EU COVID-19 Solidarity Programme
for the Eastern Partnership
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EFFECTIVE STATE PROTECTION OF THE RIGHTS OF PERSONS WITH MENTAL HEALTH PROBLEMS IN THE PANDEMIC-RELATED EMERGENCY SITUATIONS

Policy Brief

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The COVID-19 pandemic was a serious challenge not only in Armenia, but also throughout the globe. In the emergency state conditions, the pandemic disclosed many legislative, administrative, as well as institutional problems related to human rights and freedoms.

In 2020, when an emergency state was declared in Armenia due to COVID-19, persons receiving treatment and care in psychiatric institutions - that were already under strict restrictions - faced new prohibitions, while the institutions faced new challenges. Moreover, there were no systemic solutions in place to overcome those challenges. The institutions had to look for piecemeal solutions within the limits of their capabilities. This approach negatively impacts the health of persons receiving treatment and care, since the institutions do not have the resource, capability and obligation to solve the pandemic-related problems. The legislative and law enforcement practice problems obviously indicate that there is no state policy developed for this sphere. Sporadic regulations of the acting legislation are not enough to completely assure the right to health, as well as other fundamental rights and freedoms.

Brief description

The aim of the document is to present recommendations regarding the state policy aimed at effective protection of the rights of persons with mental health and intellectual problems.

These recommendations aim at safeguarding protection of the rights and freedoms of persons receiving treatment and care in psychiatric institutions, as well as access to health services for persons with psychosocial and intellectual disabilities in the conditions of the pandemic.

Essence of the document

The recommendations are addressed to policy-makers and present the main regulations necessary for ensuring services in the mental health sphere in pandemic-related emergency situations.

The recommendations were developed taking into account the approaches and guides of international organizations, as well as Armenia's, Georgia's and Moldova's experience (problems, success, legal and procedural regulations) in withstanding the COVID-19 pandemic.

This document addresses the need for stable financial resources, as well as trained, informed and protected human resources in the context of withstanding potential new pandemics. The document also focuses on the need for systemic and long-term actions such as establishment of community services and decentralization of psychiatric services.

Organizations and persons engaged in the development of the document

This policy brief has been developed by Helsinki Citizens' Assembly Vanadzor Office in the frame of the grant provided by the Netherlands Helsinki Committee in the frame of EU-funded "2020-2022 EU COVID-19 Solidarity Programme for the Eastern Partnership."

The employees and administration of Armenia's psychiatric institutions, and Spitak Care House provided practical support for the development of the document. Georgia's and Moldova's psychiatrists, agencies, and civil society representatives provided expert support for the development of the document.

Expected results

The document will contribute to the development and implementation of the policy for effective and uninterrupted provision of psychiatric services in pandemic conditions.

Structure of the document

The document briefly presents the mental health systems of Armenia, Georgia, and Moldova, and addresses international standards and recommendations of international organizations[1] aimed at the prevention of the COVID-19 pandemic. Further, the document presents the actions of Armenia's, Georgia's, and Moldova's governments, and measures undertaken by them during the COVID-19 pandemic to protect the rights of persons with mental health problems, as well as problems conditioned by the peculiarities of mental health systems, and measures taken to solve them. Ultimately, the document presents recommendations aimed at assuring the rights of persons with mental health problems in emergency situations caused by pandemics.

Mental health systems in Armenia, Georgia, and Moldova

There are 7 psychiatric institutions in **the Republic of Armenia.** 3 of them function under the Ministry of Health, 4 function under regional administrations, and overall they have the capacity of 1276 beds. In addition, there are two care institutions for adults with mental health and intellectual problems. Those two institutions function under the Ministry of Labor and Social Affairs, and provide a total of 570 beds. As of July 2021, more than 1100 persons were receiving treatment and care in psychiatric institutions,

[1] In particular, the World Health Organization, the Office of the UN High Commissioner for Human Rights, the CoE Committee for the Prevention of Torture, the UN Subcommittee on the Prevention of Torture

more than 50% of whom needed care, and all the beds in care institutions are always taken. 24/7 care services are also provided by Spitak Care House (envisaged for 16 persons) and three Houses of Warm Hearth (for about 30 persons). There are also a few day care services and home care services. Home care services were available to about 60 persons as of April 2021. While Armenia officially adopted the deinstitutionalization policy in 2013, there are still no community services, while the services established in this context do not comply with international standards. As of 2021, more than 60 thousand persons with mental health problems were registered[2] (the number of the population was 2,976,107 as of 2022)[3].

In **the Republic of Georgia,** there are 11 psychiatric institutions with a total of 1000 beds, 350-400 of which are for persons receiving compulsory treatment. About 40% of the other 600 beds are those needing care services. About 20 thousand persons had some mental health problem as of 2019 (the number of the population was 3,971,387 as of 2022)[4]. More than 90% of Georgian medical centers are private, however, the state finances psychiatric services, with a few exceptions. Psychiatric institutions receive funding according to the number of beds taken. For hospitalized patients, 35 GEL (12.30 euro) is paid for the long-term treatment and 680 GEL (239 euro) per acute case.

A few years ago, in the context of deinstitutionalization, psychiatric departments were opened in multi-profile hospitals, however they all closed due to lack/shortage of funding. Nonetheless, it is now an imperative to have at least a small psychiatric department in multi-profile hospitals.

A family-type house was established in Tbilisi, where 5-6 persons with mental health problems resided, and were supported by the "curator". As of September 2022, one more family-type house was to be established.

In 2013, the model of mobile teams was tested, and 3 community mobile teams functioned as of 2022. Mobile teams provide services to persons with mental health problems who

- who are frequently or long-term inpatients, and who do not or cannot visit an outpatient facility despite the existing need for at least three months after discharge,
- have a history of poor adherence to treatment, often remain without treatment or discontinue treatment, which leads to worsening of psychopathological symptoms,
- have social problems they are unable to solve independently due to an illness (the list of diseases is established by the regulation).

The team comprises 3 members, namely, 1 psychiatrist (always present), nurse/junior doctor, social worker/psychologist. This service is provided by the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia. Currently, a project is being drafted in order to expand the groups to involve both a social worker and a psychologist.

There is also a psychiatric crisis intervention service for persons aged 16-65. It is a professional service, a tertiary circle in the community mental health network, providing services to persons residing in a particular geographical area (population of 150,000 on average). It is an alternative to hospital assistance and contributes to receiving services in the community. The service is provided before and after hospital treatment.

In addition, there is only one assertive community team in the country funded by Tbilisi municipality and co-funded by the state budget. The ACT has 13 staff members (including two persons with mental health problems, so-called peer educators). This is highly insufficient, and more assertive community teams are needed.

Salaries of medical workers are not determined by coefficients, as in Armenia. The Ministry of Internally Displaced Persons from the Occupied

[2] https://www.moh.am/#1/6064

[3] https://www.worldometers.info/world-population/armenia-population/#:~:text=The%20current%20population%20of%20Armenia,the%20latest%20United%20Nations%20data.

[4] https://www.worldometers.info/world-population/georgia-population/

Territories, Labor, Health and Social Affairs of Georgia buys the service. The Ministry does not play a role in determining wages for inpatient services.. The managers of the services determine salaries. However, professional organisations working in mental health initiated the standards for outpatient services that 30% (at least) of the budget should be allocated to salary and 35% (at least) should be spent on medication.

In **the Republic of Moldova,** there are 3 psychiatric institutions functioning under the Ministry of Health, with a total of 1285 beds. The biggest one is in Chisinau, envisaged for about 710 persons. The second biggest is the psychiatric institution of Balti with 530 beds. The Head of the institution is chosen through a competition for a term of 5 years. There are 78 thousand persons with mental health problems registered in the country (the number of the population is 4,012,193 as of 2022).[5]

As a result of mental health preservation reforms launched in 2014 and decentralization of services in the frame of those reforms, the number of persons in institutions considerably reduced. In 2014, a total of 182 beds were allocated in regional hospitals for the provision of psychiatric services.

In the frame of the reform, the main workload of mental health preservation and psychiatric services is mainly on the communitarian centers. There are 40 community mental health centers providing outpatient services, daytime inpatient services and mobile group services at home. Each district has one center, there are 5 centers in Chisinau. 40 centers provide services to a population of more than 2,5 million. The main operational unit of the system is the multidisciplinary team envisaged to serve the population of 50 thousand. The group comprises a psychiatrist, a psychotherapist, a nurse, a social worker and other specialists, according to the peculiarities of the relevant district and the activity.

The centers are established in the primary medical assistance centers and are a part of family medicine. This contributes to inclusion of mental health preservation services in the primary medical assistance circle, identification of a mental health problem in the early stage and ensuring continuous treatment. The family doctor monitors the person and refers to the center, if necessary. People have more trust in the family doctor, family doctors are popular and can identify problems in the early stage.

The centers are funded by the territorial administrative unit budget, compulsory medical insurance fund[6], state budget and other sources. They function under the Ministry of Health.[7]

As statistical data shows, such a system has positive results. In 2019-2021, there was an increase in the number of those applying to psychologists and psychiatric aid.[8]

It is noteworthy that during the system change, mechanisms of funding psychiatric institutions were not changed, distribution of financial means changed, and services were diversified. This means that the budget of the institutions remained the same, but the services were expanded and improved. [9]

In the frame of the reform, the list of medications fully paid from the compulsory medical insurance of persons with mental health problems was expanded, and family doctors and psychiatrists have the right to prescribe such medication, which also contributes to keeping a person in the community and reducing hospitalization cases.

Additionaly, for long – term care there are 8 centers of temporary placement,[10] mainly

[5] https://www.worldometers.info/world-population/moldova-population/#:~:text=The%20current%20population%20of%20the,year%20according%20to%20UN%20data.

[6] Since 1998, compulsory medical insurance has been in place in Moldovahttps://www.legis.md/cautare/getResults?doc_id=16159&lang=ru

[7] https://www.legis.md/cautare/getResults?doc_id=96166&lang=ru

[8] https://newsmaker.md/rus/novosti/zhiteli-moldovy-chasche-obraschayutsya-k-psihiatram-i-psihologam-chto-izmenilos-za-tri-goda/

[9] https://www.sciencedirect.com/science/article/pii/S0168851019302751

[10] https://www.anas.md/contacte-institutii-publice-din-gestiune/

established based on psychoneurological residential institutions (6 residential houses operated previously)[11],[12] and about 40 protected houses (envisaged for 4-5 persons with mental health problems) function adjunct to them. About 2000 persons reside in those centers.[13] They function under the Ministry of Labor, Social Protection and Family of Moldova.[14]

Moldova's mental health system is in the transition phase. On the one hand, communitarian centers are not developed enough, on the other hand, psychiatric institutions are being closed down. There is also no change in the public mindset, and no intersectoral cooperation. Mental health centers are in rayon (district) centers and it is difficult for rural residents to have access to them. Shortage of specialists and human resources is also one of the main problems (2 psychiatrists for the population of 100 thousand). The problem is conditioned by the fact that the sphere is not attractive. Specialists mainly leave for the neighboring Romania, where they are paid several times higher salaries.

Brief description of international organizations' recommendations aimed at human rights during COVID-19

On 11 March 2020, the World Health Organization (WHO) announced about the COVID-19 pandemic, which was first found in December 2019 in Wuhan town of China, and later reached the level of pandemic. WHO called on countries to take immediate and decisive measures to restrain the spread of Covid-19. WHO stressed that all countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights.[15]

On 20 March 2020, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment published principles of treatment of persons deprived of liberty in the context of COVID-19. According to those principles,

- Any restrictive measure taken vis-à-vis persons deprived of their liberty to prevent the spread of Covid-19 should have a legal basis and be necessary, proportionate, respectful of human dignity and restricted in time.
- Persons deprived of their liberty should receive comprehensive information, in a language they understand, about any such measures.
- The need to continue involuntary placement of psychiatric patients should be reviewed; persons in social care centers should be discharged or released to community care.[16]

In April 2020, "Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility" joint statement was made. The statement calls on states to ensure the safety and integrity of persons with disabilities and accelerate measures of deinstitutionalization of persons with disabilities from all types of institutions, stressing the heightened risks for persons with disabilities still in institutions. The statement also calls upon all relevant authorities to adopt measures to appropriately respond to the COVID-19 pandemic, ensuring inclusion and the effective participation of persons with disabilities.[17]

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11 https://ijmhs.biomedcentral.com/articles/10.1186/s13033-019-0292-9

12 https://newsmaker.md/rus/novosti/tam-net-vozmozhnosti-proverit-nacovid-19-chto-proiskhodit-vpsikhiatricheskikh-klinikakh-iinternatakh-moldovy-intervyu-nm/

13 Below we present the number of registered persons with mental health problems in Armenia according to statistical data: 32717 persons in 2000, 51167 persons in 2015, 57164 persons in 2019, 60222 persons in 2021, with an increase in morbidity https://www.moh.am/#1/6064

14 https://www.legis.md/cautare/getResults?doc_id=112516&lang=ru

15 https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

16 https://rm.coe.int/16809cfa4b

17 https://www.ohchr.org/en/statements/2020/04/joint-statement-persons-disabilities-and-covid-19-chair-united-nations-committee?LangID=E&NewsID=25765

Statements of international organizations also stress the importance of monitoring the situation of persons deprived of liberty.[18],[19]

Attaching importance to human rights in the conditions of the emergency state, Helsinki Citizens' Assembly-Vanadzor compiled a report in 2020 to present compliance of legal acts adopted in the conditions of the emergency state with international human rights norms and principles. The report presents, in detail, the pandemic-related restrictions in the context of international standards of human rights and the admissible deviations from those standards in emergency situations.[20]

International organizations also showed considerable concern regarding the disparate impacts of pandemic-related measures – a concern about indirect discrimination.[21] That is, the applied measures negatively impact particularly persons in vulnerable situations, while international human rights standards require that human rights restrictions and deviations from Convention provisions be based on principles of legality, necessity and proportionality.

In addition, in the context of COVID-19, a number of international organizations, including the WHO[22],[23],[24], UN Human Rights Office of the High Commissioner[25], CoE CPT[26], UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment[27], developed guides and recommendations on procedures in closed institutions and guaranteeing the right to health of persons with psychosocial disabilities. The recommendations mainly address the procedure of admission of persons to institutions, provision of mental health services and medications to persons receiving outpatient treatment, ensuring access to medical services for persons in institutions, as well as persons with psychosocial disabilities, introduction and application of alternative mechanisms of communicating with the external world, awareness-raising measures, as well as measures aimed at eliminating stigma and discrimination. All the documents of international organizations stress the imperative of considering rights-based and human-centered approach as the cornerstone of policies and activities.

The recommendations in sum:

- pay particular attention to peculiar needs of persons deprived of liberty, especially vulnerable groups and/or risk groups, i.e., the elderly and persons with accompanying diseases. This also includes screenings to test for COVID-19 and ensuring intensive care, if necessary;
- Discharge and release persons with disabilities from institutions and promptly ensure provision of support in the community through family and/or informal networks, and fund support services by public or private service providers;
- *in the meantime,* adopt and consolidate deinstitutionalization strategies, close institutions and ensure persons' return to the community, as well as expand the support and services necessary for persons with disabilities and the elderly*;*
- Prohibit the denial of treatment on the basis of disability and repeal provisions

[18] https://www.ohchr.org/en/press-releases/2020/07/un-torture-prevention-body-covid-19-shows-need-strengthen-national?LangID=E&NewsID=26031

[19] https://www.ohchr.org/en/statements/2020/06/covid-19-exacerbates-risk-ill-treatment-and-torture-worldwide-un-experts?LangID=E&NewsID=25995

[20] https://hcav.am/hr-covid-19/

[21] https://www.echr.coe.int/Documents/Speech_20220624_Shany_JY_ENG.pdf

[22] COVID-19: Operational guidance for maintaining essential health services during an outbreak https://apps.who.int/iris/bitstream/handle/10665/331561/WHO-2019-nCoV-essential_health_services-2020.1-eng.pdf?sequence=1&isAllowed=y

[23] https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1

[24] https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

[25] https://www.ohchr.org/en/documents/tools-and-resources/ohchr-guidelines-covid-19-and-rights-persons-disabilities

[26] https://rm.coe.int/16809e0703

[27] https://undocs.org/Home/Mobile?FinalSymbol=CAT%2FOP%2F10&Language=E&DeviceType=Desktop&LangRequested=False

that prevent access to treatment based on disability, level of support needs, quality of life assessments or any other form of medical bias against persons with disabilities, including within guidelines for allocation of scarce resources (such as ventilators or access to intensive care);

- ➢ Ensure the continued supply and access to medicines for persons with disabilities during the pandemic;
- ➢ Conduct training and awareness-raising of health workers to prevent discrimination based on prejudice and bias against persons with disabilities;
- ➢ Ensure priority testing of persons with disabilities presenting symptoms;
- ➢ prioritize testing of persons in institutions and promote preventive mechanisms in institutions to reduce the risk of transmission by solving the issue of overcrowding, ensuring conditions for keeping the physical distance, changing the visit hours, being consistent in terms of using protective means and improving hygiene conditions;
- ➢ temporarily add the institutions' resources, including human and financial resources, in order to conduct preventive measures;
- ➢ ensure proper personal hygiene (including access to hot water and soap) and open-air daily walks (for at least one hour)
- ➢ balance all restrictions on communicating with the outside world, including visits, by providing access to alternative means of communication (phone or voice messages through internet)
- ➢ during the emergency state, ensure continuous protection of the rights of persons in institutions, including protection from exploitation, violence and ill-treatment, elimination of discrimination, the right to free and informed consent, and access to justice;
- ➢ Identify and remove barriers to treatment including ensuring accessible environments (hospitals, testing and quarantine facilities), as well as the availability and dissemination of health information and communications in accessible modes, means and formats;
- ➢ Closely consult with and actively involve persons with disabilities and their representative organizations in framing a rights-based response to the pandemic that is inclusive of, and responsive to, persons with disabilities in all their diversity.
- ➢ Promote research on the impact of COVID-19 on the health of persons with disabilities.
- ➢ guarantee entry of monitoring bodies to all facilities, including places for persons in quarantine.

Brief description of the activities initiated by the governments of Armenia, Georgia, and Moldova, during the COVID-19 pandemic

In **Armenia**, the first case of Covid-19 was registered on 29 February 2020.[28] The first action addressing the COVID-19 pandemic was the formation of an interdepartmental commission coordinating the action aimed at preventing the spread of Covid-19, as approved by the RA Prime Minister's decision 39-A of 30 January 2020.[29] The march dedicated to the memory of the victims of March 1 was canceled [30],however, since March 6, the ruling party "Civil Contract", headed by the Prime Minister, started its campaign ahead of the referendum for constitutional changes on April 5. During March 6 - March 12, in the frame of the campaign, meetings and referendums were organized in Yerevan, Stepanavan, Syunik and Vayots Dzor regions.

On 16 March 2020, an emergency state was declared on the whole territory of the RA[31], which lasted until September 12. Quarantine regime

[28] https://www.facebook.com/nikol.pashinyan/posts/2569498986703814

[29] https://www.e-gov.am/decrees/item/21724/

[30] https://www.facebook.com/nikol.pashinyan/posts/2569759236677789

[31] https://www.e-gov.am/gov-decrees/item/33564/

was in place from 12 September 2020 until 11 January 2021.[32]

In Georgia, the first case of Covid-19 was registered on 26 February 2020.[33] On the same day, an Interdepartmental Coordinating Council was formed[34], which was to coordinate the combat against the pandemic. On March 18, the country closed its borders for foreigners.[35] During the first months, public transport stopped working, gatherings of more than 3 persons were prohibited, curfew was established. On 23 March 2020, a strict quarantine was established in Marneuli and Bolnisi districts of Kvemo Kvartli region, which closed down when one resident tested positive for Covid-19. In early May 2020, Georgia had the smallest number of Covid-19 cases and death cases in Caucasus (604 Covid-19 cases and 9 death cases for the population of 3,7 million).[36] On 21 March 2020, an emergency state was declared, which was lifted on May 22.[37] COVID-19 reached its first peak in Autumn 2020.

In Moldova, the first COVID-19 case was registered on 7 March 2020.[38] The Parliament established an emergency state from 17 March 2020 until May 15. In local government bodies there were public commissions, which comprised a doctor, police representative and a prison representative (if the community had a prison) and other important local institutions representatives. Those commissions regulate issues such as where persons should be transferred, placed, etc. On May 15, the emergency state was lifted, but it was maintained in the public health sector, which was extended a few times until 15 April 2021. [39],[40] The most difficult period was February-April 2021, when there was a big number of cases needing long-term treatment in hospitals. Vaccination was launched in March 2021. All the vaccines were available, including for prisoners.

General medical insurance system is in place in Moldova. Those who tested positive for Covid-19 were hospitalize in all 60 state hospitals of the country and in the special accommodated placement centers. This is conditioned by the fact that if they designated a few medical centers, there would be a problem related to transfer of persons due to the distance and shortage of ambulance cars. One Covid-19 case cost about 8000 MDL (about 380 EUR).

The ambulance did rapid COVID-19 tests and before reaching the medical center, they already knew if the person tested positive for Covid-19 or not.

In Moldova, a bill was adopted during the emergency state, whereby the emergency state commission and other executive bodies were given new broad authorities, including the authority to use "other necessary powers" to combat the pandemic. Establishment of the emergency state allowed the government, inter alia, to make big expenses, in a short period of time, for medication and medical equipment, by thus increasing the already high risk of corruption. Transparency of state procurement was seriously compromised even before the epidemic, because the law of 2019 exempted purchase of medical equipment from the need to use M-tender electronic system of purchases for technical reasons until 1 January 2021 (the system was not completely launched).[41]

In addition, the emergency state further deteriorated the guarantee of transparency of state procurement of medical equipment, since the emergency state commission envisaged a

[32] https://armeniasputnik.am/20221010/hajastanum-kvorvonavirusi-697-nvor-depq-e-grancvel-mek-shabatum-9-mard-e-mahacel-varakic-49548734.html
[33] https://report.ge/ru/society/v-gruzii-zafiksirovan-perviy-sluchay-koronavirusa/
[34] https://civil.ge/ru/archives/345594
[35] https://www.eurointegration.com.ua/rus/news/2020/03/16/7107556/
[36] https://www.dw.com/ru/коронавирус-в-грузии-как-в-стране-предотвратили-вспышку-эпидемии-covid-19-после-пасхи/a-53340840
[37] https://www.golosameriki.com/a/georgia-ends-covid-curfew/5432982.html
[38] https://nokta.md/segodnya-rovno-god-kak-v-moldove-vyyavili-pervyj-sluchaj-zarazheniya-covid-19/
[39] https://nokta.md/segodnya-rovno-god-kak-v-moldove-vyyavili-pervyj-sluchaj-zarazheniya-covid-19/
[40] https://freedomhouse.org/sites/default/files/2021-02/Rule-of-Law-in-Moldova%27s-Age-of-COVID-19_Rus.pdf
[41] https://newsmaker.md/rus/novosti/polnostyu-isklyuchit-narusheniya-nevozmozhno-kak-gosudarstvo-boretsya-s-korruptsie-42845/

number of new exclusions in the law on state procurements. According to it, the state procurement center purchased Covid-19 medication and medical equipment through negotiations, without any competition. On the one hand, it allowed for quicker purchase of urgent items, and on the other hand, it greatly contributed to corrupt or questionable transactions. Some questionable transactions were also covered by mass media.[42] A few days after declaring an emergency state in the health sphere, the Parliament adopted a new law to further expand the list of exclusions from the procurement procedures. [43]

As Armenia's, Georgia's, and Moldova's policies of combating COVID-19 and controlling the virus show, the authorities' political expediency and interests greatly impacted them. In particular, Armenia's authorities did not assess the pandemic threat seriously, while in Georgia, they gave a timely response (before the first case was registered, a few hospitals were reprofiled, after the first case of Covid-19, strict restrictions were imposed on movement, and citizens returning to the country kept a compulsory quarantine).

In Armenia, the Government, represented by the Commandant[44], was the main body responsible for controlling the virus; in Georgia, and Moldova, their Ministries of Health undertook the responsibility. During the first stage of controlling the virus, the public trust in the authorities and doctors played a great role. Georgia's citizens trusted their government, as a result of which they observed the restrictions, while in Armenia and Moldova, political struggle and campaigns were organized, various political forces had different policies of struggle. In Autumn 2020, during the election campaign in Moldova, the former president's team called on citizens to keep physical distance, wear a mask, while the opposition held meetings without a mask, and greeted people by shaking hands. On the one hand, they declared that crowded events were prohibited, on the other hand, the Prime Minister organized his son's wedding ceremony. Such contradictory and inconsistent behavior and inappropriate information policies led to public mistrust, which contributed to non-observance of pandemic prevention rules.

The political conduct of the government and parties in Moldova greatly impacted the health sector's policy of combating Covid-19. The authorities interfered with the health sector. If a person is not a member of the ruling political team, or is a member of the previous government, he/she is left unemployed during the rule of the new government, and as a result, the sector is compromised, brain drain increases, thus intensifying the shortage of specialists. The authorities were also slow in initiating measures to get vaccines, in particular, in applying to COVAX initiative to get free vaccines.[45]

In Georgia, doctors had a great reputation. As the representative of the Georgian branch of Transparency International mentioned, "due to doctors' urges, people decided not to go to churches".[46] The Church also played a great role in Georgia. The church ranks second on the trust scale after the army (it ranked the first in 2019). This means that the government's policy could not avoid this factor, particularly given the tradition of people visiting churches and attending liturgies on church holidays.

Before Easter (April 19, 2020), the government was unable to reach an agreement with the Patriarchate and Patriarch Ilya B about not holding a liturgy

[42] https://freedomhouse.org/sites/default/files/2021-02/Rule-of-Law-in-Moldova%27s-Age-of-COVID-19_Rus.pdf

[43] https://freedomhouse.org/sites/default/files/2021-02/Rule-of-Law-in-Moldova%27s-Age-of-COVID-19_Rus.pdf

[44] By the decision on declaring an emergency state, a Commandant's Office was established to ensure unified management of the forces and means ensuring the legal regime of the emergency state. Deputy Prime Minister Tigran Avinyan was appointed as the head of the Commandant's Office. The Commandant's instructions were compulsory for the Commandant's Office staff, heads and representatives of state government bodies, as well as the Police, National Security Service Ministry of Defense, used to ensure the emergency state.

[45] COVAX is a global initiative. It aims to accelerate the development and manufacture of COVID-19 vaccines and to guarantee fair and equitable access ensure equal access to free COVID-19 vaccines for 20% of the population of the 92 countries that are part of the initiative.https://www.unicef.org/moldova/en/vaccination-against-covid-19-republic-moldova

[46] https://www.dw.com/ru/коронавирус-в-грузии-как-в-стране-предотвратили-вспышку-эпидемии-covid-19-после-пасхи/a-53340840

on Easter. The government chose a different mechanism. On April 15-25, they closed down the entry and exit of four major cities of Georgia (Tbilisi, Rustavi, Kutaisi and Batumi), the cemeteries, and private car traffic was suspended for five days, except for emergency cases. The only way to visit church was to reach it on foot.

A common problem was the lack of control over financial means and assessment of cost effectiveness, which contributes to increasing corruption risks.

In Armenia, the population was made to pay an average of AMD 8000 (about 18 euro) every 14 days and present the negative test result to the employer. In Georgia, COVID-19 tests were free of charge, and regular tests were done in schools and hospitals. In the Republic of Moldova, COVID-19 testing is carried out in accordance with the approved clinical protocol, which is regularly updated based on WHO recommendations. Testing is done free of charge in public institutions, however, testing is charged in private institutions if done in cases that do not comply with the criteria of the clinical protocol (for example, for travel outside the country).

In Armenia and Georgia, no legal regulation was envisaged for extra pay to the staff engaged in treatment/control of COVID-19. In Moldova, by the order of the Minister of Health, 100% extra pay was envisaged for the staff immediately involved in the treatment/control of COVID-19, and 50% extra pay for the staff of pre-hospital ambulance and primary medical assistance. In particular, on 9 March 2020, order N 243 of the Ministry of Health, Labor and Social Protection of Moldova approved the provision of 100% extra pay for the staff immediately involved in treatment/control of COVID-19.[47] Order N 466 of 15 May 2020 made addenda to the aforementioned order, and in addition to the aforementioned group, 50% extra pay was envisaged for workers of pre-hospital ambulance and primary medical assistance, involved in provision of medical assistance to persons who test positive for COVID-19. Noteworthy, after introduction of the vaccination process, provision of extra pay to the Head of the institution was conditioned by the number of vaccinated persons in the staff.

Besides, a compensation of about 1000 euro was envisaged for cases of being infected in the workplace in Moldova. A separate order was issued to prohibit concurrent employment (working in two different places) to reduce cases of contagion.
A special section has been created on the websites of the health ministries of the three states with daily updated data on the COVID-19 situation and other relevant information[48].

The response of mental health systems to COVID-19 in Armenia, Georgia, and Moldova

In Armenia, order N 336 of 31 January 2020 approved the temporary guide on controlling COVID-19 and prevention of in-hospital spread of virus, which complied with the standards established by WHO. Despite the existence of the guide, only on 3 May 2020, the RA Commandant's decision approved the safety rules for the prevention of in-hospital contagion of COVID-19 in medical assistance and service organizations including primary health care and dental service organizations (hereinafter referred to as a medical organization).[49]

The RA Government's decision N 298-Ա on declaring a state of emergency imposed a number of restrictions which impacted also psychiatric institutions and persons receiving treatment and care there. In particular, in psychiatric institutions, it was prohibited 1) to receive parcels, deliveries and packages 2) to have visits (except for video calls). [50] On 27 April 2020, the RA Health Minister's order N 1350-Ա was issued regarding epidemiological observance of virus control capacities (during big flow of patients) with the view to preventing in-hospital spread of COVID-19 in medical assistance and service organizations in the Republic of Armenia.

[47] https://ms.gov.md/en/legislatie/covid-19/ordine/
[48] https://covid.ncdc.am/; https://stopcov.ge/en; https://ms.gov.md/covid-19/
[49] See appendix 9 to the RA Commandant's decision N 63 of 3 May 2020: safety rules for medical aid and service organizations, including primary health care and dental service organizations, for the prevention of in-hospital transmission of COVID-19https://www.gov.am/files/docs/4148.pdf
[50] https://www.arlis.am/DocumentView.aspx?docid=140212

Psychiatric institutions were also involved in the list. Further, the RA Health Minister's order N 2014-Ա of 27 April 2020 envisaged observance of the work conducted to eliminate the shortcomings identified in medical assistance and service organizations of the Republic of Armenia as a result of implementing order N 1350-Ա of 27 April 2020. On 4 August 2020, order N 17-Ն of the RA Minister of Health approved SR3.1.2-001-20 sanitary rules used to prevent spread of COVID-19.

The National Center for Disease Control and Prevention was the main body involved in the development of legal regulations. Representatives of not all psychiatric institutions were involved in the development of legal regulations. Separate legal acts were sent to the institutions, however, no common regulation was developed as to the functioning in the conditions of the pandemic.

With respect to the factual situation in psychiatric institutions in the Republic of Armenia, while the legal regulations required (isolation of persons, particular furnishing (for example, one sink for every 10 beds, provision of personal protective equipment and hygiene items), the conditions of the buildings did not allow for ensuring isolation space and the required furnishing. Besides, additional staff was needed to work in the isolation space, however, due to lack of/scare human and financial resources, it was not possible to assure their long-term normal functioning. In general, lack of human and financial resources in institutions was one of the main challenges during the pandemic.

The Ministry instructed the institutions to spend the existing financial means as necessary, stating that it would be compensated, which they did not do.

Another problem was availability of medical items and medications necessary for the prevention, identification and treatment of COVID-19. The Ministry initiated an amendment to the RA Law on State Procurement in order to facilitate purchase of the necessary medication. Nonetheless, there was no effective mechanism of supply and storage of the necessary items and medications.

Assuring communication with the external world was also a problem. Communication with relatives/friends was ensured through telephone, however, not all institutions had internet connection and the relevant equipment.

There were also cases of undue delay in applications for involuntary hospitalization. There was also a case when the court did not accept the package of documents submitted to court manually, and urged the applicant to send it through postal delivery.

According to 2021 report of the group of observers conducting monitoring in psychiatric institutions, the death rate at the National Center for Mental Health increased more than 4 times in 2020 (5 cases in 2019, 22 cases in 2020). It should be noted that the causes of death are not known in 19 out of 22 cases, because the anamneses were not returned from the forensic examination.[51]

The staff's workload and vulnerability to the virus increased (work with infected persons, outpatient service in uncertain conditions, i.e., patients could be infected). Institutions that were initially specialized in providing psychiatric services were also engaged in COVID-19 treatment services. The staff also performed the function of providing information to the patients' relatives. In some cases, due to the additional financial means provided to the institution, salaries were increased, in other cases, no incentive was used. Moreover, the staff was sometimes in enforced idleness and was deprived of a part of their salaries. The likelihood of the staff's emotional burnout is also among the risks of working in such emergency conditions, and it was not taken into account.

No legal act approved outpatient psychiatric service, in particular, the procedure of providing medication. The institutions tried to find solutions on their own. In particular, they used the mechanism of providing medication for 2 months (medication for 2 months were not provided to

[51] The RA Psychiatric Institutions in the conditions of COVID-19 (part 2), the state of controling and preventing somatic diseases (updated), report, 2021, https://hcav.am/wp-content/uploads/2021/10/Report_Somatic-health-care-in-psychiatric-hospitals_final_ARM.pdf pages 39-40

persons receiving compulsory treatment, when there was a risk of suicide from overdose). The option of transporting medication to the relevant person's residence place was considered, however, it was not implemented in order to avoid problems with law enforcement bodies.

The COVID-19 pandemic once again stressed the stigma against persons with mental health problems. There were cases when doctors avoided hospitalizing patients who tested positive for COVID-19 to multi-profile specialized medical institutions. And since there was no legal regulation that would clearly establish the criteria and procedure for transferring a person from a psychiatric institution to a specialized medical institution, the issue was frequently solved through personal connections of administrations.

In March 2020, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of **Georgia** initiated development of regulations and guides. The Ministry's orders were based on psychiatrists' observations and recommendations, psychiatrists often developed drafts themselves, which was later approved by the Ministry.

Within 2 months, the Georgian Association of Psychiatrists developed the guide "Mental health and COVID-19" (published in May 2020), which was later approved by the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia. The guide includes detailed recommendations regarding organization of the activity of inpatient, outpatient/community psychiatric services and community mobile teams, including admission of patients, visits, provision of medication, care, transfer of persons receiving treatment and care to another institution/medical center, managing confirmed/potential cases of COVID-19, use of psychotropic medication, safety of staff, mental health preservation, as well as preservation of the population's mental health. The same group developed separate procedures for provision of inpatient and outpatient services in the conditions of COVID-19.

Despite the existence of the guide, the majority of the staff of psychiatric institutions were not informed about them. Only hygiene rules were observed in the institutions, while other procedures (isolation, procedure of getting the medication) were not. In some institutions, persons receiving treatment and care were not provided with soap. There were also cases, when persons receiving treatment and care had fever, and violence was used to isolate them in a room.

As a national preventive measure, in their report of 2022, the Human Rights Defender recorded that during 2020-2021, 154 cases of COVID-19 were recorded in the national center for mental health in Khoni. 8 of those who tested positive for COVID-19 were transferred to the hospital of contagious diseases, 2 of them died.[52]

During the initial stage of the spread of the virus in Georgia, stigma was intensified due to discriminatory and stereotypical approach while covering a particular incident. In particular, a video footage was disseminated showing how a person does not comply with medical workers' instructions and does not perform their requirements. After that a statement was made that the sanitation worker tested positive for COVID-19, and the person who had not complied with the medical workers' requirements had mental health problems (note: that person was not registered as a person with mental health problems). After that footage, the population intensified its prejudice that persons with mental health problems do not have a clear mind, cannot observe hygiene rules and can be a source of transmission. It is noteworthy that a contract was signed between general medical institutions and psychiatric institutions, according to which a specialized group was to be invited from a psychiatric institution in case the hospitalized person had mental health problems. In the presented case, the specialized group was not invited.

The video footage was an impetus to completely separate the Mental Health Center of Rustavi as a center (with 22 beds) for hospitalizing persons with mental health problems who test positive for COVID-19. Such departments were also separated in Batumi's medical center and

[52] page 121, link 424 https://www.ohchr.org/sites/default/files/documents/hrbodies/opcat/npm/2022-07-22/Georgia-Report-of-the-National-Preventive-Mechanism-2021.pdf

TerjolaMed center (25-30 beds). The choice of those medical centers was made so as to have general medical services close, since those centers are separate departments of medical complexes. 100 beds were also envisaged in the biggest national mental health center of Georgia (with 650 beds), which is located in Khoni.

Nearly all medical centers are private, but it does not hinder state control, since the same rules are in place for healthcare activity in general (they have state health rules). The state can also deprive a private medical organization of their license of providing services. During COVID-19, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia negotiated with private medical organizations, and paid them for COVID-19 beds. The organizations did not object, as they realized the need for that cooperation. Participation in COVID-19 programme also made those institutions eligible to apply to other programmes within the universal health care programme. Every person admitted to a medical institution was registered and in case that person had mental health problems, they tracked his/her transfers and place of treatment.

Admission to psychiatric institutions was problematic also before COVID-19. The institutions were overcrowded, moreover during COVID-19, psychoses were intensified, and applications to be admitted increased 5 times, while admission rate decreased. There were cases, when a person was not allowed in, they looked out of the windows and told him "you're all good, go" or the institution refused to admit a person and the ambulance left that person in the yard of that institution.

There was also no systemic approach to ensuring walks, in some institutions they even did not allow persons to go to the yard, as the road to the ambulatory passed through that road and it could be a source of transmission (a person could pick up a cigarette butt (cigarette residue) off the floor and smoke it). Visits were prohibited, patients communicated with their relatives through windows, the institutions had problems related to access to phones and internet connection. Some institutions did not observe protective rules, people entered even without having their temperature checked, the staff did not observe the rule of wearing a mask.

COVID-19 funding was separate, and there were no restrictions as to what those financial means should be spent on. Hospitals purchased the medication. The state, represented by the Ministry, purchased the service, and the medical center made the purchases. The state simplified the procurement procedure in order to facilitate the process of buying medication. Every month, all medical centers submit reports (the Ministry tracks how persons with mental health problems avail themselves of services through the electronic base filled in in the process).

Medical centers envisaged for COVID-19 were paid 100 GEL (about 25 EUR[53]) for each bed daily. The money was envisaged for extra pay to salary and additional utilities pay. Additional 27 GEL were provided for medical workers for each bed (5 GEL/hour to the doctor, 3 GEL/hour to the nurse, 1 GEL/hour to the sanitation worker), as well as additional money was provided for food and medication. During COVID-19, in certain medical centers, nurses received 1500 GEL (about 540 EUR[54]), while a nurse's salary is 90 GEL for one shift (about 560 GEL or about 200 EUR monthly) in normal labor conditions.

The state did not support ambulatory services, and provided support not to all psychiatric institutions, and not in a sufficient manner.

Persons had transport problems to get the medication, and had to walk long distances. Medication was provided for two months and a procedure was introduced for arranging a day and time on the phone in advance. However, the procedure was frequently not observed, and persons visited the center without arrangement. During the lockdown, to ensure access to medication, Rustavi's mental health center developed a procedure, according to which a doctor arrived from Tbilisi, made the prescription, by which a person got the relevant medication (an agreement was made with the pharmacy). In case a person could not personally take the medication, social workers got them from pharmacies and provided them to the relevant persons by visiting them at home.

[53] https://www.exchange-rates.org/Rate/GEL/EUR/12-31-2020

[54] https://www.exchange-rates.org/Rate/GEL/EUR/12-31-2020

Staff resources were always a serious problem, and this problem deteriorated during COVID-19. In Khoni, 1 psychiatrist and 2 sanitation workers are envisaged for every 100 persons. Psychiatrist's profession is not demanded, as it is paid low. The new legislative change made psychiatry residency free of charge, no other measures were taken to make the profession more attractive. An additional psychiatrist and a psychotherapist were engaged in Rustavi's mental health center during COVID-19. A procedure for treating COVID-19 was in place. All doctors could use that procedure irrespective of their narrow specialty, however, no training was provided. The procedures lacked criteria for social workers in the sphere of psychiatry.

Trials concerning involuntary treatment were held remotely.

As of October 2021, none of the persons receiving treatment and care in psychiatric institutions was vaccinated. There was a shortage of vaccines, and persons in psychiatric institutions were not considered a priority group, as they were thought to already be under control. The state did not conduct effective advocacy for vaccination. The Prime Minister himself expressed against vaccination. A video footage was broadcast live showing how a nurse died from vaccination. Later the state found out that the procedures were not observed, however, the video negatively impacted the public opinion.

From January 2020 till July 2022, the Ministry of Health of **Republic of Moldova**[55] published about 80 orders concerning provision of disinfectants and hygiene items, and regulations of responding to COVID-19 in social support institutions. When developing legal acts and procedures related to mental health, specialists were not involved; engagement of specialists was influenced by the specialists' attitude to the government's policy.

On 6 April 2020, the order of the Minister of Health, Labor and Social Protection of Moldova established additional measures for availability of psychological and pharmacological support services in the conditions of the emergency state.[56] On 16 May 2020, when the emergency state was lifted, and an emergency state was established in the public health sphere, further measures were established to ensure medical services of the population during the health sphere emergency state.[57]

While the authorities responded to the situation pretty fast, they were not ready to withstand such volumes. Psychiatric institutions and temporary residence centers for persons with disabilities were not ready for quarantine. The institutions did not have an opportunity to isolate and test persons, if necessary.[58]

Drug users were also transferred to psychiatric institutions, while the Center for Addictions Treatment started to serve COVID-19-related needs in March 2020. Persons needing hospitalization related to their mental health were transferred only in case of negative Covid-19 test results. In the institution, tests were done only in case of symptoms.

Persons who got infected in the institutions received their treatment there. The institutions have an infectious disease specialist, epidemiologist, psychiatrist, who took care of persons with mental health persons. In case of other somatic diseases, the relevant persons were transferred to other hospitals with more equipment.

According to the report of the People's Advocate Office of Moldova, during 2021, 97 death cases were recorded among persons in institutions (cardiovascular diseases, as well as complications caused by COVID-19 are mentioned as causes).[59]

There was no shortage of medication or supply. There was no procedure for providing medication. Each center decided it on their own. Doctors also ensured access to medication by taking the relevant medication to the residence place of patients. Instead of 1 month,

[55] After the elections of 2021, 2 ministries were formed, namely, the Ministry of Health, and the Ministry of Labor and Social Protection
[56] https://ms.gov.md/legislatie/covid-19/ordine/
[57] https://ms.gov.md/legislatie/covid-19/ordine/
[58] https://www.dw.com/ru/в-молдавии-коронавирус-проник-в-психиатрические-лечебницы/a-53290691
[59] https://md.tsargrad.tv/news/v-moldavskoj-psihiatricheskoj-bolnice-v-2021-godu-umerli-97-pacientov_478037

medications were prescribed for 3 months (before COVID-19, such a procedure was used in the frame of methadone pharmacological treatment). No order was issued in these terms, but there was an oral agreement. The issue of equipment was not harsh, either, since within the framework of projects implemented with the support of the Global Fund, large amounts of money were allocated for the fight against HIV/AIDS and prevention of tuberculosis. The communitarian centers advocated for vaccination among their visitors, and it proved effective.

During COVID-19 the flow of people to communitarian centers was reduced as a means of controlling the virus based on the decisions of the Emergency State Commission. an order was issued to reduce the flow of people. Consultations were provided on the phone or in the center's yard. Some time later, the relevant adaptation was made in the building; people took queues not to meet each other. The compulsory requirement for wearing a mask was an issue, since it is difficult to diagnose without seeing a person's facial expressions.

Sanitary rules are in place, including for psychiatric institutions and isolation places. The special procedure for the functioning of medical institutions, including psychiatric institutions, was established during the COVID-19. For example, if the procedure specifies that the patient is to be transferred to the hospital for infectious diseases, the latter is aware that they are to accept the patient. Each center has an established procedure of functioning.

No mechanism was found for allocating funding to mental health centers, which is why, no additional funding was received. There was a shortage of masks, charitable initiatives provided masks periodically. About 4 death cases were registered in the centers.

With respect to ensuring communication with the external world, everyone had phones in centers of temporary residence, but not all centers had internet connection. About 70% of the staff of those centers are medical staff, who did not receive psychological support. They were obliged to go to work, as otherwise, they could be dismissed.

Employees who got infected were replaced by their colleagues. Noteworthy, senior students and residents of medical universities were also involved. The staff worked a 7-day shift.

Both the insufficient number of specialists and their age (60 years old on average) are a problem in the psychiatric system.

During the pandemic, the national preventive mechanism made monitoring visits to the institutions. The Government provided the personal protective equipment necessary for the visits. In addition, a detailed procedure was developed as to the use of personal protective equipment and infection control measures during monitoring visits.[60]

Features of Armenia's, Georgia's, and Moldova's policies and ensuring the rights of persons with mental health problems during COVID-19

Armenia has an institutional system of mental health, i.e., the model of providing medical services through psychiatric institutions. Georgia's and Moldova's work mostly aims at introducing community services, decentralizing psychiatric services, preserving mental health and detecting problems in early stages.

They also have different approaches as to general control of the virus among persons with mental health problems.

In Georgia and Moldova, as part of the deinstitutionalization policy, as well as the support programs for drug users, mechanisms for providing medications for a longer period of time and telecommunication for receiving drugs were used. Those mechanisms were also used during the COVID-19 pandemic. In particular, since 2014, Moldova has been using the practice of remote control of taking the medications during the treatment of tuberculosis, when a person takes a video of him/her taking the drug and sends it to the doctor. In Georgia, in order to ensure uninterrupted provision of medications, in

[60] http://ombudsman.md/wp-content/uploads/2020/05/Ghid-de-protejare-a-s%C4%83n%C4%83t%C4%83%C8%9Bii-%C8%99i-men%C8%9Binerea-siguran%C8%9Bei...-29.05.2020.pdf

addition to the already functioning mobile teams, social workers were engaged, the procedure of getting medications from pharmacies was simplified, and the mechanism of sending the medications through postal delivery was used.

In Armenia, there are public observers' groups with the authority to conduct monitoring in closed institutions; while in Moldova, there are observers' groups with the same authority adjunct to community governance bodies. The groups in Moldova, however, do not function in practice due to the scarce human resources with the relevant skills.

The working group of the Georgian Association of Psychiatrists developed a guide and procedures regulating the mental health sphere in the conditions of COVID-19, which were approved by the order of the Minister of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia.

As a result of the study, the following obstacles were identified in terms of ensuring the rights of persons with mental health problems:

- inappropriate use of funds provided by international organizations to the state to withstand COVID-19, lack of accountability and transparency;
- lack of the opportunity to ensure proper isolation in psychiatric and care institutions;
- lack of the opportunity to hospitalize and/or isolate persons with the relevant referral;
- insufficient number of personal protective equipment;
- scare human resources, in particular, young specialists;
- disproportionate allocation of funds without specific criteria;
- insufficient level or lack of intersectoral cooperation (there is no cooperation between the ministries of health and social protection and labor, between local and central public government bodies at the community level, between the civil society and beneficiaries);
- workload of the institutions' staffs, and high risk of professional burnout;
- low level of awareness of the institutions' staffs and medical centers' workers;
- stigma against persons with mental health problems and intellectual problems (lack or improper implementation of policies aimed at reducing stigma and discrimination)

The following problems were also identified in Armenia, Georgia, and Moldova, while preventing consequences of the COVID-19 pandemic:

Armenia

- lack of a unified mechanism for rewarding the staff of psychiatric institutions;
- vague legal regulations, lack of a unified complex regulation, procedure;
- lack of measurable criteria (for example, in what case management of the virus becomes primary and provision of psychiatric services by a psychiatric institution becomes secondary, in case of which symptoms and indicators is a person transferred from a psychiatric institution to a medical center, and in which case is treatment organized in the institution?)
- unregulated outpatient services, including lack of effective mechanisms of providing medications

Features of Armenia's response

- The authorities did not initiate timely and proper preventive measures.
- Political interests were prioritized, campaigns were held by ignoring the state's obligation to guarantee public health.
- The Government, represented by the Commandant, undertook responsibility for preventing and controling the pandemic.
- The institutional system of mental health.
- Public monitoring groups.

Georgia

- lack of regulations for the work of social workers in the psychiatric sphere

Features of Georgia's response

- Timely response to the threat of the pandemic.
- The Ministry of Health undertook responsibility for preventing and controling the pandemic.
- Citizens' trust in the Government and doctors' reputation.
- Free testing
- The role of the church.
- Reform of the institutional system of mental health.

Moldova

- Not all regions' multiprofile hospitals had available beds for persons with mental health problems, which increases the expenses of transferring a person to the relevant hospital
- insufficient equipment and little space in community mental health centers

Features of Moldova's response

- Corruption risks
- Political interests were prioritized, campaigns were held, ignoring the state's obligation to guarantee public health.
- The Ministry of Health undertook responsibility for preventing and controlling the pandemic.
- "brain drain"
- A unified health insurance system
- Reform of the institutional system of mental health
- Compensation for getting infected in the workplace
- Establishing extra pay for the staff engaged in controlling the virus
- A developed telecommunication system
- Observation groups adjunct to community government bodies, which have the authority to monitor closed institutions
- NPM monitoring visits continues during pandemic

Recommendations

Taking into account the study results, as well as principles and approaches of international organizations, below we present recommendations aimed at safeguarding rights of persons with mental health and intellectual problems in the conditions of the pandemic:

1. Observance and elimination of shortcomings in measures aimed at preventing and controlling the virus

Measures of preventing and controlling the pandemic should not be limited to emergency situations, they should have continuous nature, and emerging issues should be given systemic and long-term solutions.

Such measures should include:

- assessment of the cost-effectiveness of financial means allocated to combating COVID-19;
- review of the acting regulations to make them compliant with international standards and human rights (including by ensuring that emergency measures exclude discrimination on the basis of disability);
- examination of causes of death cases in the institutions during COVID-19 and revision of healthcare programs based on the results of the examination;
- assessment and review of the existing and necessary resources (financial, material-technical and human resources), their application mechanisms, institutional opportunities, procedures;
- research on the impacts of COVID-19 on the health of persons with mental health problems;
- development of telemedicine methods and mechanisms;
- engagement of mental health specialists in the process of rights-based response to an epidemic;
- engagement of persons with disabilities and their organizations, as well as close

cooperation with them in the process of rights-based response to an epidemic;
- provision of persons with mental health and intellectual problems with comprehensible available information on the virus
- training of medical workers, raising their awareness level regarding rights of persons with mental health problems, and peculiarities of work with them;
- development and implementation of strategies of closing psychiatric institutions and houses providing care to persons with psychosocial and intellectual disabilities by ensuring support in the community through families and/or informal networks, as well as funding of services by state or public service providers;

in the meantime, as an interim measure in psychiatric institutions;

- identification of persons in risk groups;
- ensuring equipment and personal protective equipment for admission of persons with a referral for inpatient psychiatric aid, isolation space for virus-carriers and those possibly infected, safe examination space
- excluding violence or neglect towards persons receiving treatment and care, as well as use of coercive measures related to outbreak of the virus;
- Uninterrupted supply of a sufficient number of medications, hygiene items, personal protective equipment and environmental cleaning supplies;
- ensuring human rights during the emergency state, including the right to be free from abuse, violence and ill-treatment, eliminating discrimination, the right to free and informed consent, and access to justice
- proper cleaning of the environment and safe waste management;
- development and approval of user-friendly guide(s) on the following topics:

psychiatric institutions

- admission of those having a referral to be hospitalized to a psychiatric institution;
- prevention of virus transmission in the institution, including hygiene rules, testing
- staff safety/contagion risk management;
- management of suspected, confirmed and complicated cases/ including establishment of criteria that make a mental health problem secondary/;
- raising awareness about hygiene rules;
- space cleanliness and safe management of waste;
- visits;
- walks;
- transfer of persons receiving treatment and care (including by establishing criteria as to which symptoms make a person subject to be transferred to a relevant center);
- provision of psychotropic medication;
- provision of medications regulating somatic conditions;
- vaccination of the staff and persons receiving treatment and care by ensuring observance of the principle of informed consent;
- ensuring decent working conditions during the pandemic (including financial rewards, psychological rehabilitation/prevention of emotional burnout) and enshrining pandemic-related rules in employment contracts

outpatient service

- regulation of visits;
- provision of psychotropic medication;
- home consultations;
- organizations of visits to homes;
- management of suspected cases of infection;
- management of confirmed cases of infection;
- vaccination by ensuring observance of the principle of informed consent.

2. Being prepared to respond to rise of virus cases/emergency situations

Policy-makers should initiate relevant measures to immediately respond to the virus, while policies should be developed by considering the possible crisis situations:

- assigning/forming a relevant person/team at the level of the government and the institution
- development and approval of a mobilization plan in pandemic situations to ensure continual provision of services in the institutions (including by developing alternative mechanisms of providing psychiatric services, and, if necessary, mechanisms of engaging additional human and financial resources, supply of personal protective equipment and hygiene items, procedure of control/restriction of free sale of antibiotics)
- guaranteeing entry of monitoring bodies (including national preventive mechanisms and the European Committee for the Prevention of Torture) to institutions, including places for persons in quarantine.

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