuring its implementation were envisaged to be implemented within 6 years. Moreover, 13 actions were to start in 2014, 11 actions were to start in 2015, 7 actions were to start in 2016 and 1 action was to start in 2018. 2 of the actions

were to finish in 2014, 8 were to finish at the end of 2015, 17 were to finish at the end of 2016, 2 were to finish at the end of 2019 and 3 actions were to have continuous nature (see Chart 2).

Chart 2. The number of the actions according to the year of the implementation



16 actions were launched in the established timeframe⁶, they amount to 50% of the actions. At the end of 2016, 27 actions were to be completed, i.e. 84% of the list of actions. However, as of 2016, only 3 were done, which amount to 7.4 % of the envisaged volume. The fourth action (action6.12), assessed as implemented, was not included in the mentioned calculation, as, though it was envisaged to be implemented in 2014, it was implemented in December 2017.

Out of the 32 envisaged actions

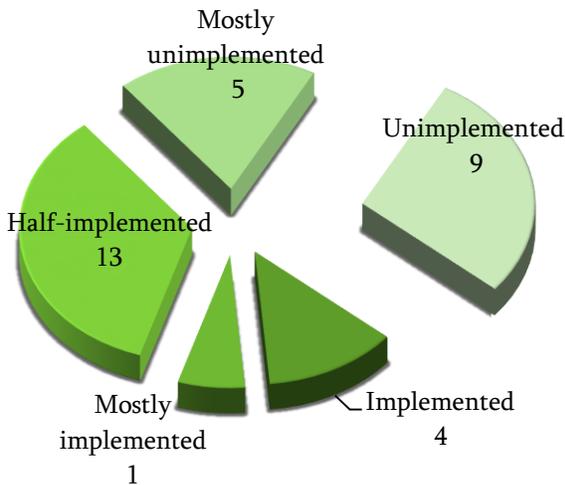
- 4 actions were assessed as **implemented**: 2.1; 3.1; 6.8 and 6.12 (12.5 % of the actions),
- 2 actions were assessed as **mostly implemented**: 2.2; 5.4 (6.3 % of the actions),
- 11 actions were assessed as **half-implemented**:1.1; 1.3; 1.5; 2.3; 3.2; 5.1; 5.2; 6.1; 6.11; 7.1; 7.2 (34.4 % of the actions),
- 6 actions were assessed as **mostly unimplemented**: 5.3; 5.5; 5.6; 6.6; 6.10; 7.3 (18.8 % of the actions)

⁶ Actions 5.3 and 5.5 were conditionally assessed as launched in time, because though the actions were implemented in the envisaged period, they were not targeted and did not meet the requirement defined by the action.

- 9 actions were assessed as **unimplemented**: 1.2; 1.4; 4.1; 6.2; 6.3; 6.4; 6.5; 6.7; 6.9 (28 % of the actions).

Factually, 87.5 % of the list of actions was not implemented completely (see Chart 3).

Chart 3. Assessment of the actions subject to be implemented in 2014-2019

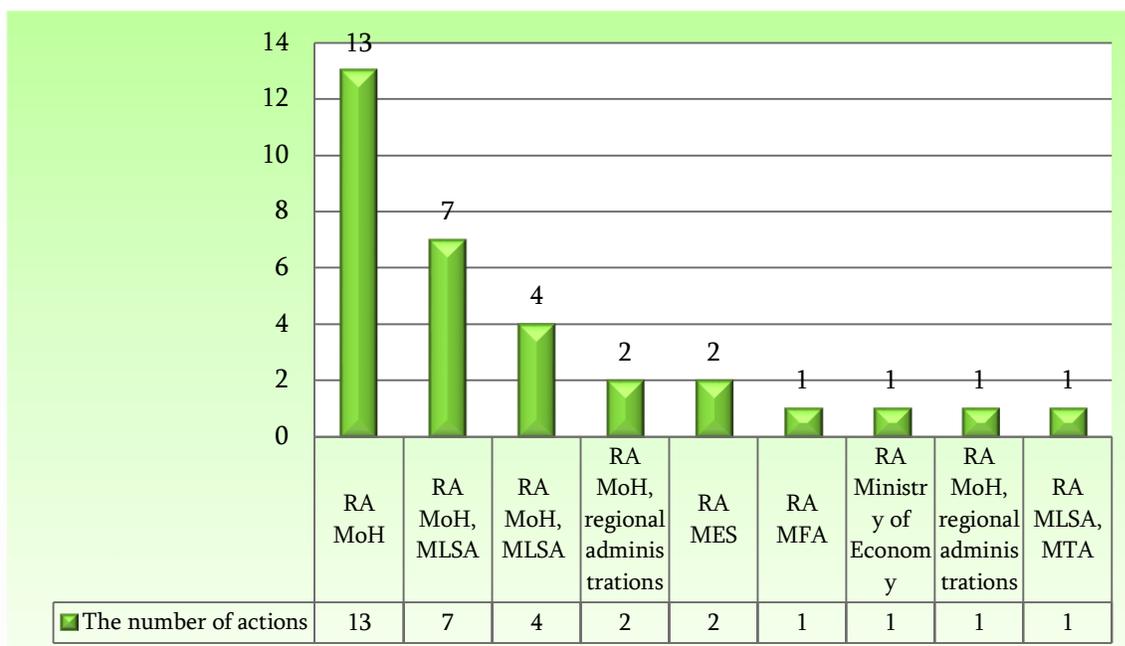


The main responsible bodies for the implementation of the actions were the RA Ministry of Health (MoH) and the RA Ministry of Labor and Social Affairs (MLSA).

The RA Ministry of Health is the only responsible body for the implementation of 13 actions, i.e. about 40% of the actions; the RA Ministry of Labor and Social Affairs is the responsible body for the implementation of 4 actions, i.e. about 12 % of the actions; the above-mentioned two ministries are jointly responsible for the implementation of 7 actions, i.e. 21% of the actions. Together with regional administrations, the RA Ministry of Health is responsible for 3 more actions, while the Ministry of Labor and Social Affairs, jointly with the Ministry of Territorial Administration (MTA), is responsible for 1 action (see Chart 4).

The Ministry of Foreign Affairs (MFA), the Ministry of Economy, the Ministry of Education and Science (MES), as well as the RA regional administrations and Yerevan municipality, as agreed, are also responsible. The above-mentioned bodies are involved in some actions as co-performers. Among the co-performers are also local self-government bodies (LSGB), non-governmental organizations (NGO) and higher education institutions (HEI), again based on agreement. It is noteworthy that NGOs were presented as co-performers in 21 out of 32 actions (65.6 % of the actions).

Chart 4. The number of actions and those responsible for their implementation



Conclusion

Welcoming the development and approval of the strategy of mental health maintenance and improvement with the involvement of different interested parties, based on the results of the implementation of the Strategy, we record that it was not implemented in a timely, effective and complete manner.

According to the results of the assessment, the following were the reasons why the Strategy was not implemented effectively: structural gaps of the Strategy and the List of Actions, the lack of accountability, monitoring and assessment, as well as oversight mechanisms, and also the insufficient level of responsibility of the bodies implementing the actions and the cooperation between them. Though the proper envisagement and allocation of financial resources has a great role for the implementation of the Strategy, factually, not only actions requiring financial resources, but also actions not requiring financial resources were not implemented.

According to the monitoring results, the actions taken in order to implement the list of the actions for the implementation of the Strategy did not lead to the achievement of the established aims. Thus, the legislative field was not made compliant with the obligations

undertaken by the Republic of Armenia. In particular, the legislation regulating the field continues to be comprised of provisions contradicting the international standards. Besides, a comprehensive law on the maintenance of mental health was not developed.

Accessible, affordable and quality mental health services and community-based services in accordance with the needs were not provided, either. The work aimed at introducing psychiatric services into the general healthcare system was not effective. Factually, a psychiatric department was established in only one of the multiprofile hospitals, while the primary healthcare circle was not made in line with the need of early discovery and treatment of diseases or relevant referral. Necessary differentiated services were not established for children, teenagers and the elderly, including as a result of the cancellation during the implementation of the Strategy.

The envisaged community-based services were not introduced, either. The effectiveness of the provided services was not assessed and further directions were not developed.

In terms of the guarantees of proper provision of mental health services, the work undertaken for the involvement of specialists, as well as capacity building work was not effective and targeted, either. The same is true for the work aimed at awareness-raising, as it did not stem from modern approaches and did not involve all the interested parties. The implemented actions were mainly of the same content and traditionally continuing.

Thus, in the frame of the implementation of the Strategy, there has been trivial progress in the context of securing the right of persons with disabilities to live an independent life and be involved in the community. Besides, the stigma and stereotypical attitude towards persons with disabilities is almost unchanged both among the state officials and the society.