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THE RA PSYCHIATRIC INSTITUTIONS IN THE CONDITIONS OF COVID-19 (PART 2)

The State of Control and Prevention of Somatic Diseases

REPORT

2021

GENERAL INFORMATION

Title	The RA Psychiatric Institutions in the Conditions of COVID-19: the State of Control and Prevention of Somatic Diseases
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List of Abbreviations

MoH	Ministry of Health
Armash institution	“Armash Health Center named after Academician A. Hayriyan” CJSC
Avan institution	“Avan” Mental Health Center CJSC
MC	Medical Center
Gyumri institution	“Gyumri Mental Health Center” CJSC
Covenant	International Covenant on Economic, Social and Cultural Rights
ECG	Electrocardiography
EEG	Electroencephalogram
Lori institution	“Lori Regional Neuropsychiatric Dispensary” State CJSC
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
Group	Public Monitoring Group conducting monitoring in medical aid and service organizations that provide treatment and care services in the frame of state support to persons with mental health problems in the Republic of Armenia
Kapan institution	“Syunik Regional Neuropsychiatric Dispensary” CJSC
Convention	UN Convention on the Rights of Persons with Disabilities
NCMHC	“National Centre for Mental Health Care” CJSC
RA	Republic of Armenia
HCA Vanadzor	Helsinki Citizens’ Assembly Vanadzor Office
PCR	Polymerase chain reaction
RNA	Ribonucleic acid
Sevan institution	“Sevan Mental Health Center” CJSC

About the Group

According to the RA Health Minister's order N 3757-Ա of 28 December 2017, a public monitoring group (hereinafter referred to as the Group) was established to conduct monitoring in medical aid and service organizations providing treatment and care services to persons with mental health problems in the Republic of Armenia (hereafter referred to as RA) in the frame of state support. [1]

The Group operates on voluntary basis. The Group's jurisdiction covers only institutions under the RA Ministry of Health (hereinafter referred to as MoH).

The main goals of the Group are as follows:

- Public monitoring of human rights in the Organizations, support to restoration of violated rights and prevention of human rights violations;
- Review of legal acts regulating the mental health sphere, presentation of recommendations on making amendments and addenda to the national legislation and development of new legal acts, as necessary;
- Presentation of situational analysis of human rights protection in the mental health sphere, as well as the relevant conclusions and recommendations to the RA MoH and the public.

The Group makes planned and unplanned visits to the organizations in order to conduct monitoring. Unplanned visits can be made before 8 pm, without giving any prior notice.

The Group members have the right to visit any area of the organization, have private conversations and familiarize with internal documents in a manner established by the order approving the Group's operation procedure and the law.

[1] See RA Health Minister's order N 3757-Ա of 28 December 2017, available at http://www.moh.am/images/legal-106.pdf. During the Project implementation period, 11 NGO representatives were involved in the Group. Those organizations are Helsinki Citizens' Assembly Vanadzor Office, Real World Real People, Center for Rights Development, Women's Rights House, Women's Empowerment Center, Women's Resource Center, For Equal Rights, Agenda of the Rights of Persons with Disabilities, Human Rights Research Center, Human Rights House Yerevan, PINK human rights non-governmental organization.

EXECUTIVE SUMMARY

Due to the spread of COVID-19, on 16 March 2020, according to the RA Government's decision N 298-Ն, an emergency state was declared in Armenia and a number of restrictins were imposed, which affected psychiatric institutions, as well as persons getting treatment and care in those institutions. Persons getting treatment and care - already under strict restrictions - now faced new prohibitions. In psychiatric institutions, it was prohibited "1) to get parcels and packages, and 2) to have visits (except video calls)".[2] Though this decision set forth measures to mitigate consequences of the pandemic, they were not implemented effectively in practice. In 2020, the Group observed how COVID-19 and emergency state conditions affected the rights of persons getting treatment and care and the staff's performance of their functions. In particular, the Group focused on the institutions' preparedness to respond to the pandemic, equipment with personal protective equipment, food organization and communication with the outside world. The Group observed how the institutions were prepared to respond to the pandemic, how they were equipped with PPE, how they organized food and communication with the outside world (in particular, psychiatric institutions were not provided with the devices and items necessary for video calls), as well as measures taken by competent bodies and their effectiveness. The results of the monitoring conducted in 2020 are presented in the Group's report.[3]

It should be mentioned that during April-May 2021, Helsinki Citizens' Assembly Vanadzor Office (hereafter referred to as HCA Vanadzor) provided computers to 5 institutions in order to ensure communication with the outside world for persons getting treatment and care.[4]

This report is continuation of the first one. In addition to the previous report, in January-June 2021, the Group implemented assessment of the situation of prevention and control of somatic diseases in psychiatric institutions in Armenia in the conditions of COVID-19.

Results of the study show that 1,5 years after the spread of COVID-19, pandemic-compliant regulations regarding admission of persons in need of inpatient treatment still have not been developed and introduced, and implementation of additional mandatory examinations has not been set in place. For example, in Gyumri Mental Health Center CJSC (hereafter referred to as Gyumri institution), rapid tests are used for newly admitted persons if they have any complaints or fever; whereas, in Sevan Mental Health Center CJSC (hereafter referred to as Sevan institution), such persons are isolated; and in Armash Health Center named after Academician A. Hayriyan CJSC

[2] SEE RA Government's decision N 298-Ն of 16.03.20 on declaring a state of emergency in the Republic of Armenia https://www.e-gov.am/gov-decrees/item/33564/

[3] See Report: COVID-19 and psychiatric institutions, Observers' Group, 2020, available at https://hcav.am/covid-19-monitoring-2020/

[4] For more details regarding the activities done in the frame of the Project, see publication "In the frame of the project "Provision of material means to psychiatric institutions", HCA Vanadzor provided material means to 7 psychiatric institutions of the Republic of Armenia", available at https://hcav.am/11566-2/

(hereafter referred to as Armash institution), patients are admitted only provided that they have a negative PCR test.

The approach used in Armash institution is not acceptable, though comprehensible, as it violates the right of persons with mental health problems to get a timely necessary treatment. The number of persons applying to those institutions is also worrisome. In April – the month following the decision to declare an emergency state and impose movement restrictions in Armenia – the number of citizens applying to these institutions sharply decreased. The shortage of the relevant community services and their absence in certain provinces generated a situation where the right to psychiatric aid was compromised.

The institutions' need for personal protective equipment and disinfectants was not assessed, either, and no mechanism was developed and introduced to meet this need. It was up to the institutions to solve these issues.

No specific regulation was in place for COVID-19 vaccination, either. In particular, it is not clear why different dates are set for the launch of vaccination process in the institutions. For example, all the 85 persons receiving treatment and care in Armash institution have been vaccinated, but no vaccination has been done in Lori Regional Neuropsychiatric Dispensary State CJSC (hereafter referred to as Lori institution). As of 31 July 2021, 48.7% (501 out of 1028 persons) of persons receiving treatment and care in the institutions were vaccinated.[5]

It also remains unclear how the institutions guaranteed informed consent of persons receiving treatment and care to get vaccinated, though the issue and the related concerns of civil society were raised in the session of the Council under the RA Minister of Health in March 2021.

With regard to control and prevention of somatic diseases, the study results show that there is no unified regulation regarding maintenance of somatic health, except medicine registration, which is done in almost the same procedure in all the institutions. Monitoring results show that though medical examinations are carried out in all the psychiatric institutions, their list, volumes and regularity differ and are conditioned by each institution's possibilities and resources. There is also no unified regulation regarding the planned examinations and screening of persons receiving treatment and care. This means that the list and regularity of the minimum medical examinations for somatic diseases – based on which the relevant criteria are to be developed – are not determined, either. The list of mandatory examinations – based on which institutions should either be provided with equipment and specialists or the relevant conditions should be ensured for delegating that service - is not determined, either.

It was also revealed that persons receiving treatment and care have problems concerning their treatment expenses in medical centers (hereafter referred to as MC). The fact that a person with

[5] Data of NCMHC, Sevan, Armash, Gyumri, Lori and Kapan institutions are included, there is no data regarding tests in Avan institution, as there has been no response to the information inquiry as of the day of preparation of the report

mental health problems is in a psychiatric institution does not amount to grounds for medical aid and service to be provided free of charge or with concessions.

The legislation clearly establishes the list of persons/groups who have the right to free-of-charge medical aid and service or medical aid and service with concessions, as well as the types of medical aid and services provided in these conditions. Taking into account that a person with a mental health problem, who does not have any disability group, can be left out of the established list and the necessary medical service – prosthesis, for example – might not be provided free of charge or with concessions, the relevant person's relative might refuse to pay for the medical examination/treatment, and the institution might refuse or not have the necessary financial resources, the person may be left without the necessary medical aid and service. This issue is aggravated in institutions located in provinces, since a number of medical examinations are not available in provinces and a need arises to cover the cost of transporting the relevant person to the capital city Yerevan.

Psychiatric institutions also face another problem: MC employees have a stereotypical attitude and avoid persons with mental health problems.

The state of control and prevention of oral cavity and eyesight problems of persons receiving treatment and care was also observed. It should be mentioned that the competent bodies do not manifest proper attitude to these problems, which are left at the discretion and good will of the institutions.

In the frame of the study, death cases in institutions and their causes were also observed. The number of death cases recorded during 2016-2020 shows that the lower the number of persons receiving long-term care in the institutions, the lower the mortality rate.

Results of our monitoring also show that the more persons receiving inpatient treatment and care there are, the greater resources are needed for control and prevention of somatic diseases. In particular, those institutions need to be provided with more equipment and narrow specialists.

With regard to the impact of the COVID-19 pandemic on the control and prevention of somatic diseases, our monitoring results show that even regular medical examinations are now canceled or conducted only if the patient has complaints. For example, in 2020, fluorographic examination of persons receiving treatment and care was not organized in National Centre for Mental Health Care CJSC (hereafter referred to as NCMHC), while in Armash institution, regular medical examinations are conducted either if the patient has complaints or if there is a doctor's instruction, in order to avoid penetration of the virus.

We find it important to stress that because persons receiving treatment and care are a risk group, preventive examinations are vital. Especially taking into account the danger of COVID-19 in terms of affecting the lungs, and implementation of tuberculosis prevention measures as established by annual healthcare programs approved by the RA Government's decision, it would be purposeful for the competent bodies to organize fluorographic examinations in all closed institutions in 2020, and develop alternative mechanisms for other preventive examinations.

Moreover, psychiatric institutions were not included in 2021 state health care program measures, whereas it was already possible to collect data and assess the impact of the pandemic on provision of psychiatric aid, and to plan the necessary preventive measures.

During the COVID-19 pandemic, a number of institutions encountered difficulties, which were mainly related to the need to transfer and hospitalize certain patients in other MCs and the MCs' refusal to admit patients due to their workload in the intensive care unit. In certain cases, ambulance brigades arrived late or did not arrive at all. The Ministry of Health should have taken the necessary measures to ensure proper medical service for persons receiving treatment and care in psychiatric institutions. **We find it important to stress that the state has a positive obligation to ensure proper medical aid and care for everyone.**

At the same time, taking into account that there is a need for a regulation and unification of control and prevention of somatic diseases of persons receiving treatment and care, below we present recommendations aimed at solution of the identified problems in the short term.

Legislative

- Establish the volume of compulsory somatic medical examinations, as well as somatic medical examinations performed where necessary, when the person is receiving psychiatric aid.
- Establish the list of standard clinical tests not only for hospitalization, but also for treatment and discharge of patients.
- Establish that in case of hospitalization, the patient shall undergo a medical examination within 24 hours.
- Establish, by law, the list of free of charge medical services in case of somatic diseases and the procedure of delivering those services.
- Establish the terms for filling in the disease history about the initial, periodic diagnosis.
- Legislatively enshrine compulsory procedures of preventing and treating HIV/AIDS and tuberculosis.
- Develop guidelines for psychiatrists regarding the types and procedures of somatic medical examinations while diagnosing a mental health illness.
- Make a database similar to Kapan electronic database, and develop it, if necessary. This will allow for a unified approach to collecting and processing the data concerning persons receiving treatment and care.

Practical

Control and prevention of the COVID-19 pandemic

- Develop and establish a concrete infection control program, which shall also include an operative plan regarding admission and isolation of persons, and measures to ensure safety of

the medical personnel and persons receiving treatment and care, as well as the environment, taking into account the lessons learnt and recommendations of international organizations.

- Ensure proper awareness raising among persons receiving treatment and care (including availability of visible and easy-to-understand posters) about virus symptoms, sources, transmission routes and preventive measures.
- Ensure mechanisms of temporary replenishment of the staff upon necessity in order to guarantee their labor rights and protection against occupational burnout.
- Ensure admission of persons needing inpatient treatment in line with the legal norms and requirements in force.
- Develop and introduce an effective procedure of delivering services to persons in need for psychiatric aid in emergency situations.
- Ensure proper measures for control of the COVID-19 pandemic for persons receiving treatment and care (including for persons who need additional preventive measures) and consistency in implementing them.
- Develop and implement an effective procedure for providing the institutions with personal protective equipment and disinfectants, ensuring the right to receive the necessary treatment.
- Ensure safeguards for informed consent of persons receiving treatment and care.

Control and prevention of somatic diseases

- Develop and introduce a unified regulation regarding maintenance of somatic health by assessing the measures taken in the institutions, their efficiency, current problems and challenges.
- Develop mechanisms for more effective organization of purchasing medications and other necessary items and equipment in psychiatric institutions.
- Develop unified standards for periodic medical check-ups and examinations.
- Guarantee implementation of check-ups and examinations based on the need and necessity, as well as ensure their unobstructed and regular implementation.
- Guarantee priority inclusion of persons receiving treatment and care in psychiatric institutions in screening and preventive examinations implemented in the frame of state programs, as well as proper awareness-raising among administrations of psychiatric institutions regarding those programs and measures.
- Guarantee availability of treatment in MCs for persons receiving treatment and care, based on peculiarities of each case, and not the fact of having or not having a disability.
- Regularly organize trainings for employees of medical centers to ensure proper and dignified services for persons with mental health problems, without discrimination and stigma.
- Guarantee the list of measures necessary to prevent oral cavity and eyesight problems of persons receiving treatment and care, and provide the necessary means in the frame of state programs.

INTRODUCTION

People with mental health problems are among the most excluded groups in society and they consistently identify stigmatisation, discrimination and exclusion as major barriers to health, welfare and quality of life.[6]

The right to health is one of the fundamental human rights, which is necessary for the enjoyment of other rights and is recognized in a number of international documents. International Covenant on Economic, Social and Cultural Rights (hereafter referred to as Covenant) contains the most comprehensive Article (12.1) on the right to health in international human rights law, which guarantees the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.[7] In terms of enjoyment of that right, the state has a positive obligation, inter alia, to ensure proper medical aid and services for everyone, without discrimination. The Covenant is widely considered as the central instrument of protection for the right to health. It is important to note that the Covenant gives both mental health, which has often been neglected, and physical health equal consideration.[8] In addition to the Covenant, on 22 October 2010, the Republic of Armenia ratified the UN Convention on the Rights of Persons with Disabilities (hereafter referred to as Convention) and thus undertook an obligation to ensure the right of persons with disabilities to the enjoyment of the highest attainable standard of health.

Though international legal documents oblige States to ensure everyone's right to health, respect for dignity and other fundamental rights without any manifestation of discrimination, stigmatization, discrimination and non-respect for the human rights and dignity of persons with mental health problems still exist, challenging core human rights values.[9]

The evolving normative context around mental health involves the intimate connection between the right to health (…) with the freedom to control one's own health and body. That is

[6] European Union: European Commission, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. The European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion, 16 December 2010, COM(2010) 758 p. 10, available at: https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM%3A2010%3A0758%3AFIN%3AEN%3APDF [accessed 6 August 2021].

[7] CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000 (Contained in Document E/C.12/2000/4), p. 1.

[8] UN Office of the High Commissioner for Human Rights (OHCHR), *Fact Sheet No. 31, The Right to Health*, June 2008, No. 31, p. 9, available at: https://www.refworld.org/docid/48625a742.html [accessed 6 August 2021].

[9] European Commission (2005), Green paper Improving the mental health of the population: Towards a strategy on mental health for the European Union, p.2.

also linked to the right to liberty, freedom from non-consensual interference and respect for legal capacity.[10]

Adequate treatment and care, both psychiatric and somatic, must be provided to patients; having regard to the principle of the equivalence of care, the medical treatment and nursing care received by persons who are placed involuntarily in a psychiatric establishment should be comparable to that enjoyed by voluntary psychiatric patients.[11]

Psychiatric institution imply high risks in terms of guaranteeing human rights. Exercise of the rights of persons receiving treatment and care is conditioned by the existence of relevant legislative safeguards and policies, as well as the attitude and approach of those institutions' employees; and exercise of the rights of employees is conditioned by the policy implemented by the relevant agencies and provision of the necessary resources. This interconnectedness and its entailing problems became more obvious in 2020 as a result of COVID-19, and the RA Government declared a state of emergency on 16 March 2020. In the conditions of the COVID-19 pandemic, restrictions of the rights of persons receiving treatment and care intensified, unpreparedness of the system to withstand potential danger and operate in emergency situations became more obvious and negatively affected the rights and life of both persons receiving treatment and care and staff of the institutions.

This study aims to assess the state of medical services for somatic diseases of persons in psychiatric institutions in the conditions of the pandemic, based on analysis of the visits made and the data collected. In particular, the study presents what regulations are in place, whether they are applied and adhered to properly, the main obstacles encountered by persons receiving treatment and care and the institutions, as well as recommendations aimed at improving and regulating the sphere by identifying the best practice, gaps and issues. The study addresses dynamics of citizens' application to 7 psychiatric institutions in Armenia and accessibility of inpatient treatment in the conditions of the pandemic, preparedness of institutions to withstand the pandemic, as well as control and prevention of somatic[12] (physical, related to the body) diseases of adults receiving treatment and care. Control and prevention of somatic diseases include prevention, examination and treatment of diseases, as well as health improvement.

In the frame of the study, a legislative analysis was carried out, interviews were conducted with the staff and persons receiving treatment and care, documents pertaining to control and prevention of somatic diseases were examined, availability of drugs, and the territory were observed. 11 visits were made to 3 psychiatric institutions under the RA MoH and 4 psychiatric

[10] UN Human Rights Council, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 28 March 2017, A/HRC/35/21, par. 31, available at: https://www.refworld.org/docid/593947e14.html [accessed 6 August 2021].

[11] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) standards, CPT/Inf/E (2002) 1 - Rev. 2015, para. 32 C, available at: https://www.echr.am/resources/echr//pdf/ba2e032f91eb6673220a419b698fd89c.pdf [accessed 6 August 2021]

[12] In Greek, "soma" means "body". A body disease as opposed to mental health.

institutions under regional administrations, 29 interviews were conducted with representatives of the institutions' administrations and those in charge of control and prevention of somatic diseases, including general physicians, neurologists, cardiologists, heads of the department and reception, nurses, laboratory specialists, 31 interviews were also conducted with persons receiving treatment and care (14 men, 17 women). In the frame of the study, information inquiries were addressed to the relevant institutions and the RA MoH.

Assessment of the number of persons receiving treatment and care in Avan institution was carried out based on the data of 30 April 2021, while some data was not included in the report, since the relevant inquiries were not responded to as of the day of preparing the report.

The first chapter of the report gives summary information about psychiatric institutions in Armenia. The structure and occupied capacity of psychiatric hospitals in Armenia are also addressed.

The second chapter addresses accessibility of inpatient psychiatric treatment in the conditions of COVID-19, assessment of dynamics of applications, prevention and control of COVID-19, equipment of psychiatric institutions with personal protective equipment, as well as progress of COVID-19 vaccination.

The third chapter analyzes international standards and domestic legislation regulating control and prevention of somatic diseases of persons receiving treatment and care.

The fourth chapter addresses control and prevention of somatic diseases. This chapter presents mortality rate in the institutions; main causes of death cases; equipment of institutions with drugs, equipment and narrow specialists; control and prevention of somatic diseases; COVID-19-related problems and changes.

Lastly, conclusions and recommendations are presented.

1. PSYCHIATRIC INSTITUTIONS

As of 30 April 2021, 7 psychiatric institutions operate in Armenia, namely, "Avan" Mental Health Center, National Centre for Mental Health Care, Sevan Mental Health Center **under the RA MoH**; Armash Health Center named after Academician A. Hayriyan, Gyumri Mental Health Center, Lori Regional Neuropsychiatric Dispensary and Syunik Regional Neuropsychiatric Dispensary **under the RA regional administrations**.

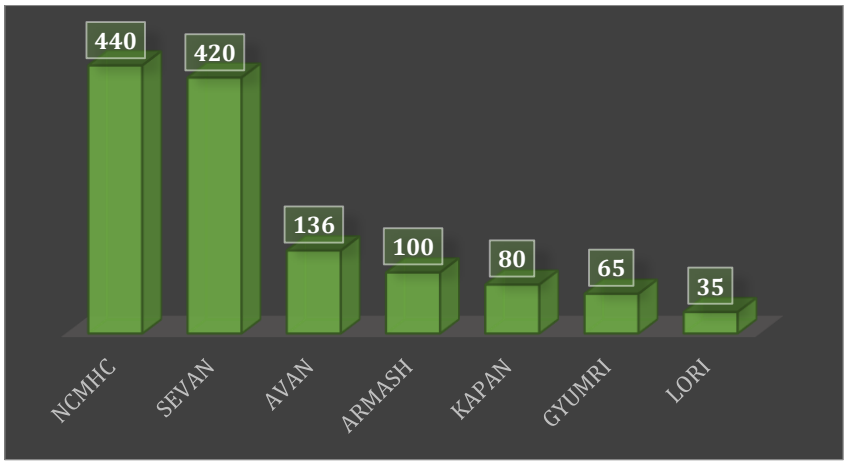
The condition that psychiatric institutions operate under different agencies makes it difficult to ensure interested parties' cooperation aimed at improving services provided to persons receiving treatment and care, exchange of the best practices used in the institutions, solution of problems, as well as departmental and public oversight over the taken actions.

The institutions have a total capacity of 1276 beds with a maximum of 440 beds in NCMHC and a minimum of 35 beds in Lori Regional Neuropsychiatric Dispensary (see Chart 1).

Structure of the institutions is presented below:

- NCMHC has 9 departments, 6 of which are common control departments (4 for men and 2 for women), 1 department for examination of conscripts, 1 department for special control and 1 department for inpatient forensic psychiatric examination. The Centre also has outpatient forensic psychiatric, psychological and social services. The Centre has a capacity of 440 beds. 60 beds are placed in each of 6 common control psychiatric departments, 20 beds are placed in the department of examination of conscripts, 54 beds are placed in special control department and 6 beds are placed in inpatient forensic psychiatric examination department.
- Sevan institution has 8 departments, 4 for women and 4 for men. The Center has a capacity of 420 beds (209 beds in women's department and 211 beds in men's department).
- Avan institution has 3 departments, 2 of which are for men (30 and 36 beds), and 1 is for women (45 beds). The Center also has adepartment of examination of conscripts with 25 beds and daytime inpatient care. The Center has a capacity of 136 beds.
- Armash institution has 2 departments with a total of 100 beds (50 beds in women's department and 50 beds in men's department).
- Kapah institution has 2 departments with a total of 80 beds (35 beds in women's department and 45 beds in men's department). The institution also has Dispensary division and an expert (psychiatrist) under the military commissariat.
- Gyumri institution has 2 departments with a total of 65 beds (18 beds in women's department, 37 beds in men's department, 10 beds in drug addiction treatment department).
- Lori institution has 1 department with 35 beds.

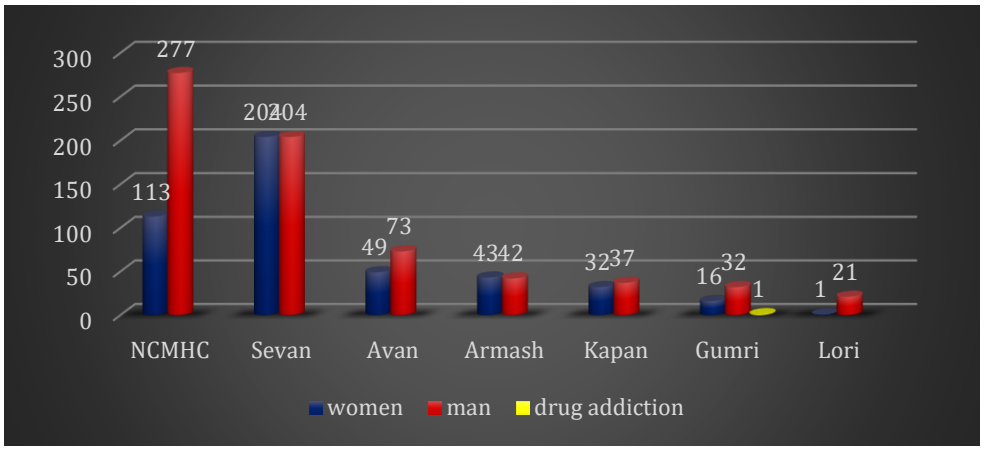
Chart 1. Capacity (beds) of the institutions



As of 31 July 2021, 1144 persons[13] are receiving treatment and care in the institutions, 686 of them are men, 458 are women (see Chart 2). 60% of persons in the institutions are men.

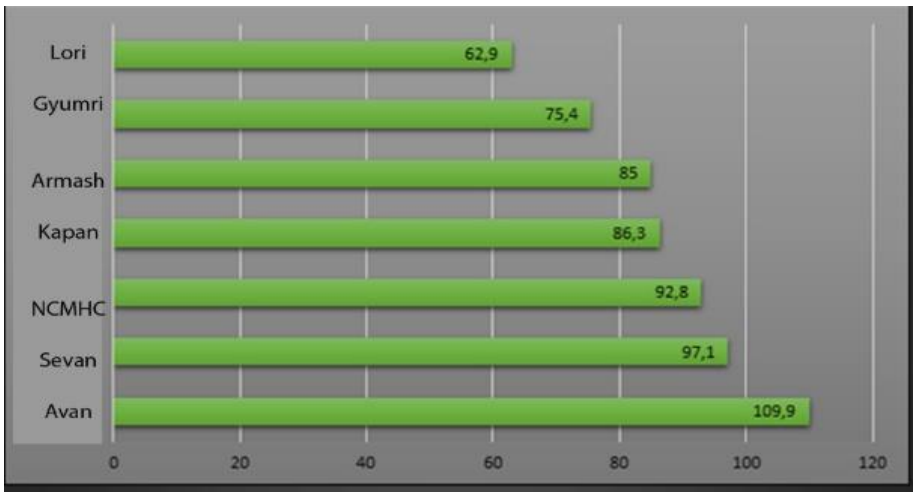
[13] The number of persons receiving treatment and care in Avan institution is presented as of 30 April 2021.

Chart 2. Gender distribution of persons receiving treatment and care



As of 31 July 2021, overall workload of the psychiatric institutions was 89,6%[14], with the biggest workload being on Sevan institution (97,1%), and the least workload being on Lori institution (62,9%), Avan institution was overcrowded (109,9%) (see Chart 3). It should be mentioned that NCMHC department 7 was also overcrowded (number of envisaged beds is 54, factual number of patients was 56).

Chart 3. Workload of institutions in percentage



[14] Workload assessment was based on the number of beds without conscripts' examination departments (for Avan institution and NCMHC)

2. MEASURES TO PREVENT AND CONTROL THE COVID-19 PANDEMIC

2.1 COVID-19 and psychiatric institutions

Only two months after announcement of an emergency state on 16 March 2020 were safety rules aimed at prevention of virus transmission inside hospitals established in accordance with the RA Commandant's decision. Measures established by the decision were mainly in line with international standards, however, the decision concerned all the medical aid and service organizations and not specifically institutions providing long-term care, and the decision did not take into account special needs of persons with mental health problems and did not contain awareness raising for persons receiving treatment and care in an easy-to-understand format.

Moreover, the RA Commandant's decision was recognized invalid on 18 August 2020, and on September 11 the RA Government made a decision on establishing a COVID-19 quarantine on the whole RA territory until 20 December 2021 included. The decision also addressed visits in psychiatric institutions and established that "visits are allowed only if there are no active COVID-19 cases and if sanitary-epidemiological safety rules are observed" (clause 16). We can state that the Government not only did not develop and introduce complex regulations of penetration and control of COVID-19 in institutions providing long-term care, but also recognized invalid the acting regulations.

Regarding the RA Commandant's decision, it should be mentioned that the planned measures were generally in line with measures recommended in international documents (in particular, WHO and FIGP). Inter alia, COVID-19 prevention measures were planned, including

1)establishment of an infection control commission;

2) training of the staff;

3)placement of posters in public places to remind about the virus symptoms, hand hygiene, correct hand hygiene technique;

4) safe management of wastes;

5) ensuring conditions, furnishing and markings for keeping the necessary distance;

6) restriction of visits;

COVID-19 control measures were planned, including

1) requirements for medical examination of newly admitted persons;

2) taking temperature of persons receiving inpatient treatment twice a day;

3) taking temperature of the staff twice a day and isolation in case of symptoms;

4) providing the staff with personal protective equipment;

5) disinfection of the territory;

6) furnishing the isolators.

It should be mentioned that the RA Ministry of Health or the Commandant did not introduce a mechanism of overseeing implementation of the established measures.

In 2020, the Group assessed the impact of the COVID-19 pandemic and emergency state on persons receiving treatment and care in institutions under the RA Ministry of Health, as well as how the Government was prepared to respond to such an emergency situation, based on recommendations of WHO and FGIP on counteracting COVID-19 in institutions providing long-term care.

Our observation results show that measures requiring documentation (for example, establishing commissions) were implemented in all the three institutions, but the institutions were not provided with the resources necessary for measures requiring practical solutions, and prevention and control of virus penetration was left on the abilities and initiatives of institutions.

In terms of being prepared to respond to COVID-19, we assess positive the practice of Sevan institution, which can be explained by the fact that the majority of its staff had experience in organizing isolation of persons in a hotel in Tsaghkadzor as COVID-19 was spreading in Armenia and the condition that Head of the institution managed the process. As of June 20, the institution had a separate isolator for newly admitted, potentially infected and infected persons, a reminder was placed on the entrance door to keep the necessary distance, a marking was in place, entry and exit of suppliers was regulated. With regard to Avan institution and NCMHC, some time after the outbreak of the pandemic, they managed to take measures to prevent the pandemic and adapt to the new situation by designating isolators, doing markings, furnishing the area to ensure social distance, placing closed bins for used masks and gloves, and so on.

Nonetheless, the Group recorded that due to the workload of the institutions and insufficient conditions of the area, it was not possible to properly organize isolation of newly admitted persons, potentially infected and infected persons. There was no consistency in overseeing whether safety rules were observed, the personnel wore masks, temperature of persons receiving treatment and care was taken, and also, availability of items for them to keep hand hygiene was not ensured consistently. For example, availability of alcogel in the institutions was problematic: there was either no alcogel at all or it was not available in the main area where persons receiving treatment and care were. It should also be mentioned that the decision required that “the medical organization shall be provided with resources for hand washing: medical organizations providing inpatient treatment shall have 1 sink for 10 beds”. The RA MoH has not taken any action to meet this requirement so far.

There were also shortcomings recorded in the issue of awareness raising. In particular, awareness raising regarding prevention of the pandemic was not thorough, and information presented on posters was available not in all departments.

Personal protective equipment was provided by charity organizations, at the expense of personal contacts of heads of the institutions and financial means of the institutions.

A unified approach and involvement was not ensured in the training of the staff, also, labor rights were not guaranteed in terms of workload and remuneration for enforced leave.

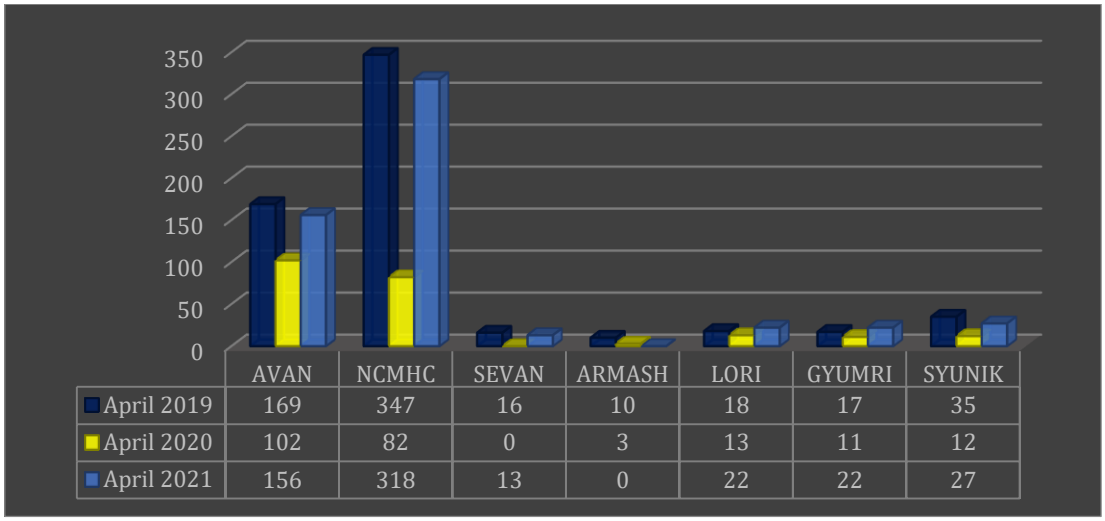
Based on the aforementioned, we can assume that the Government did not plan proper measures to ensure uninterrupted remuneration of the institutions' employees in risk group and involve additional human resources to reduce their workload. With regard to occupational burnout, this issue is also left at the discretion of the institutions. The Government did not establish any requirement or measure in this context.

2.2 Accessibility of inpatient psychiatric treatment in the conditions of the pandemic

According to the respondents, no citizen with a hospitalization referral was refused entry. However, it should be recorded that Armash institutions admitted patients only with a negative PCR test result (if the test was positive, the patients were supposed to do a test in 21 days and the hospital admitted them only if the result was negative).Though it is comprehensible that the decision is conditioned by the need to prevent penetration of the virus and, according to the relevant data, there was no Covid-19 case among persons receiving treatment and care in Armash institution, lack of test results should not be grounds for restricting the right to medical aid. Moreover, there is no legal regulation establishing a requirement for a negative PCR test result for a person to be hospitalized.

With regard to the dynamics of applying to and persons admitted to psychiatric institutions, according to the available data, there was a sharp decrease in applications and admissions in April 2020, a month after declaration of an emergency state. For example, in NCMHC, hospitalization cases deccreased more than 4 times in April 2020 and increased almost as much /for 3.9 times/ in April 2021 (see Chart 4). Comparing data of the same periods in 2019 and 2021, we can conclude that as a result of non-implementation of restrictions and necessary measures established by the Government in the conditions of the emergency state in order to prevent the pandemic, the number of persons receiving psychiatric services sharply decreased. This was related to movement restrictions or psychiatric institutions' refusal to provide the necessary aid on the grounds of the lack of Covid-19 test results.

Chart 4.Numbers of persons who applied to psychiatric institutions and got hospitalized in April of 2019, 2020 and 2021



	AVAN	NCMHC	SEVAN	ARMASH	LORI	GYUMRI	SYUNIK
April 2019	169	347	16	10	18	17	35
April 2020	102	82	0	3	13	11	12
April 2021	156	318	13	0	22	22	27

2.3 Control of the COVID-19 pandemic

Since the COVID-19 pandemic and declaration of the emergency state, the Group has been constantly monitoring equipment of the institutions with personal protective equipment and disinfectants, as well as the Government's actions to ensure them. Thus, we can record, that the burden of meeting those needs was left on the institutions. The institutions meet the need at their own expense and with the donations of charity organizations and individuals. The institutions had the basic equipment for the virus control, i.e., thermometers (distance and gallium) and pulseoximeters. It should be noted that HCA Vanadzor also provided personal protective equipment and disinfectants to the institutions. [15]

Monitoring results, interviews, the number of personal protective equipment and disinfectants, their purchase date and regularity, and combination of this information with the number of the staff and persons receiving treatment and care, show that the MoH never carried out needs assessment and developed a procedure of providing personal protective equipment and disinfectants. For example, during March-October 2020, Kapan institution, serving on average 70 persons and having 54 employees, purchased or was provided with 5704 masks, whereas during February-May 2021, the institution purchases or was provided with twice as many, i.e., 11660 PPE and disinfectants. During the same period, Armash institution, which serves 85 persons on average and has 57 employees, purchased or received donations of 4398 and 3000 masks respectively. It

[15] Read more about activities done in the frame of the Project in the publication "In the frame of the project "Provision of material means to psychiatric institutions", HCA Vanadzor provided material means to 7 psychiatric institutions of the Republic of Armenia", available at https://hcav.am/11566-2/

appears that the institution serving more persons and having more employees was equipped with half as many masks.

With regard to preventive measures, the institutions tried to designate separate space to isolate persons who are infected, potentially infected with Covid-19 and newly admitted persons. They ensure this by designating a room in the departments, as done in NCMHC, or adapting the working space of the staff, as done in Avan institution, or rejecting some paid services, as done in Kapan institution. Besides, they measured temperature of newly admitted persons, collected anamnesis data, measured temperature of persons receiving treatment and care in the morning and in the evening. At the same time, the institutions were not consistent in measuring or properly measuring temperature of visitors.[16]

It is known that the elderly and persons with chronic diseases are most vulnerable to Covid-19. In these terms, psychiatric institutions are of high vulnerability and risk, their situation is not favorable and is risky. For example, as of 30 April 2021, there were 203 (51.5% of persons receiving treatment and care) persons older than 55 in Sevan institution; in Kapan institution, about 80% of persons receiving treatment or care have chronic diseases. Thus, persons of this group need additional preventive measures, and yet, monitoring results show that no such measures were taken.

With regard to tests, it should be mentioned that though Covid-19 PCR and antibodies (rapid) tests were done in the institutions, those tests were done with diferent frequency and volumes in different institutions.[17] In particular,

- In NCMHC, the whole staff and all persons receiving treatment and care were twice tested for Covid-19. During that period, individual PCR tests were also done in case the relevant person had symptoms. Overall, in 2020, 1320 PCR and 660 antobodies tests were done.
- In May-November 2020, 529 PCR (286 among persons receiving treatment and care, 243 among the staff) and 594 rapid tests (19 among persons receiving treatment and care, 575 among the staff) were done in Sevan institution.
- In 2020, 145 antibodies tests (87 among persons receiving treatment and care, 58 among the staff) were done in Armash institution. No PCR test was done.
- In Gyumri institution, 195 rapid tests (which were provided by the MoH) and 20 PCR tests were done in case persons receiving treatment and care had symptoms.
- In Lori institution, no PCR test was done among persons receiving treatment and care, 16 PCR tests were done among the staff. 9 rapid tests were done for 44 newly admitted persons and 9 employees. In 2021, rapid tests are not used for persons being admitted, as there are none.

[16] See Report: Covid-19 and Psychiatric Institutions, Observers' Group, 2020, available at https://hcav.am/covid-19-monitoring-2020/

[17] There is no data regarding tests done in Avan institution, since, as of the day of preparing the report, our information inquiry was not responded

- In 2020, 187 rapid tests (148 among persons receiving treatment and care, 39 among the staff) and 8 PCR tests (for 4 persons receiving treatment and care and 4 employees) were done in Kapan institution.

There are different approaches to testing persons being admitted. **Armash institution** does not conduct rapid tests for persons being admitted, as persons are admitted with negative PCR test results. **Gyumri institution** does rapid tests in case of complaints and fever; **Kapan institution** does tests in case of a slight suspicion, **NCMHC** does tests if a person has a suspicious epidemiological anamnesis. **Sevan institution** does not do testing, as persons being admitted are isolated before being transferred to the general department.

Touching upon Covid-19 cases, it should be mentioned that despite the measures taken, the institutions did not manage to avoid penetration of the virus. Covid-19 cases were recorded both among the staff and persons receiving treatment and care (see Table 1).

Table 1. Covid-19 cases registered during 16 March 2020 – 31 July 2021, per institution

Institution	Infected person	
	Person receiving treatment and care	**employee**
Avan institution	—	—
NCMHC	52	55 (of which 7 policemen)
Sevan institution[18]	16	86
Armash institution	0	3
Gyumri institution	1	7
Lori institution	3	11
Kapan institution	0	13

As the table shows, NCMHC has the biggest number of infected persons receiving treatment and care, while Sevan institution has the biggest number of infected employees. It is noteworthy that there are rare Covid-19 cases in regional institutions with 100 or fewer patients, which is yet another convincing argument for deinstitutionalization and effectiveness of community services.

Thus, our observations show that in the condition of the emergency state, it is even more problematic to ensure proper living conditions for persons receiving treatment and care in the institutions. The institutions did not have the necessary space and resources to ensure isolation as necessary, as well as safe distance between persons receiving treatment and care.[19] Besides, the

[18] *Sevan institution indicators are approximate, as not all the data provided by the National Center for Disease Control and Prevention were preserved.*

[19] For more details see Report: Covid-19 and psychiatric institutions, Observers' group, 2020, available at https://hcav.am/covid-19-monitoring-2020/

need for preventive measures became an additional workload on the staff and negatively affected the quality of care provided to persons receiving treatment and care.[20] Testing results show that because there was a shortage of tests, testing was conducted not with a certain regularity, but based on their availability and/or in case of symptoms.

2.4 COVID-19 vaccination

During the period of monitoring visits, Armenia launched the COVID-19 vaccination process. The RA Health Minister's order 436-Ա of 15 February 2021 determined risk groups for Covid-19 vaccination.[21] Persons with mental health problems are not considered to be a risk group, however, taking into account that there are many persons aged 55 and above in the institutions, and that many of them have chronic diseases, vaccination was also planned to be organized in these institutions. However, the competent bodies did not properly organize and oversee the process of getting informed consent from persons with mental health problems, though this issue was raised in the MoH before the launch of vaccination.

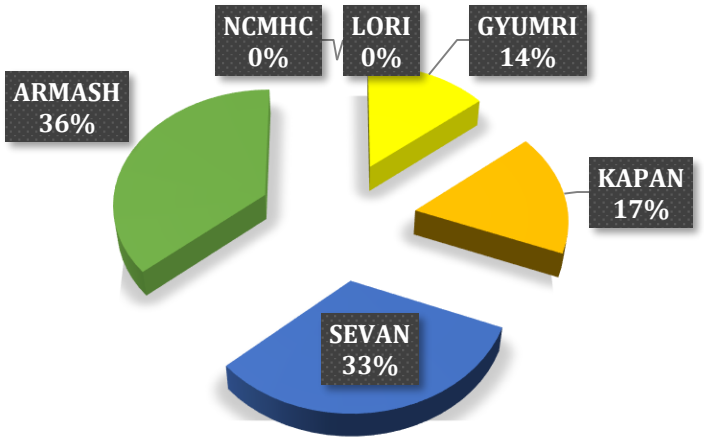
As the vaccination process progresses, it becomes clear that no regulation was established for its organization. It is not clear why different dates were chosen to launch vaccination in the institutions. In particular, as of 31 July 2021, **in Sevan institution**, 365 persons (89.5%) were vaccinated, 43 persons were not vaccinated, 16 of whom were just admitted to the institution, 2 patients' caregivers refused vaccination and the others were undergoing medical examination prior to vaccination. In Armash institution, all 85 persons receiving treatment and care (100%) were vaccinated; in **Gyumri institution**, 45 persons had received the first jab, 19 of whom had also received the second jab (38.8%), 4 newly admitted persons were not vaccinated and were to receive their first jab soon. **In Kapan institution,** 32 persons were vaccinated (46.4%). Vaccinatin had not been launched in NCMHC and Lori institution (see Chart 5). 48.7% (501 out of 1028 persons) of persons receiving treatment and care in 6 institutions were vaccinated as of 31 July 2021.[22]

[20] Ibid

[21] See Annex to the RA Health Minister's order 436-Ա of 15 February 2021, available at https://www.moh.am/images/legal-702.pdf

[22] The data of NCMHC, Sevan institution, Armash institution, Gyumri institution, Loriinstitution and kapan institution are included; no data is available regarding the testing in Avan institution, as the inquiry was not responded as of the day of preparing the report

Chart 5. Percentage of COVID-19 vaccinated persons receiving treatment and care in the institutions



The monitoring results show that the institutions were mainly informed by policlinics regarding COVID-19 vaccination of risk groups. The administration assures that the staff, as well as persons receiving treatment and care are vaccinated on voluntary basis. Prior to vaccination, a medical check-up and examination is conducted.

3. INTERNATIONAL PRACTICE OFAND LEGISLATION REGULATING CONTROL AND PREVENTION OF SOMATIC DISEASES OF PERSONS RECEIVING TREATMENT AND CARE

3.1 International practice

Every patient shall have the right to receive such health and social care as is appropriate to his or her health needs, and is entitled to care and treatment in accordance with the same standards as other ill persons. Every patient shall be protected from harm, including unjustified medication, abuse by other patients, staff or others or other acts causing mental distress or physical discomfort.[23]

The most recent evidence-based consensus statement originates from the Lancet Psychiatry Commission discussing: risk factors for physical diseases in mental illness such as smoking, excessive alcohol consumption, sleep disturbance, physical inactivity, and dietary risks which are

[23] UN General Assembly, *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, 17 December 1991, A/RES/46/119, principle 8, available at: https://www.refworld.org/docid/3ae6b3920.html [accessed 2 August 2021]

common at onset of diagnoses, and from illness onset. Also presented are the interplay between psychiatric medications and physical health, the multidisciplinary lifestyle interventions in mental health care, and innovations in integrating physical and mental health care.[24]

Other countries' practice of preventing and controlling somatic diseases of persons receiving treatment and care in psychiatric institutions, as well as their impact on mental health was studied with the purpose of reforming domestic legislation and legal practice. Current and developing approaches of international practice will allow for reviewing the practice of dealing with somatic health of persons in psychiatric institutions.

A Dutch guideline covering the psychiatric diagnosis and aimed at Dutch psychiatrists considers the somatic anamnesis and examination as part of the psychiatric diagnosis. The guidance stipulates to perform a somatic examination within 24 hours of admission of a patient with mental health problems but in severe illness as soon as possible. The aim is to include the physical state of health of the patient in the integral psychiatric diagnostics, by, sufficiently mapping out somatic factors and involving them in the diagnostics, and remaining alert to changes in somatic factors and the influence these can have on psychiatric diagnostics and vice versa.[25]

Somatic, psychological and social factors constantly interact with one another. If possible, these factors are formulated together in a psychiatric diagnosis. As compared to other medical specialists, when making a psychiatric diagnosis, the psychiatrist has the authority to identify psychological and social factors together and formulate them as a whole. As compared to other professional groups of mental health care, the psychiatrist has the authority to map somatic factors and reflect them in the psychiatric diagnosis. Just like any other doctor, the psychiatrist is responsible for both psychiatric and somatic care of the patient, from the first examination to the end of the treatment.[26]

According to the standards established by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereafter referred to as CPT), a personal and confidential medical file should be opened for each patient. The file should contain diagnostic information (including the results of any special examinations which the patient has undergone) as well as an ongoing record of the patient's mental and somatic state of health and of his treatment.[27]

CPT assessed negative the Georgian practice. According to the Georgian legislation in force, in psychiatric institutions, patients are not entitled to free medical aid (check-up and treatment). At *Kutiri Psychiatric Hospital* for instance, patients had to pay 25 GEL for a consultation with a

[24]The Belgian Health Care Knowledge Centre (KCE). Somatic health care in a psychiatric setting, p. 137, available at: https://kce.fgov.be/sites/default/files/atoms/files/KCE_338_Psychosomatic_Report_2.pdf[accessed 2 August 2021]

[25]Federatie Medisch Specialisten Nederlandse Vereniging voor Psychiatrie. Richtlijn Psychiatrische Diagnostiek. 2015

[26] Richtlijn psychiatrische diagnostiek Tweede, herziene versie, 2015

[27] See European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) standards, CPT/Inf/E (2002) 1 - Rev. 2015, p. 79, available at https://www.echr.am/resources/echr//pdf/02d62f9426f1725ecb9525f656d0e6b3.pdf

GP and also had to pay for any somatic medication. The issue was of even more concern regarding psychiatric patients who were not Georgian nationals, as they were expected to pay 150% of the cost of any somatic treatment and/or surgery/hospitalization. In 2018 report on Georgia, the CPT stressed that "the aforementioned regulations can have a negative impact not only on timely and proper assessment and treatment of somatic diseases, but also on the way accurate assessments of certain psychiatric disorders are carried out. The fact that indigent mentally disordered in-patients are expected to fund their own somatic health care is absolutely unacceptable. The Committee recommends that urgent action be taken to remedy this".[28]

In Denmark, if a person is hospitalized to a psychiatric institution, he/she receives the preliminary treatment plan within 24 hours and a more detailed plan within the first week of hospitalization. The plans are reviewed by the chief doctor in case of major treatment changes and at least once every four weeks.[29]

According to the CPT, provision of somatic care appeared to be generally satisfactory in the Elbasan Psychiatric Hospital in Albania. The hospital employed one dentist and one physiotherapist, and a general practitioner visited the hospital several times per month and remained otherwise on call. Whenever needed, specialist care was provided in the nearby regional general hospital. It is also noteworthy that all newly-arrived patients benefited from a comprehensive physical examination (including blood pressure, blood tests, urine tests, neurological examination and electro-cardiogramme). In addition, chronic patients were examined in the general hospital once every six months or more often in case of need.[30]

During the visit to the Russian Federation in 2018, the CPT recorded issues related to somatic care of patients with mental health problems. The CPT was particularly concerned to learn that patients with HIV infection at Kazan Federal Hospital had not been provided with anti-retroviral medication since 2016, allegedly due to a miscommunication between the relevant federal and regional authorities. The CPT recommends that urgent measures be taken to ensure that adequate somatic care is provided to these patients.[31]

In 2015, the CPT recommended that the relevant authorities of Berlin and all other Länder take the necessary steps to ensure that all newly-arrived patients are examined somatically by a doctor within 24 hours of their admission in all psychiatric establishments in Germany.[32]

In 2015, the CPT recommended that a systematic screening for tuberculosis and hepatitis of all newly-arrived patients be introduced at Växjö Forensic Psychiatric Clinic and, as applicable, in

[28] http://hudoc.cpt.coe.int/eng?i=p-geo-20180910-en
[29] http://hudoc.cpt.coe.int/eng?i=p-dnk-20190403-en-34
[30] http://hudoc.cpt.coe.int/eng?i=p-alb-20181120-en
[31] http://hudoc.cpt.coe.int/eng?i=p-rus-20181019-en
[32] http://hudoc.cpt.coe.int/eng?i=p-deu-20151125-en-26

all other psychiatric establishments in Sweden; further, newly-arrived patients should be systematically offered HIV tests on a confidential basis.[33]

In its 2016 report on Armenia, the CPT recorded that "the delegation was concerned to learn at Gyumri Mental Health Centre that there were no formal instructions as regards carrying out regular blood tests whenever Clozapine was administered to patients. Clozapine can have as a sideeffect a potentially lethal lack of white blood cells (granulocytopenia); therefore, regular blood tests should be mandatory".[34]

3.2 National legislation

According to Article 85 of the RA Constitution, "1. Everyone shall, in accordance with law, have the right to health care.
2. The law shall prescribe the list of free of charge basic medical services and the procedure for the provision thereof". The invoked constitutional requirement of free of charge medical services and their provision remained non-implemented even after the RA Law "On making amendments to the Law on Psychiatric Aid" was adopted on 18 June 2020. The list of free of charge medical services is currently established in the RA Government's decision N 318-Ն of 4 March 2004, which is a sublegislative normative legal act. According to the aforementioned decision, medical services for mental illnesses are a type of medical aid and service guaranteed by the State free of charge.[35]

According to part 1 of Article 4 of the RA Law on Psychiatric Aid and Service (hereafter referred to as the Law), "Mental health maintenance involves 1) improvement of mental health and prevention of mental disorders, 2) ensuring necessary, comprehensive and accessible psychiatric medical aid and service, as well as other forms of care and aid for persons with mental health problems".

Article 5, part 1 of the Law stipulates, "Each person with mental health problems is entitled to (…) 5) mental health maintenance, including receiving emergency and urgent medical aid and services; undergo medical examination and,if necessary, receive treatment by a doctor of his/her choice at his/her expense. (…) 8) give an informed consent and refuse, at any stage, treatment methods and measures used for scientific or experimental purposes. 9) during the stay at a psychiatric organization, receive information in their native language or any other language clear to them, regarding their health state, rights, freedoms, restrictions (…) 12) rest, while in the psychiatric organization, including open-air walk or physical exercise and 8-hour sleep, during which it is prohibited to involve them in medical or other activities".

[33] http://hudoc.cpt.coe.int/eng?i=p-swe-20150518-en-32

[34] Report to the Armenian Government on the visit to Armenia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 5 to 15 October 2015, CPT/Inf (2016) 31, p. 63.

[35] See the RA Government's decision 318-Ն of 4 March 2004, available at https://www.arlis.am/DocumentView.aspx?docid=149385

The psychiatric institution ensures the patient's right to an open-air walk. Duration of the walk shall be no less than 1 hour a day for adult patients and no less than 2 hours a day for underage persons. [36]

Part 1 of Article 6 of the Law stipulates that the right to open-air walks or physical exercise can be restricted until grounds for restricting them are eliminated in accordance with the law or a reasoned decision of psychiatric commission and, in case of impossibility to establish one (if specialists involved in the psychiatric commission are on leave, ill, if it is a non-working hour, or there is a vacancy in the commission), a reasoned decision of a doctor-psychiatrist treating or examining the patient, if exercise of that right is a real threat for the person with mental health problems or those around him/her.

According to Article 11 part 1 of the Law, "1. The State guarantees free of charge provision of psychiatric aid and service to persons with mental health problems, based on principles of humanitarianism and protection of human rights, in the frame of programs for preserving and improving the health of the population established by the Constitution". According to part 2 of the same Article, "2. In a procedure and cases set by the legislation, the State guarantees for each person with mental health problems, 1) urgent psychiatric aid and service in the frame of programs for preserving and maintaining health of the population, as well as inpatient and outpatient psychiatric aid and service. 8) In accordance with the procedure set by the Government, provision of medications free of charge or with concession".

Analysis of the norms shows that the legislation clearly enshrines the State's positive obligation to ensure provision of medical aid services for mental health illnesses to each person in the Republic of Armenia. However, it is uncertain what obligations the State has for detecting, preventing and treating somatic diseases of persons with mental health problems. The law does not precisely enshrine the volumes and procedure of provision of other medical services by the psychiatric institution while it delivers free of charge psychiatric aid and services.

The RA Government's decision 350-Ա of 1 April 2010 contains some provisions regarding diagnosis of somatic state of patients. It stipulates that when admitting the patient, the doctor on duty requires the referral of free of charge medical aid and services or medical aid and services with cocnessions guaranteed by the State in line with the RA Government's decision N 318-Ա's Annex N 7 Form N 1 of 4 March 2004, as well as the passport or ID card, except for urgent hospitalization cases or cases of hospitalization based on the relevant reference provided by the Interdepartmental Coordinating Council on Issues of Homeless Persons regarding organization of a homeless person's medical aid and service, carries out a detailed examination of the patient's mental and somatic state, collects the anamnesis and writes down the history of the disease.

[36] The RA Health Minister's order N 2612-L of 16 October 2018 on establishing the procedure of open-air walks of persons with mental disorders in psychiatric institutions and the form of the logbook for open-air walks of persons with mental disorders in psychiatric institutions.

On the first day, the patient admitted (or being examined) to the institution for inpatient psychiatric treatment is examined by the treating doctor and those admitted on weekends and holidays are examined by the doctor on duty. Results of examination of mental, neurological and somatic state of the person with mental health problems, information pertaining to that disease (anamnestic data), information regarding past diseases (catamnesis), preliminary diagnosis and prescriptions are registered in the history of the disease and confirmed by the treating doctor's signature.

According to the RA Government's decision N 350-Ն of 1 April 2010, inpatient psychiatric medical aid includes

1) Admission of patients;
2) Examination, treatment of patients;
3) Implementation of expert examinations;
4) Transfer of patients to other medical organizations;
5) Discharge of patients;
6) Certificate of death in case of death;
7) Care for psychiatric patients;
8) Compulsory treatment in case there is a Court's judgment.

Though the RA Government's decision N 350-Ն of 1 April 2010 addresses the requirement of examining the patient's somatic state, it does not clearly enshrine the volume and procedure of the check-up and what examinations (and terms thereof) should be conducted compulsorily, there are also no terms set for initial and final disease diagnosis.

The RA Health Minister's order N 1234-Ա of 30 May 2014 "On approving the procedure of admission of persons with mental and behavioral disorders to general departments of psychiatric hospitals" also addresses somatic state diagnosis. Subclauses 3 and 4 of clause 4 of the Procedure stipulates that when being admitted to a psychiatric institution, a patient undergoes a detailed examination of his/her mental and somatic state, and a detailed physioneurological examination is conducted to detect whether the patient has injuries, contagious or non-contagious diseases.

According to the established procedure, if a person being admitted to a psychiatric institution has physical and mental disorders, the doctor on duty chooses one of the options below, as necessary:

1) Diseases not requiring special therapeutic treatment, which can be treated in psychiatric inpatient department. In such cases, the patient is admitted for psychiatric inpatient treatment.
2) Such accompanying diseases which cannot be examined and treated in psychiatric inpatient department, but can be examined and treated in inpatient department providing somatomental treatment. In this case, the patient is referred to a hospital/department providing somatomental treatment.

3) Such accompanying diseases, injuries, treatment of which requires provision of qualified and specialized examination and medical treatment. In such cases, the patient is referred to a specialized medical institution/department.
4) If the person has consumed alcohol or drugs and it does not allow for objective assessment of his/her mental state, and at the same time, he/she is not dangerous to himself/herself or those around them, it is recommended to apply to medical institutions/departments providing drug addiction treatment.

It appears that a person can be hospitalized to a psychiatric institution only if the accompanying somatic diseases or injuries do not require specialized treatment. If any of the alternatives established by the procedure is applied, a legislative gap emerges: in case of mental health diseases, what medical aid services are provided to the person who applied to the psychiatric hospital, taking into account that person's mental health state? Besides, there are also no procedure terms for formulating the referral.

According to the procedure, if a person is hospitalized, the institution is to measure the patient's blood pressure and pulse. Temperature measurement, body weight and electrocardiography are carried out as planned, based on the person's mental health state, and a primary care physician, cardiologist and a neurologist are consulted as necessary. Taking into account the presented international practice, it necessary to legislatively enshrine mandatory procedures of preventing and treating HIV/AIDS and tuberculosis.

As a result of analyzing the RA legislation, it turned out that during the Group's monitoring period, there was no developed procedure of filling the documents in psychiatric institutions, which resulted in a differentiated approach to filling disease history files. Only recently, on 4 August 2021, the RA Health Minister's order N 61 approved procedures of documenting disease history of persons receiving psychiatric aid and service in psychiatric institutions and outpatient medical card of persons with mental health problems.[37]

In the condition of the mentioned legislative gap, Kapan institution's working style was recorded as an advanced one. The institution has an electronic database developed on excel, which includes all the information of persons receiving treatment and care, including somatic diseases. Based on the database, a person's history of disease, treatment process and other necessary information can easily be obtained.

[37] See RA Health Minister's order N 61-Ա of 04.08.2021 on approving the procedure of filling medical documents in psychiatric institutions, available at https://www.moh.am/images/legal-805.pdf

4. CONTROL AND PREVENTION OF SOMATIC DISEASES OF PERSONS RECEIVING TREATMENT AND CARE

Persons in psychiatric institutions come, as a rule, from families living in harsh social conditions, are unemployed, might not have a permanent residence place and have a need for regular control due to other health problems.Besides, they have limited possibilities of keeping a healthy lifestyle, they live a sedentary lifestyle, have limited possibilities of walking and doing sports, they smoke, their diet might not be of proper quality and nutrition and might not be of their liking, they might have sleep disturbance also due to the number of persons in the same room, they always take medications. Moreover, as a result of taking medications, persons receiving treatment and care might have a low perception of pain. Thus, due to their lifestyle, persons receiving treatment and care in psychiatric institutions are vulnerable to somatic diseases and preventive medical examinations are particularly necessary in this context. Due to discriminatory and stigmatizing attitude to persons with mental health problems, there is also a high risk of improper response to the complaints raised by them and non-provision of the necessary preventive services.

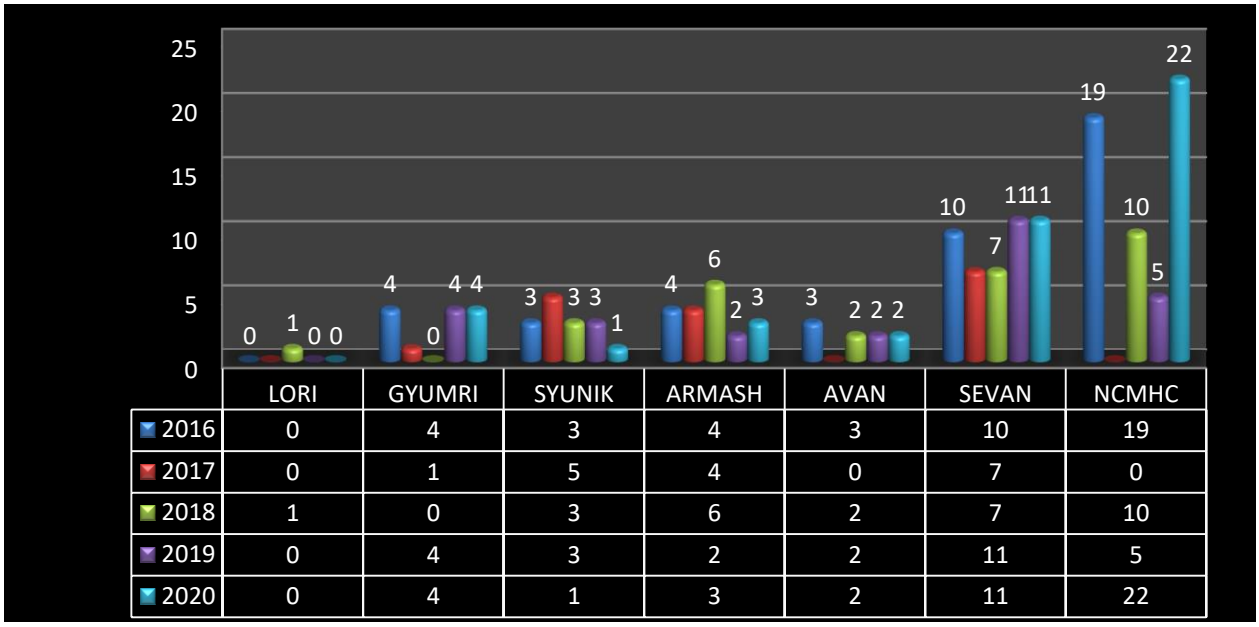
The lack of specific legal regulations regarding organization of prevention and control of somatic diseases in the institutions creates a situation, where welfare of persons receiving treatment and care in psychiatric institutions is conditioned by the good will of the institution's management and staff. As a rule, preventive examinations are left at the discretion and expenses of the institution, which is full of risks of diagnosing health problems at the late stage. The lack of a unified regulation entails differences in services and quality of control and prevention of somatic diseases in the institutions. In these terms, only registration of somatic medication can be considered regulated. The institutions have special records, where they track somatic medications from the entry to the pharmacy and to the person receiving treatment and care. Thus, it should be mentioned that if the competent bodies develop the necessary procedures and equip the institutions with the necessary means and resources to keep to those procedures, it will be possible to guarantee proper control and prevention of somatic diseases of persons receiving treatment and care, and the departmental, as well as public oversight will be more effective, purposeful and targeted.

4.1 Death cases in 2016-2020

In the frame of the study, death cases in the institutions and their causes were also observed. In particular, the number of death cases recorded in 2016-2020 show that the smaller the number of persons receiving long-term care in the institutions, the lower the mortality rate. In 2016-2020, the smallest number (1) of death cases was recorded in Lori institution. Lori institution is the least populated (22 persons) and there are 3-4 persons receiving long-term care in the institution (this amounts to 11% of the maximum possible number of patients) (see Chart 6). These data once again

come to prove the need for deinstitutionalization and making psychiatric institutions serve their goals.

Chart 6. Death cases in 2016-2020



	LORI	GYUMRI	SYUNIK	ARMASH	AVAN	SEVAN	NCMHC
2016	0	4	3	4	3	10	19
2017	0	1	5	4	0	7	0
2018	1	0	3	6	2	7	10
2019	0	4	3	2	2	11	5
2020	0	4	1	3	2	11	22

*

2016 data of NCMHC include the number of death cases of Nork and Nubarashen institutions (2 death cases in Nork institution and 17 death cases in Nubarashen institution)

As the chart shows, in 2020, NCMHC death rate increased more than 4 times, which surely requires a separate study to identify causes of such increase in the number of death cases during the COVID-19 pandemic. It should be mentioned that causes of 19 out of 22 death cases are unknown, as records of history disease have not been returned after the forensic medical examination.

In general, cardiovascular diseases are the main cause of death cases in psychiatric institutions. The following causes of death cases were also recorded: organism intoxication, mechanical suffocation, airways obstruction with food mass, cancer intoxication, hypoglycemic coma, multiple organ dysfunction, hepatic encephalopathy, gallstone disease, chronic hepatitis, liver cirrhosis, purulent pneumonia, cachexia, double bronchopneumonia, stroke, pulmonary artery thromboembolism.

4.2 Budget of control and prevention of somatic diseases

As review of the institutions' budget allocations for somatic diseases shows, different institutions have different approaches. Budgets of Kapan and Armash institutions do not have a special line for control and prevention of somatic diseases. Gyumri institution's budget allocated

for primary health care is about 12% of annual budget; in Lori institution, 0.17-0.41% of the total budget is allocated for somatic diseases. In Sevan institution, allocation for medications of prevention and control of somatic diseases increased by AMD 11.547.000 (or by nearly 623%: AMD 1.853.000 in 2017, AMD 13.400.000 in 2021).

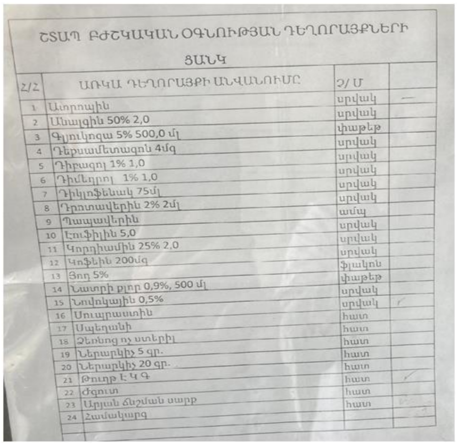
Moreover, Sevan institution’s 2020 budget allocated for medications for preventing and controlling somatic diseases exceeds by 49 times Lori institution's total budget allocated for controling and preventing somatic diseases (Sevan institution’s 2020 budget for medications is AMD 7.764.000, Lori institution’s 2020 budget for somatic diseases is AMD 159.630).

NCMHC budget allocation for controlling and preventing somatic diseases also increases. According to the administration, as the institution pays more attention to somatic diseases, persons receiving treatment and care pay more attention to their problems and tend to raise their complaints.

We can thus conclude that the bigger the institution is and the more persons there are receiving long-term care, the bigger amount of money is spent for controlling and preventing somatic diseases. Comparison of the budgets, as well as combination of the presented death cases allow for concluding that services provided to a small group of persons are more effective, which is yet another important argument in favor of deinstitutionalization and introduction of community services instead of the current psychiatric institutions.

4.3 Equipment with medications

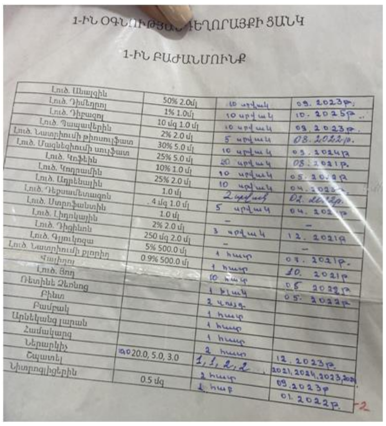
All institutions are equipped with primary (emergency medical) aid medications and items, but not similar ones. For the sake of comparison, below are presented examples of NCMHC and Avan institution (see Pictures 1 and 2).



ՇՏԱՊ ԲԺՇԿԱԿԱՆ ՕԳՆՈՒԹՅԱՆ ԴԵՂՈՐԱՅՔՆԵՐԻ ՑԱՆԿ

Հ/Հ	ԱՌԿԱ ԴԵՂՈՐԱՅՔԻ ԱՆՎԱՆՈՒՄԸ	Չ/Մ	
1	Ատրոպին	սրվակ	—
2	Անալգին 50% 2,0	սրվակ	
3	Գլյուկոզա 5% 500,0 մլ	փաթեթ	
4	Դեքսամետազոն 4մգ	սրվակ	
5	Դիբազոլ 1% 1,0	սրվակ	
6	Դիմեդրոլ 1% 1,0	սրվակ	
7	Դիկլոֆենակ 75մլ	սրվակ	
8	Դրոտավերին 2% 2մլ	սրվակ	
9	Պապավերին	ամպ	
10	Էուֆիլին 5,0	սրվակ	
11	Կորդիամին 25% 2,0	սրվակ	
12	Կոֆեին 200մգ	սրվակ	
13	Յոդ 5%	ֆլակոն	
14	Նատրի քլոր 0,9%, 500 մլ	փաթեթ	
15	Նովոկային 0,5%	սրվակ	
16	Սուպրաստին	սրվակ	
17	Սպեղանի	հատ	
18	Ձեռնոց ոչ ստերիլ	հատ	
19	Ներարկիչ 5 գր.	հատ	
20	Ներարկիչ 20 գր.	հատ	
21	Թուղթ Է Կ Գ	հատ	
22	Ժգուտ	հատ	
23	Արյան ճնշման սարք	հատ	
24	Համակարգ	հատ	

Picture1. NCMHC



1-ԻՆ ՕԳՆՈՒԹՅԱՆ ԴԵՂՈՐԱՅՔԻ ՑԱՆԿ

1-ԻՆ ԲԱԺԱՆՄՈՒՆՔ

Լուծ. Անալգին	50% 2.0մլ
Լուծ. Դիմեդրոլ	1% 1.0մլ
Լուծ. Դիբազոլ	10մգ 1.0մլ
Լուծ. Պապավերին	2% 2.0մլ
Լուծ. Նատրիումի թիոսուլֆատ	30% 5.0մլ
Լուծ. Մագնեզիումի սուլֆատ	25% 5.0մլ
Լուծ. Կոֆեին	10% 1.0մլ
Լուծ. Կորդիամին	25% 2.0մլ
Լուծ. Ադրենալին	1.0մլ
Լուծ. Դեքսամետազոն	4մգ 1.0մլ
Լուծ. Ստրոֆանտին	1.0մլ
Լուծ. Լիդոկային	2% 2.0մլ
Լուծ. Դիցինոն	250մգ 2.0մլ
Լուծ. Գլյուկոզա	5% 500.0մլ
Լուծ. Նատրիումի քլորիդ	0.9% 500.0մլ
Վալիդոլ	
Լուծ. Յոդ	
Ռետինե Ձեռնոց	
Բինտ	
Բամբակ	
Արնեկանգ լարան	
Համակարգ	
Ներարկիչ	20.0, 5.0, 3.0
Շպատել	
Նիտրոգլիցերին	0.5մգ

Picture 2. Avan institution

As we can see, though the lists are generally the same, there are also some differences both in terms of medications and in approaches to making the lists. For example, NCMHC list contains

"euphylline", which is not included in Avan institution's list. Avan institution's list also includes the number and expiration dates of medications, whereas the NCMHC list does not include such data. There were also different degrees of equipment in institutions under regional administrations. Thus, it is necessary to assess the volume of the necessary first aid in the institutions and to establish the relevant list of first aid medications and items, ensuring similar and proportional equipment of institutions. It should be mentioned that the RA Health Minister's order N 30-Ն of 23.12.2011[38] establishes the list of medications (more than 60 medications) to be in ambulance car medicine boxes.

Analgesic, antipyretic, anti-inflammatory medications, medication stimulating the activity of the central nervous system, antiallergic, vasodilator, antispasmodic, antibiotic medications are mainly in place for controling and preventing somatic diseases. Both in departments and in pharmacies/warehouses, the medications were in their "best before" dates, except for Lori institution, where expiration date on valerian extract could not be seen (possibly because it was there for a long time), while iodine was expired.

Medications for treating somatic diseases of persons receiving treatment and care are provided in the institutions. Nonetheless, there are rare cases, when the relevant person's relatives or the institution gets them (diabetes medication mainly) from policlinics. In some cases, relatives prefer the alternative equivalent of the available medication.

In this context, medications purchase procedure should be addressed. The purchase is made on a centralized competitive basis, based on the predicted quantity and list of names. Supply is organized in two stages with a periodicity of 6 months. Therefore, if the institution has run out of medications or if there is a need for a certain type of medication which is not included in the above-mentioned list, it remains up to the institution or the relative of the person receiving treatment and care to purchase that medication. Besides, the procedure of purchase of medications is also problematic. As a rule, only one company takes part in the competition. Because there is no competition, the prices are high, and the institutions have to purchase medications with high prices, which can negatively affect the quantity and quality of medications. This means that it is possible that the necessary quantity of medications not be ensured or alternative equivalent of these medications (which have lower efficacy) might be purchased with lower prices. Thus, it is necessary to review the procedure of purchasing medications and ensure competitive conditions to guarantee supply of medications of proper quality and quantity.

With regard to the impact of the COVID-19 pandemic on equipment with medications, the institutions assure that they have not had any problem with supply and equipment with medications.

[38] See RA Health Minister's order N 30-Ն of 23.12.2011 on approving the list of compulsory medications to be in ambulance car medicine boxes, available at https://www.arlis.am/DocumentView.aspx?docID=73685

4.4 The institutions' equipment and specialists necessary for control and prevention of somatic diseases

Monitoring results show that the institutions are differently equipped with the necessary equipment and specialists. All of the institutions (except Armash and Lori institutions, where control and prevention of diseases is organized on the basis of a contract with an MC) have certain equipment (see Table 2). *It should be mentioned that information on the institutions' equipment and specialists was filled based on responses to information inquiries, and if there was no response, based on the information provided by the institution's employees and administration representatives.* 5 out of 7 monitored institutions (except Armash and Lori institutions) had electrocardiography devices (hereafter referred to as ECG) and relevant specialists, which can be assessed as control of a more common somatic problem, i.e., cardiovascular disease, as compared to other somatic diseases.

Table 2. The institutions' equipment

Equipment/institution	Avan	NCMHC	Sevan	Armash	Lori	Gyumri	Kapan
Equipment for urine analysis, general blood and biochemistry analyses		V	V			V[39]	V
ECG equipment	V	V	V			V	V
Electroencephalography (hereafter referred to as EEG) equipment	V		V[40]				
Ultrasound device	V	V	V				
Gastroscope		V					
Glucometer		V			V	V	
Pulse oximeter	V	V	V	V	V	V	V
Tonometer	V	V	V	V	V	V	V
Remote thermometer	V	V	V	V	V	V	V
Device for bacteriological examination of sputum							V
Oxygen pillow							V
Quartz lamp (portable)			V				
Dental office		V					
Service car	V	V	V	V	V	V	V
Photoelectric colorimeter							V
Centrifuge							V
Sterilization lamp							V

[39] Gyumri institution's ECG equipment was out of order as of the day of the visit. The institution was to purchase a new one.

[40] Sevan institution has an EEG equipment, the specialist is to be trained to use the equipment

Besides, in **Sevan institution**, there is a functional diagnostic cabinet with surgical, laboratory and diagnostic rooms. **NCMHC** has two gynecological chairs (at the moment of our observatiom, they were in the warehouse, the employees assured that they are taken to the department as necessary) and an X-Ray machine. The institution needs an X-ray examination specialist.

The general physician oversees control and prevention of somatic diseases in psychiatric institutions. With regard to other specialists, different institutions have different number of specialists. Monitoring results show that the bigger the institution is and the more patients receiving long-term care it has, the more narrow specialists there are. For example, no narrow specialist is registered in Lori institution's inpatient department. At the same time, NCMHC, where persons in need of care on average amount to 30% of persons receiving treatment and care, has the biggest number of specialists, while Sevan institution has been equipped and continues to be replenished with different specialists (see Table 3). Employees of the last two institutions assessed positive the tendencies to meet the need for specialists to control and prevent somatic diseases. In their opinion, effectiveness of control and prevention of somatic diseases has increased. Without the relevant staff positions filled, it is difficult to ensure regularity of examinations and check-ups in an institution which serves almost 400 persons. If there is a shortage of specialists, only those who have complaints will have check-ups, yet some persons might not raise their complaints.

Table 3. How equipped the institutions are with narrow specialists

Specialist	Avan	NCMHC	Sevan	Armash	Lori	Gyumri	Kapan
General physician	V	V	V	V		V	V
Neurologist	V	V	V				
ECG cabinet doctor, cardiologist	V	V	V				
Physiotherapeutic and ECG nurse						V	
epidemiologist	V	V		V			
Endocrinologist	V	V					
Gastroenterologist		V					
Gynecologist			V				
Surgeon			V				
Drug addiction therapist		V				V	V
Dentist		V					
Dentist's nurse		V					
Family physician				V			
Laboratory manager		V					
Laboratory doctor						V	V
Laboratory assistant		V	V			V	V

Laboratory sanitary worker						V	
Pharmacy manager	V	V					
Pharmacist	V			V		V	V
Pharmacologist		V					

With regard to changes related to the COVID-19 pandemic, the institutions purchased pulse oximeters and remote thermometers, and the RA MoH provided additional funding to Gyumri institution, and also a general physician was permanently hired.

4.5 Laboratory and other examinations

Monitoring results show that though all psychiatric institutions conduct examinations, the list, volume, regularity of those examinations vary and are conditioned by the institution's possibilities and resources.

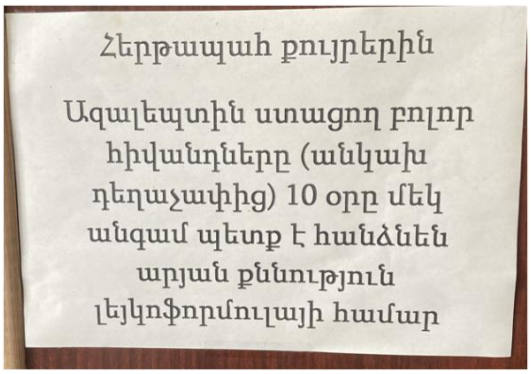
Approaches to the examinations also vary in different locations. For example, NCMHC, Sevan, Armash, Gyumri and Kapan institutions have laboratories with various equipment, Lori institution conducts those examinations in cooperation with Vanadzor MC, and Avan institution delegates this service to Unimed MC in Abovyan city.

Based on the information obtained from conversations with the institutions' employees about the examinations, we can conclude that general blood and urine test is the only one conducted for all newly-arrived patients in all the institutions (see Table 4). Then, the general physician checks the person and if the doctor instructs, additional examinations are conducted in the institution or in the relevant MC.

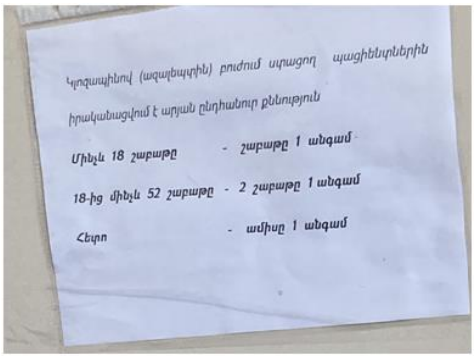
Table 4. Examinations conducted for newly-arrived patients per institution

MANDATORY EXAMINATION OF NEWLY-ARRIVED PERSONS											
	Anamnesis collectio	General blood test	General urine test	Biochemical blood test	Blood glucose test	Bacteriological examination of feces	Serological diagnosis of syphilis	Hepatitis B	ECG	X-ray screening	Ultrasound examination
Avan	V	V	V	V	V				V		V
NCMHC	V	V	V	V					V		
Sevan	V	V	V	V					V		V
Armash	V	V	V		V					V	
Gyumri	V	V	V								
Lori	V	V	V	V	V						
Kapan	V	V	V			V	V	V	V		

With regard to medical examinations of persons receiving treatment and care, their regularity and volume also differ. In **NCMHC**, a glucose test is carried out once every three months, by taking blood from a finger. In **Sevan institution**, general urine test, general blood analysis with leukoformula, blood biochemistry test, ultrasound screening and ECG are conducted once every 6 months. In **Armash** institution, blood glucose test is conducted once a month, and 2-3 times in case of patients with diabetes, and more often in case of complaints or needs. In **Kapan institution**, general blood and urine tests are conducted every 6 months. In addition, blood biochemical test is conducted for patients addicted to drugs or alcohol to check liver functioning; and in case of drug addiction, also to check the Hepatitis C virus in blood serum. Blood glucose test is done as instructed (creatinine and urine test); in case of patients with diabetes, blood test is performed once a week. **In Lori institution,** examinations of persons receiving treatment and care are conducted as necessary, while in **Gyumri institution**, examinations are not implemented.



Picture 3. NCMHC



Picture 4. Gyumri institution

In all the institutions, in case of prescribing "Azaleptin", blood test with leukoformula is conducted with a certain regularity, which varies in different institutions. In Avan institution, blood test is performed **once every 14 days, and once a month during the following 3 months, and then once every 3 months.** In NCMHC, blood test is performed **once every 10 days**, and a relevant reminder is placed in all departments (see Picture 3). In Gyumri institution, examinations are conducted in the following procedure (a reminder of which is also placed in the department): **once a week until the 18th week; once every two weeks from the 18th week until the 52th week; once a month from the 52th week onwards (see Picture 4)**. In Syunik institution,a blood test is done **once a month**; in Lori institution, a blood test is done if there is an **instruction by the doctor**; in Sevan institution, a blood test is done **2-3 times a year**; in Armash institution, **once every 6 months**. In the conditions of the COVID-19 pandemic-related emergency state, blood test with leukoformula was not done even with the established 6-month regularity. Blood tests were done only for 8 persons.

It should be mentioned that when taking Clozapine drugs (Azaleptin, Azaleptol, AAP, Leponex), a blood test should be done every week during the first 18 weeks, and then once a

month. During the 2019 visit, the CPT also recorded that this matter was not consistently addressed. [41]

Thus, we can conclude that there is no unified approach to the examinations of persons receiving treatment and care.This means that neither the need for examinations nor their regularity is assessed, based on which the relevant criteria would be developed.

4.6 Screenings

As monitoring results show, the institutions also have different work styles as regards screenings. Organization of these examinations is mainly left at the discretion and good faith of the institutions. It should be recorded that the flu vaccination is organized every year. And as employees of the institutions assure, vaccinatin is quite efficient and helps avoid mass outbreaks and possible complications.

In some cases, examinations planned under state programs are performed in policlinics, where the person receiving treatment and care is registered (for example, in Gyumri institution). Such an approach might entail situations, when, at the time a screening is to be organized in policlinics, the relevant person is in the psychiatric institution and the family doctor might not be able to contact that person to inform them about the available service. As a result, the beneficiary of that service might not receive it.

Touching upon separate screenings, it should be mentioned that **hypertension, diabetes and cervical cancer screening** program was launched in 2015 in the frame of World Bank-funded "Disease Prevention and Control" project (credit number 5222-AM). The program aims to prevent the above-mentioned non-contagious diseases. In the frame of this program, all the RA citizens can apply to their policlinics or outpatient clinics and undergo free of charge examinations to detect and prevent these diseases.[42] Taking into account that persons receiving treatment and care in psychiatric institutions are in the direct care of the state and are also a risk group in closed institutions, we examined how the state ensures implementation of this program in the institutions. In 2019-2020, the mentioned screening examinations were performed in **NCMHC, Avan, Armash and Kapan**; these examinations were not performed in **Sevan, Gyumri and Lori institutions**, though the Group was informed in Lori institution that preventive examinations were performed in the frame of the state program.

Besides, Hepatitis C screening was conducted in 2019 in NCMHC and Hepatitis B and Hepatitis C screenings were conducted in 2020 in Avan institution together with Armenian Association of Hepatology NGO.

[41] See Report to the Armenian Government on the visit to Armenia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 12 December 2019, paragraphs 83 and 100, CPT, 26.05.2021, available at https://rm.coe.int/1680a29ba1

[42] See Health Project Implementation Unit, "Projects", available at https://healthpiu.am/hy/

Besides the aforementioned, annual health care state programs approved by the RA Government's decision plan, inter alia, to **implement programs of prevention, early detection and treatment of HIV/AIDS and tuberculosis in the frame of grant projects funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.**[43]

It should be mentioned that for at least 3 past years, no preventive examination has been conducted in psychiatric institutions in the frame of these projects. In particular, HIV/AIDS preventive examinations are not implemented in the institutions, except for drug users in Gyumri institution. With regard to prevention of tuberculosis, approaches of the institutions vary. For example, the managements of NCHMC and Sevan institution delegate mobile fluorography services. In 2019 ad 2021, at the initiative of the management, these services were delegated in NCMHC. This service was provided to the institution **on paid basis**, whereas state healthcare programs of 2019 and 2021 planned **"to continue implementing projects of prevention, early detection and treatment of HIV/AIDS and tuberculosis**".[44] Moreover, this service cost AMD 1500 per person in 2019 and AMD 2000 per person in 2021.

Studying the impact of the COVID-19 pandemic on the state of somatic diseases, we can record that certain examinations were cancelled due to the pandemic.For example, in 2020, fluorographic examination of patients receiving treatment and care in NCMHC was not organized; in Armash institution, examinations - normally conducted with a certain regularity - were conducted in case of complaints or a doctor's instruction, in order to avoid penetration of the virus.

We find it important to stress that since persons receiving treatment and care are a risk group, preventive examinations are vital. Especially taking into account the danger of COVID-19 in terms of affecting the lungs, and implementation of tuberculosis prevention measures as established by annual healthcare programs approved by the RA Government's decision, it would be purposeful for the competent bodies to organize fluorographic examinations in all closed institutions in 2020, and develop alternative mechanisms for other preventive examinations. Moreover, psychiatric institutions were not included in 2021 state healthcare program measures, whereas it was already realistic to collect data and assess the impact of the pandemic on provision of psychiatric aid, and to plan the necessary preventive measures. We can thus conclude that there is a lack of a systemic approach. The volume and regularity of examinations is conditioned not by the need, but by each institution's discretion and resources. Such an approach is disproportionate especially in the conditions of the COVID-19 pandemic, taking into account the potential of emerging or intensifying somatic diseases due to it.

[43] See Annex 1 to the RA Government's decision N 1021-Լ, of 27 September 2018, available at https://www.e-gov.am/gov-decrees/item/30819/, and Annex 1 to the RA Government's decision N 1295-Լ, of 30 September 2019, available at https://www.e-gov.am/gov-decrees/item/32597/

[44] See Annex 1 to the RA Government's decision N 1021-Լ, of 27 September 2018, available at https://www.e-gov.am/gov-decrees/item/30819/ and Annex 1 to the RA Government's decision N 1604-Լ, of 29 September 2020, available at https://www.arlis.am/documentview.aspx?docID=146404

Differences in the approaches evidence that the competent bodies have not assessed procedures of implementing examinations. In particular, it was not assessed whether it is effective to have a laboratory inside the institution or it is more convenient to delegate that service, no list of mandatory examinations was established, which would entail equipment of the institutions with the necessary devices and specialists, or ensure the relevant conditions to delegate those services.

4.7 Control and prevention of somatic diseases

Control and prevention of somatic diseases of persons receiving treatment and care in psychiatric institutions is implemented both in the institutions and in MCs. In case of MCs, employees and doctors may avoid communication with a person with mental health problems, as they are not trained and do not have the necessary skills to work with them.

As we have already mentioned, the general physician is the chief responsible for control of somatic diseases of persons receiving treatment and care. The relevant person's treatment in the institution is organized by the general physician's instructions. If necessary, the person is referred to a relevant MC. According to the RA Government's decision N 318-Ն[45] "On state-guaranteed medical aid and service provided free of charge or with concessions", persons with disability group receive medical aid and services free of charge or with concessions.

The legislation clearly establishes the list of persons/groups who have the right to free-of-charge medical aid and service or medical aid and service with concessions, as well as the types of medical aid and service provided in these conditions. Taking into account that a person with a mental health problem, who does not have any disability group, can be left out of the established list and the necessary medical service – prosthesis, for example – might not be provided free of charge or with concessions, the relevant person's relative might refuse to pay for the medical examination/treatment, and the institution might refuse or not have the necessary financial resources, the person may be left without the necessary medical aid and service. This issue is aggravated in institutions located in provinces, which is conditioned by the fact that a number of medical examinations are not available in provinces and a need arises to cover the cost of transporting the relevant person to capital city Yerevan.

Such a procedure of organizing a person's treatment is problematic, especially taking into account that there are a lot of persons receiving long-term care in the institutions, as well as those living in socially harsh conditions. **We find it necessary to remind the State's positive obligation to ensure everyone's proper medical aid and care**.

The person's transportation to an MC is organized either by an ambulance or the institution's service car, if that person's state is appropriate. The non-unified approach to accompanying and providing food for the person transported to an MC is also worrisome. For example, in Gyumri

[45] See the RA Government's decision N 318-Ն of 23 March 2004 "On State-guaranteed medical aid and service provided free of charge or with concessions", available at https://www.arlis.am/documentview.aspx?docid=149385

institution, if a person is transported by an ambulance, that person is not accompanied, but if a person is transported by their service car, the nurse and the sanitary worker accompany them. Besides, Gyumri MC does not provide food to those persons, and the institution organizes this issue and ensures their care in the MC.

In NCMHC, Sevan, Armash, Kapan institutions, if the person is not accompanied by a relative, a sanitary worker (a female sanitary worker if the patient is a woman, and a male sanitary worker if the patient is a man) accompanies the person, who is also provided with food and hygiene items. NCMHC psychiatrists also regularly visit persons transferred to the MC in order to have that person's mental health under control. **In Avan institution,** the person is accompanied only if he/she poses danger and/or the disease is in an acute stage.

Representatives of the institutions' administrations assure that during the COVID-19 pandemic, there were mostly no changes in the treatment of somatic diseases of persons receiving treatment and care. Nonetheless, it should be mentioned that a number of institutions faced some difficulties in connection with the transfer of patients to MCs and their hospitalization, as necessary. Some MCs refused to hospitalize patients, reasoning that their workload did not allow them to; in some cases, ambulance brigades arrived late or did not arrive at all. The respondents noted the workload of MC's intensive care units, which intensified especially during the war. Taking into account that persons in psychiatric institutions are a risk group, the MoH should have taken the necessary measures to ensure proper medical service for them.

Another issue raised by representatives of the institutions concerns MCs' reluctance, stereotypical approach and avoidance to provide services to persons with mental health problems.

It was also recorded during the monitoring that the competent bodies do not attach proper importance to control and prevention of oral cavity problems of persons receiving treatment and care.

In particular, availability of dental services was reviewed. Among the institutions, only the **NCMHC** had a dental room with the staff position of a part-time dentist and a full-time dentist nurse. It should be mentioned that at the initiative of the **NCMHC** management, oral cavity screening was performed for all persons receiving treatment and care in 2020. Due to COVID-19, this initiative was postponed, but it was completed as of June 2021.The study results show that 100 persons receiving treatment and care needed prosthesis, and as of the day of our visit, 50 of them expressed their wish to wear one. Head of **Sevan institution** also initiated oral cavity, i.e., teeth examination, and dental prosthetics are to be provided to those who want.

It should be mentioned that the prosthetics will be provided at the expense of the institution, which means that this process will be conditioned by availability of financial means, and in case of their shortage, this process might last longer or might not be implemented in the volumes needed. Taking into account that teeth play an important role in mechanic processing of food, and persons receiving treatment and care often complain, saying that they cannot consume this or that food ("I

don't have teeth"), it is important to ensure a complex regulation of control and prevention of oral cavity diseases.

With regard to *opthalmological services*, this issue is also left on the good will of psychiatric institutions. In **NCMHC and Sevan institution**, the management initiated vision checks. In NCMHC, one person was instructed to have further examination in a specialized medical center, and in Sevan institution, persons with cataract/glaucoma surgery instruction are to be operated on in Shengavit MC. It should be mentioned that NCMHC considered provision of persons with glasses to be problematic, mentioning that glasses can become tools for self-injury and/or tools to injure others; while in Sevan institution, glasses were provided to those who needed them. Other institutions either delegate that service or do not take any measure at all.

Thus, we can conclude that these healthcare services are provided at the discretion of the institution, taking into account their resources and/or approach to the problem, and not based on standards of the right to health guaranteed by international and domestic legislation. Therefore, there is a need for a comprehensive solution to the problem, which would be clearly regulated by the domestic legislation.

Organization of food for those who need to keep to a special diet was also monitored. In Kapan, separate menus were developed for 3 persons with diabetes and 1 person with gastrointestinal problems. In NCMHC, they noted that they were doing their best to provide dietetic food for those who need it, though persons receiving treatment and care refuse to consume dietetic food which differs from others' food.

4.8 Refusing preventive examinations and/or treatment

According to the interviews, due to the persons' mental health state and/or peculiarities, there are cases when patients refuse preventive examinations or treatment of somatic diseases. Nonetheless, as they noted, they usually explain to them how important these examinations/treatments are or those persons themselves wish to undergo the examinations/receive treatment, following the example of other persons receiving treatment and care.

Representatives of religious and national minorities also get treatment in the institutions and in some rare cases, based on their religious or national affiliation, they refuse to undergo examinations and/or receive a treatment.

5. CONCLUSIONS

Persons receiving treatment and care in psychiatric institutions are vulnerable in terms of control and prevention of somatic diseases. In particular, they might have a lower perception of pain due to taking medications, their complaints might not attract due attention because of the discriminatory and biased attitude to persons with mental health problems, as a result of which they might not receive timely and proper medical aid and service. Priority given to and consistency in

control and prevention of somatic diseases, as well as the volume and regularity of the relevant measures taken depend on persons, to be more specific, Heads of the institutions. If the Head of the institution attaches importance to the need of control and prevention of somatic diseases, more large-scale measures are taken, the institution is provided with equipment and narrow specialists, and an attempt is made to solve problems of persons receiving treatment and care. At the same time, proper control of somatic diseases requires contributions and resources, that the institutions often do not have. This became even more visible in 2020, when an emergency state was declared in Armenia due to COVID-19, and persons receiving treatment and care – with a lot of strict restrictions imposed on them already – encountered new prohibitions and the institutions encountered new challenges, with no systemic solutions to overcome them. The institutions have to look for specific non-systemic solutions within their capabilities and potential. Such an approach negatively affects health staste of persons receiving treatment and care, because the institution does not have the resource, capability and ultimately, obligation to offer a solution to this or that problem, which can have irreversible consequences for the person's health.

Some problems recorded during the monitoring are conditioned by flawed and problematic legislative regulations. Legislative and legal practical problems obviously show the lack of a developed state policy in the sphere. Episodic regulations of the current legislation are not sufficient to fully ensure the right to health, though ensuring and constant control of a person's somatic health in psychiatric institutions is an imperative for the RA competent bodies. To date, no compulsory procedures have been set in place for prevention and control of HIV/AIDS and tuberculosis, the volume of somatic medical check-ups is not clearly established, there are no guidelines on the types and procedures of somatic medical check-ups when diagnosing a mental health illness.

In practice, a number of problems were identified concerning availability of inpatient psychiatric aid as a result of the pandemic, equipment of the institutions with personal protective equipment and disinfectants, as well as control and prevention of somatic diseases. Those problems are as follows:

- In some institutions, admission of persons in need of hospitalization is not properly ensured, and this is explained by, for example, lack of a negative COVID-19 test result;
- Due to the declaration of an emergency state and movement restrictions, as well as the lack of community-based services, persons in need of psychiatric aid and services did not apply to relevant specialists;
- There are no clear procedures for purchasing personal protective equipment and disinfectants, as a result of which, the need was met not upon necessity, but rather, according to the institutions' capabilities;
- There is no public information as to how the MoH ensured the process of getting informed consent from persons receiving treatment and care regarding COVID-19 vaccination;

- There is no unified regulation of control and prevention of somatic diseases in psychiatric institutions, which leads to a difference in the quality and services of control and prevention of somatic diseases in psychiatric institutions and a surge in death cases;
- The process of providing psychiatric institutions with medications is not competitive;
- MC employees reluctantly serve persons with mental health problems;
- Due to their workload, MCs did not serve or did not properly serve persons receiving treatment and care in psychiatric institutions, the ambulance did not respond or responded with a delay;
- As there is a big number of persons receiving long-term care in big institutions, there is a need for a lot of narrow specialists for control and prevention of somatic diseases, which contradicts the deinstitutionalization approach;
- Procedures of organizing treatment of persons in the institutions vary. In these conditions, relatives of persons receiving treatment and care and/or the institutions with insufficient financial resources cannot ensure the patients' proper examinations/treatment; psychiatric institutions operate under various agencies, which makes difficult cooperation of interested parties and implementation of control.

Problems and obstacles that institutions, as well as persons receiving treatment and care, encounter – as identified during the monitoring – are generally related to the institutions' workload, shortage of human and financial resources, as well as the fact that those institutions are closed ones.

In this context, it should be noted that on 22 October 2010, Armenia ratified the UN Convention on the Rights of Persons with Disabilities[46], thus undertaking an obligation to ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and recognize their right to be included in the community. The RA Government's first fundamental step in that direction was adoption of the deinstitutionalization policy and introduction of community-based services, as well as the RA Government's decision of 17 April 2014 on approving 2014-2019 Strategy for Maintaining and Improving Mental Health (hereafter referred to as Strategy) and its Action Plan.[47] Though some actions were taken, the Strategy was generally not implemented: quality, accessible and affordable psychiatric services were not ensured, community-based services were not introduced, effectiveness of provided services was not assessed and further directions were not developed.[48] Furthermore, two years after expiry of the Strategy, a new

[46] See Convention on the Rights of Persons with Disabilities, entered into force on 22 October 2010, available at `https://www.arlis.am/documentview.aspx?docID=64762

[47] See Annex 1 to the RA Government's protocol decision N 15 of the session held on 17 April 2014, available at https://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/04/15-1ardz.pdf

[48] See assessmemt of the Strategy implementation in HCA Vanadzor report "Report on the Implementation of 2014-2019 Strategy of Maintenance and Improvement of Mental Health in the Republic of Armenia", available at https://hcav.am/en/evaluation_mental-health-strategy_2014-2019/

Strategy has still not been developed. Thus, continuity and consolidation of the adopted policy is not ensured.

Besides, some actions taken by the Government contradict the adopted policy of deinstitutionalization. In particular, in 2021, the NCMHC reconstruction program – circulating since 2019 – was approved. Throughout 4 years, AMD 5 billion will be allocated for that purpose. The reconsutruction will ensure 425 inpatient and 9 urgent medical aid beds. Moreover, it is even planned to build a child psychiatry center with two departments inside the territory of the psychiatric institution.[49] **NCMHC reconstruction contradicts the concept of desintitutionalization and rights-based policy.**

Reconstruction of such a closed, high-capacity institution situated in an inaccessible and isolated location is not only an obstacle in the struggle against the stigma and stereotypes concerning persons with mental health problems, but it is also conducive to the manifestation of discrimination towards persons with mental health problems and a serious challenge for their rights.[50]

We find it important to stress that effectiveness and necessity of desinstitutionalization as a rights-based policy is proved and encouraged by international standards. This policy gives an opportunity to get rid of a significant part of the above-mentioned problems, and most importantly, to ensure enjoyment of the right of persons with mental health problems to live an independent and dignified life. In this context, we attach great importance to continuity of policies aimed at maintaining and improving mental health, as well as development and approval of a strategy in line with international standards and best practice by ensuring participation of all the interested parties. International organizations have developed guidelines regarding deinstitutionalization, recorded successes, possible challenges, issues and ways to solve them. The latest is the World Health Organization (hereafter referred to as WHO) *Guidance on community mental health services: Promoting person-centred and rights-based approaches* document, which is part of the WHO *Guidance and technical packages on community mental health services* set of publications.[51] This document, as well as study of best international practice and assessment of actions taken in Armenia, should be the grounds for developing a new Strategy. For the sake of effectiveness of the Strategy, we find it necessary that participation of all interested parties, including psychiatric institutions' employees and persons receiving treatment and care, be ensured in its development phase.

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[49]See https://www.youtube.com/watch?v=s-A-oyYShMo

[50] Read more in HCA Vanadzor Statement "Decentralization of services by their centralization?" of 27.04.2021, available at https://hcav.am/moh-27-04-2021/

[51] See Guidance on community mental health services: Promoting person-centred and rights-based approaches, 9 June 2021, available at https://www.who.int/publications/i/item/9789240025707?search-result=true&query=Guidance+on+community+mental+health+services:+Promoting+person-centred+and+rights-based+approaches&scope=&rpp=10&sort_by=score&order=desc

Observations of the RA Ministry of Health regarding the report

Republic of Armenia

Ministry of Health

To Mr. Artur Sakunts, Head of the Public Monitoring Group conducting monitoring in medical aid and service organizations that provide treatment and care services in the frame of state support to persons with mental health problems in the Republic of Armenia

Dear Mr. Sakunts,

With regard to the report presented in your letter N 21-05 of 19.08.2021, I would like to state the following.

According to point 6 of the procedure approved by the Appendix to the RA Health Minister's order N 1234-Ա of 31.05.2014, after a decision is made to hospitalize a person in a psychiatric institution, the patient's arterial pressure and pulse are measured, based on the patient's mental state, his/her temperature is measured, body weight is determined, electrocardiography is performed, and as necessary, a general physician, neurologist, and a cardiologist are consulted.

According to point 4 of the procedure approved by the Appendix to the RA Health Minister's order N 1234-Ա of 31.05.2014, if there are instructions to hospitalize a person to a psychiatric institution, the patient's mental and somatic states are properly examined when he/she is admitted to the institution.

The RA Health Minister's draft order on "Establishing the procedure for implementing outpatient and inpatient psychiatric aid and service" (hereafter referred to as Draft) was developed and presented to the RA Ministry of Justice for them to present their opinion.

According to point 7 of the procedure presented in Appendix 2 of the Draft, on the first day, the psychiatrist conducts a check-up of the patient receiving psychiatric aid and service with the purpose of undergoing inpatient examination, treatment or receiving professional care, and the psychiatrist on duty examines the patient on non- working days and hours.

According to point 12 of the procedure presented in Appendix 2, if it is not possible to provide professional consultations to organize treatment of the patient and to conduct laboratory-isntrumental diagnostic examinations, the psychiatric institution organizes and ensures professional consultations and laboratory-instrumental diagnostic examinations in other medical organizations on contractual basis, by making a payment from the money allocated for treatment of the patient.

According to subpoint 2 of point 11 of the procedure approved by Annex 1 to the RA Health Minister's order N 61– Ա of 04.08.2021, "Diagnosis when being admitted to hospital" line is filled in immediately after examination of the patient in the psychiatric institution. According to point 10 of

Appendix 2 of the Draft, clinical diagnosis of mental disorder is formulated within 15 days after the patient's hospitalization in line with the statistical classifier of diseases and health problems approved by the RA Ministry of Economy order N 871-Ն of 19 September 2013.

Measures to detect tuberculosis among patients in psychiatric institutions – by using fluorographic and/or digital X-ray technologies - are included in 2022–2024 grant projects funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the National Center of Pulmonology of the RA Ministry of Health SNCO, there is a special department for organizing treatment of persons with mental health problems who have been diagnosed with tuberculosis, throughout their treatment. The department was completely reconstructed and furnished in 2017-2018 with the funding of Global Fund grant project.

Persons with mental health problems are not included in groups vulnerable to HIV, which are included in national program of fighting HIV/AIDS; however, in case of risky behaviour or clinical symptoms, the National Center for Infectious Diseases can organize testing of the patients, as well as diagnosis and treatment of HIV, as necessary.

On 08.11.2018, RA Health Minister's order N 2891 - Ա was approved, according to which, persons aged 35-68 who receive treatment and care in psychiatric institutions under the Ministry of Health and regional administrations underwent examinations of diabetes and hypertension, and women aged 30-60 underwent a screening for cervical cancer prevention. The screening examinations planned by the order were performed in 2018. According to World Bank-funded "Disease Prevention and Control" project (credit number 5222-AM), in the frame of which screening examinations are funded (Pap smear, glucose detection in blood, hypertension), a person can undergo an examination once every 3 years. Taking the above-mentioned into account, psychiatric institutions did not organize screenings in 2020.

On 4 February 2020, an inventory was made of the set of means aimed at containing/managing COVID-19 in the RA 304 medical organizations, including psychiatric institutions; and an inventory of personal protective equipment was made in 340 medical organizations. The data was presented to the relevant agencies with the purpose of replenishing medical organizations with personal protective equipment, medical and laboratory equipment.

During 27 April 2020 – 23 May 2020, in the frame of the RA Health Minister's order N 1350–Ա of 27 April 2020, epidemiological monitoring of infection control capacity - to prevent COVID-19 spread inside the hospital – was performed in 98 medical aid and service organizations, including psychiatric institutions, i.e., Avan Mental Health Center, National Centre for Mental Health Care, Sevan Mental Health Center, Armash Health Center named after Hayriyan, Gyumri Mental Health Center, Lori Regional Psychoneurological Dispensary, Syunik Regional Neuropsychiatric Dispensary. During the monitoring, the medical organizations were provided with methodological support in terms of effective introduction of virus control elements and safety rules. As a result of the monitoring, a number of shortcomings were recorded; these shortcomings were presented to the relevant interested agencies, and with their support, they were eliminated.

In the frame of the Health Minister's order N 2014–Ա of 25 June 2014, during 25 June 2020-31 July 2020, observation was conducted in RA 377 medical organizations regarding the work carried out to eliminate the gaps raised in the frame of RA Health Minister's order N 1350-Ա of 27 April 2020; as a result, no shortcomings were recorded in the above-mentioned psychiatric institutions. Every year since 2019, an infection control program assessment is carried out with IPCAF tool of WHO, the results are being analyzed.

At the national level, a database was created for medical organizations' employees who tested positive for COVID-19. Based on the database, recommendations were developed to reduce COVID-19 infection cases among specialists in the above-mentioned organizations.

In Sevan Mental Health Center CJSC, 46 out of COVID-19 cases among the medical staff were

registered as a result of tests conducted before those specialists' shift, 34 tested positive as a result of PCR tests and 12 tested positive as a result of rapid tests, 20 employees did not show up for their shift due to being infected and only 20 medical workers were infected during their shift or within 14 days after their shift. 85 out of 86 cases among the medical staff were recorded in 2020 and 1 was recorded in 2021. In April-June 2020, there was a surge of COVID-19 cases in the town of Sevan (the entry and exit of the town were restricted in May and in June, i.e., twice), that is why there was also a big number of COVID-19 cases among the medical staff. During 16 March 2020 – 31 April 2021, 102 COVID-19 cases were recorded in Sevan Mental Health Center CJSC, 86 cases were among the medical staff and 16 cases were among the patients.

Persons who are in psychiatric institutions and receive treatment are included in the risk groups established by the RA Health Minister's order N 436-Ա of 15 February 2021 "On approving the risk groups of COVID-19 vaccines".

Since the launch of COVID-19 vaccination process, all the persons in psychiatric institutions, as well as medical workers of psychiatric institutions were also included as a risk group.

Awareness-raising about vaccines is implemented in the procedure established by RA Law "On medical aid and service to the population".

At the same time, the criterion of organizing psychiatric aid in the frame of state-guaranteed free of charge medical aid and service is also being reviewed. The criterion will also establish the regulations of treatment and prevention of somatic diseases of patients receiving medical aid and service in psychiatric institutions.

Deputy Secretary General Vahe Hakobyan

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