



# SUBMISSION

## UNIVERSAL PERIODIC REVIEW PRE-SESSION ON THE REPUBLIC OF ARMENIA

Submitted on 11 October 2024





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### **Submitted on 11 October 2024**

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## **1. Presentation of the Organisations**

This Statement is delivered by Helsinki Citizens' Assembly-Vanadzor, Democracy Development Foundation, Disability Rights Agenda NGO and Armenian Mental Health Association. The reform of the mental health sector and the protection of the rights of persons with psychosocial disabilities occupy a special place within the activities of these organizations.

## **2. Consultations**

This report is a joint submission, which is based on the first-hand data collected during monitoring and fieldwork in human rights protection.

## **3. Statement**

The realization of the rights of persons with mental health conditions is not ensured in Armenia. The legal framework of the field is not aligned with international standards. The services are strictly limited, mainly non human-centered and rights-based. The level of public awareness is low.

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## Introduction

1. The key problems in the sphere of mental health in Armenia are inadequacy of the legal framework, lack of access to quality services that address persons' needs and rights, shortage of human-rights based services and qualified professionals, disproportionate distribution of services and resources between the capital and regions, inadequacy in early detection and prevention of mental disorders, misconceptions among the public about mental health and discriminative approach towards persons with mental health conditions, both in healthcare institutions and society.
2. The legislative framework is constantly changing, but often does not guarantee the protection of the rights of persons with psychosocial disabilities or contradicts the international obligations undertaken by the Republic of Armenia.
3. The observations and recommendations of international organizations and institutions regarding mental health are not properly implemented by the state. For example, back in 2017, as special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dainius Puras, after his visit to Armenia, emphasized, among other things, the importance of developing the capacities of family doctors in the primary health care sector in the direction of identifying and directing mental health problems, the priority of deinstitutionalization, the need to eliminate the institution of legal incapacity.
4. The UN Committee on the Rights of Persons with Disabilities in its Concluding Observations in 2017 also recommended expediting the process of deinstitutionalization, prohibiting involuntary hospitalization and forced institutionalization and introducing supported decision-making regimes instead of deprivation of legal capacity. Nevertheless people continue to live in psychiatric institutions, are deprived of legal capacity and to be involuntarily hospitalized.
5. In the report of the Working Group on the Universal Periodic Review, published on March 18, 2020, the recommendations addressed to Armenia regarding the provision of right to health mainly refer to the provision of health services for all levels of society and in rural communities.
6. In the context of ensuring right to health, this Submission refers to the state policy in the field of mental health, mental health services, their accessibility and affordability and to the problem of public awareness regarding mental health.

## **Issue 1. Decentralization and deinstitutionalization of mental health services**

7. Since 2014, the Republic of Armenia adopted the policy of decentralization and deinstitutionalization of mental health services by adopting a number of strategic documents. Despite this, the actions of the state often contradict the adopted policies, appropriate measures and allocation of sufficient financial resources in the direction of decentralization and deinstitutionalization have not been implemented. For example, the allocation of 5 billion AMD (about 10 million dollars) from the government's budget to the reconstruction of the largest psychiatric hospital in Armenia in 2021 proves the contradictory activity of the state.

8. There are no psychiatric departments in regional multispeciality hospitals operating in Armenia. Systematic, rights-based community services such as crisis centers and mobile services, are also missing beyond those occasionally provided by independent initiatives.

9. In fact, psychiatric care services continue to be provided mainly by psychiatric hospitals, which are not accessible in five out of ten marzes of the Republic of Armenia. Moreover, according to the monitoring results of the Human Rights Defender's office and the Public Observation Group in Psychiatric Centers, cases of human rights violations in psychiatric facilities are of a continuous nature.

10. According to the current legal regulations, family doctors of primary health care are assigned, among others, the function of detection, initial diagnosis and referral of a person with a mental health condition, however, they do not have a sufficient number of specialists and the necessary tools (comprehensive knowledge, guidelines) to perform these functions properly. Through various programs, the WHO Armenia office, non-governmental organizations conduct training courses for family doctors in order to detect and provide further services to a person with mental health conditions, but they do not cover the entire need.

11. The lack of services in communities, especially in rural communities has led to the fact that people in order to overcome fear, stress, and psycho-verbal development problems also turn to non-professional services: psychics, fear catchers, healers, herbalists. This hinders the provision of early intervention services for children with psychosocial disabilities and in the case of adults, the process of applying for specialized services and receiving the necessary services at the right time.

12. The existing system was proven not to be right based once more in 2020, when a state of emergency was declared in Armenia due to the COVID-19. Persons in psychiatric facilities, already subject to severe restrictive conditions, encountered

additional obstacles and facilities faced new challenges with no systemic solutions to overcome them.

### **Recommendations:**

- Ensure the development and implementation of measures in line with United Nations Treaty Documents aimed at the policy of decentralization and deinstitutionalization of mental health services
- Exclude the implementation of measures contrary to the United Nations Treaty Documents and the commitments undertaken by the Republic of Armenia
- Ensure access to rights-based mental health services, including in rural and in sparsely populated communities
- Provide primary health care physicians (psychiatrists, family physicians) with the necessary knowledge and skills

### **Issue 2. Deprivation of legal capacity of persons with mental health conditions**

13. In the Republic of Armenia, the institution of recognizing persons with mental health conditions as legally incapacitated is maintained, depriving the latter of the right to make decisions about their lives, including their health.

14. Since 2014, the National Strategy for the Protection of Human Rights of the Republic of Armenia has planned measures aimed at reforming the institution of legal incapacity. However, the state did not take any practical steps towards the abolition of the institute.

15. In the National Strategy for Human Rights Protection the abolition of the institute of legal incapacity and a measure to replace it with a supported decision-making mechanism was planned in 2020-2022. In November 2022, the government's draft decree of the Republic of Armenia, "On the Revision of Legal Regulations related to the Institute of Legal Incapacity and Approval of the Action Plan for the Introduction of a Supported Decision-Making Mechanism", was even put up for public discussion on the unified website for publication of legal acts' drafts. However, the draft was not approved due to internal resistance, lack of will to completely eliminate legal incapacity. The measure was not implemented. Moreover it was not included in the next action plan of 2023-2025.

16. We can observe some progress in the field only with the decision of the Constitutional Court in 2015 of the Republic of Armenia, which recognizes the right of a

person recognized as legally incapable to apply to the court for the restoration of their legal capacity.

**Recommendation:**

- Eliminate the institute of recognizing persons as legally incapacitated and introduce supported decision-making regimes

**Issue 3. Coercive treatment of persons with mental health conditions**

17. Armenian legislation enshrines involuntary hospitalization and psychiatric treatment, based on a decision by court, "with the view to prevent the damage posed by the person with a mental health conditions (including the damage in terms of his or others' life or health). It contradicts the United Nations Treaties and the obligations undertaken by the Republic of Armenia.

18. According to the data of the official website of the Judiciary of the Republic of Armenia, during the period 2010-2022 703 cases with the claim regarding involuntary treatment have been completed. A decision satisfying the claim has been made on average 79 percent of cases (in at least 68.4 and at most 89.1 percent of cases). Only 2.8 percent of those decisions were appealed. An average of 9.3 percent of cases were rejected. Moreover, in the case of a person's recovery before the deadline set by the court's decision regarding involuntary treatment, the hospital has the right to apply to the court to vacate the decision, while the person or his family member does not.

19. Often, persons give consent only formally: a person's "forced" consent becomes a precondition for being discharged from a psychiatric institution sooner.

20. Also coercive treatment, including chemical and physical restraint, is still legally permitted in Armenia. This violates the right to informed consent and contradicts voluntary, rights-based mental health care.

**Recommendations:**

- Prohibit involuntary hospitalization and forced institutionalization developing an Action Plan
- Prohibit all forms of coercive treatment

**Issue 4. Availability and accessibility of mental health services in regions**

21. Existing mental health services are concentrated in the capital of Yerevan.

22. According to 2022 statistical data, 51 out of 97 working doctors of the psychiatric profile are in Yerevan. In 2022, there were 15 psychotherapists working, 14 of them in Yerevan, one in Shirak. The number of working child psychiatrists in the entire republic is 9. Moreover, 8 in Yerevan, one in Shirak. In other words, 9 out of 10 marzes of the Republic of Armenia do not have psychotherapist and child psychiatrist services.

23. During COVID-19 the situation required new approaches, including the use of a mechanism for providing online health services. Nevertheless they were rare initiatives.

24. As to private services, although they are of higher quality, they are not accessible and affordable to the broad segment of the public; are expensive and again concentrated in the capital. In other words, for residents of regional and especially rural communities, in addition to service costs, they also have to pay transportation costs.

### **Recommendations:**

- Ensure the attractiveness of the mental health field to future professionals of psychiatric profile by paying special attention to filling the gap of professional potential in marzes (regions)
- Develop an online health services system, including psychiatric service

### **Issue 5. Quality and availability of psychotropic drugs**

25. The issue of accessibility and quality of some psychiatric medication is problematic in the Republic of Armenia. Although some psychiatric medications are licensed and imported into Armenia, their availability in pharmacies is not ensured regularly.

26. Persons with mental health conditions who are under registration are mainly provided with psychiatric medication of domestic production at the expense of the state budget of the Republic of Armenia. The purchase of medication is carried out through a tender system with a predicted quantity and name list. Though the law stipulates a preference for open tendering in procurement processes, a preference is given to negotiation procedures without prior announcement. In case of open tendering, the time for preparing bids is frequently short and documentation requirements are onerous. As a result due to the lack of competition, prices are high and psychiatric facilities are forced to purchase medication at high cost, which can negatively affect the quantity and quality of medication. In other words, it is possible that the necessary amount of medication is not enough or that a more affordable but less effective alternative is obtained.



27. The lack of provision of psychiatric medication for children is also a concern. In order to receive the psychotropic drugs provided to children, especially people living in rural communities have to travel to the regional center or the capital Yerevan, which is an additional transportation cost. In addition, some medicines are not provided within the scope of the state order, and the person has to buy them, which is an additional financial burden, especially for people living in rural communities. There is also no medication for attention deficit hyperactivity disorder (ADHD), one of the most common problems among children and adolescents.

28. A number of psychotropic drugs used in the practice of evidence-based psychiatry are not approved in Armenia. They are considered narcotics and are included in the list of narcotic drugs, psychotropic substances and their precursors subject to control in the Republic of Armenia. In other words, persons with mental health conditions are deprived of the opportunity to purchase prescribed medication even with their own financial resources.

#### **Recommendations:**

- Ensure the quality of psychiatric medication for all components of society
- Revise the tender system to decentralize the procurement process for guaranteeing the supply of proper quality and quantity of drugs

#### **Issue 6. Psychiatric component in comprehensive health insurance**

29. In February 2023, the investment program of universal health insurance was approved. The Law was drafted. According to the last version of the Draft which was discussed with civil society the provision of various health services will be expanded, but mental health services will continue to be available in their current scope and format. Services provided by psychiatric facilities that do not have a state order for "psychiatry" medical care and service type by the Ministry of Health are not included in universal health insurance.

#### **Recommendation:**

- Include mental health services in universal health insurance

## **Issue 7. Public awareness of mental health services**

30. The state does not have and is not developing a comprehensive awareness program or strategy, while public awareness of mental health services, especially in rural communities, is very low.

31. Primary health care specialists do not properly inform people about the available services, they do not have proper referral mechanisms. In this regard, the most reliable, sometimes the only source of information is the non-governmental organizations operating in the communities. However, they are not available in all communities.

32. The low level of awareness also leads to the deepening of the existing stigma and discrimination, which in turn again hinders the application of services and, accordingly, the formation of a demand-driven approach towards the introduction of services.

### **Recommendation:**

- Properly inform the population about mental health services, paying special attention to residents of rural communities

### **Links**

Decree No. 1046-N of the Government of the Republic of Armenia "On approving the list of narcotic drugs, psychotropic substances, their precursors subject to control in the Republic of Armenia", July 27, 2006, available at <https://www.arlis.am/DocumentView.aspx?docid=31739> [accessed 10.10.2024]

The draft of the Government's decision "On approving the Action Plan for Introduction of Supported decision-making mechanisms through revision of the institute of legal incapacity, available at <https://www.e-draft.am/projects/4923/about> [accessed 10.10.2024]

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"Health System Performance Assessment, Armenia (2023), available at <https://moh.am/#3/95> [accessed 10.10.2024]