



Helsinki Citizens' Assembly–Vanadzor

HUMAN RIGHTS SITUATION IN NEUROPSYCHIATRIC MEDICAL INSTITUTIONS IN 2013

*Hospital never can become a home
for anybody*

Vanadzor 2014

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INTRODUCTION

Helsinki Citizens' Assembly-Vanadzor pays special attention to human rights protection in closed and semi-closed medical institutions (psychiatric institutions, penitentiary institutions, etc.) because the risks of human rights violations in such institutions are high. The HCAV regularly carries out human rights monitoring in closed and semi-closed medical institutions in order to study the situation of human rights, reveal and reinstate the violations, make recommendations and provide legislative solutions.

This report represents the results of the human rights monitoring carried out in the RA psychiatric medical institutions in 2013.

The monitoring was initiated based on agreements reached with the RA Ministry of Healthcare, the Administrations of Ararat, Syunik, Shirak and Lori region. It was carried out in May-July 2013 by six monitors in the following medical institutions:

- Neuropsychiatric dispensary of Syunik region
- Neuropsychiatric dispensary of Lori region
- Gyumri psychiatric health centre
- Armash health center after A. Hayriyan
- Sevan psychiatric hospital
- Psychiatric medical centre (Avan, Nubarashen, Nork psychiatric clinics, Kasakh clinic of neurosis)¹

Monitoring was conducted through interviews, observations and informational inquiries. At the same time, experts Ara Ghazaryan and Artak Zeynalyan conducted the legislative analysis.

Monitors held interviews (questionnaire's developed beforehand) with the employees of medical institutions, and persons (both for those receiving outpatient and inpatient treatment or care) with mental health problems (see Table 1). *Apart from the description, the report presents quotations from interviews.*

¹ During the monitoring "Psychiatric Medical Centre" CJSC was functioning as one legal entity composed of 5 separate clinics: Avan, Nubarashen, Nork Psychiatric, Kasakh Neuroses and Avan Narcological clinics, By RA Government's N 1390-A Resolution from December 12, 2013 the Centre was re-organized and each of the 5 clinics function as a separate legal entity /see <http://www.arlis.am/DocumentView.aspx?DocID=87338/>

In the Republic of Armenia the inpatient psychiatric service is conducted by 7 psychiatric institutions, in particular, the abovementioned 6 institutions and "Stress" mental health rehabilitation department of "Artmed" Medical rehabilitation center CJSC

Table 1: The number of interviewed employees and persons with mental health problems

| Interviewee | | The number of Interviewees |
|------------------------------------|---|--|
| Person with mental health problems | Persons receiving inpatient treatment or care | 136 (about 12 %) /46 receiving long-term care/ |
| | Person receiving outpatient treatment | 44 |
| Director | | 9 (100 %) |
| Doctor-Psychiatrist | Inpatient | 22 (about 32 %) |
| | Outpatient | 7 (about 30 %) |
| Senior nurse | | 14 (35 %) |
| Nurse | Inpatient | 41 (about 17 %) |
| | Outpatient | 10 (about 33 %) |
| Nursing assistant | | 33 (about 10 %) |
| Total | | 316 |

Interviews were conducted in all departments of the neuropsychiatric institutions². The selection of persons with mental health problems was carried out based on the service delivered and their status. That is to say, interviews were held with persons who were hospitalized voluntarily and involuntarily and with those who lacked legal capacity and needed care.

It is worth mentioning that before the monitoring, in the Armash Health Centre, the monitors were told to carry out the interviews of persons with mental health problems only within the presence of the psychologist of the institution. Such a pre-condition is a violation of the rights of people to make a decision as they could not decide whether or not the presence of the psychologist was necessary. Moreover, during the interviews the psychologist of the institution assessed the information provided by the persons with mental health problems according to appropriateness. As an example, if a person with mental health problem informed about physical violence then the psychologist could assess it as an effect of delirious thoughts.

This second comprehensive monitoring was especially important as there was the opportunity to compare the situation of human rights in the same medical

² Interviews were not held in the special type of department of Nubarashen psychiatric clinic where forced measures of medical nature are used against persons, who were blamed for grave crimes and were recognized insane, and in the departments where medical examination of conscripts take place.

institutions in 2009, and to then note and evaluate any changes over the past four years.

It should be noted that the situation of human rights violations in the mentioned medical institutions in 2009 was very disturbing according to the monitoring data.

Within the framework of the second monitoring, HCA-V attempted to find out what changes took place in the neuropsychiatric medical institutions, and whether or not the changes supported any change of the human rights situation. During this monitoring, the HCAV studied the factors hindering treatment of persons receiving outpatient psychiatric assistance and their subsequent integration into society.

Monitoring data was summarized with consideration of the information about the same issues provided by the employees and persons with mental health problems who received treatment or care.

The monitoring results showed that grave human rights violations such as ill-treatment, neglect, lack of proper care and treatment, isolation of persons with mental health problems, recorded during the previous monitoring (2009), led to the restriction and exclusion of opportunities for persons with mental health problems to develop as an individual.

SUMMARY DESCRIPTION

After monitoring the situation of human rights protection of persons with mental health problems in the RA neuropsychiatric medical institutions in 2009, HCA Vanadzor carried out the second monitoring in 2013 within the framework of which the following were considered:

- The legislative changes in 2009-2013 related to the rights of persons with mental health problems and the policy of the RA authorities related to persons with mental health problems
- The situation of the rights of persons with mental health problems in neuropsychiatric medical institutions
- The situation of the rights of persons receiving outpatient treatment.

Legislative Changes

An important step concerning the rights of persons with mental health problems was the ratification of the UN Convention “On the Rights of Persons with Disabilities” by Armenia in October 2010. According to Article 6 of the RA Constitution, it is a component of the RA legislation: International Treaties enter into force after

they are ratified or approved. International Treaties are components of the legal system of the Republic of Armenia.

Seven legislative acts have been adopted with which amendments and changes were made in the RA law “On Psychiatric Aid” (it was adopted on May 25, 2004). Three of the changes were made in 2009 and 1 amendment in each of the years –2006, 2010, 2011 and 2013³. We may point out that six of the changes were made after HCA-V had carried out the monitoring in the psychiatric medical institutions by⁴. It is worth mentioning that changes were made in the chapter on “The Rights of Persons with Mental Disorders” as well as the law was amended with the Annex titled “The Procedure of Exercising the Rights of Persons with Mental Disorders.” Also, two governmental decisions were adopted: “On approving the procedure for providing outpatient and inpatient psychiatric medical aid” /N 350-N, 01.04.2010/ and “On Defining the proportions of the daily average food, proportion of clothing foreseen for persons living in Psychiatric organizations and the utilization terms; the proportions of bedding and hygienic supplies and their utilization terms “/ N 711-N, 26.05.2011/.

The RA Minister of Healthcare adopted two decrees: “On approving the guidance of applying physical constraints against persons with mental disorders in organizations providing psychiatric medical aid and service” /N 691-A, 03.05.2010/ and “On Approving the information leaflet on the rights of persons with mental disorders” /N 14-N, 29.07.2010/.

In 2013, an amendment was made to the law “On the Profession of Advocate” according to which the institute of public defender will provide free legal assistance to persons with mental disorders receiving treatment in a psychiatric institution.

The Government’s N 17 May 2, 2013 protocol decision “On approving of the concept of providing alternative services of care and social service of persons with men-

³ It is worth mentioning that in 2012 HCA Vanadzor developed the draft law “On Making an Amendment to the RA law On Psychiatric Aid.” The draft law aimed at solving the issue of effective protection of human rights of persons with mental health problems. With the legislative change it was proposed to define that the person will get legal aid on equal bases as everyone, as all the other persons who are entitled the right to get free legal aid, through the attorneys of the office of Public Defender functioning in the RA. The legislative recommendation was first presented on October 10, 2012, at the discussion held within the framework of the program US AID Strengthening of Armenian Healthcare System (HS-STAR) where the expert from the RA National Assembly Standing Committee on Healthcare, Maternity and Childhood Affairs. The law “On Making an Amendment to the RA law On Psychiatric Aid” was adopted on April 30, 2013 and entered into force on January 1, 2014.

See <http://www.arlis.am/DocumentView.aspx?DocID=83190>

⁴ The Organization conducted monitoring in a psychiatric medical institution for the first time in 2007. It was carried out in Psyconeurological Dispensary of Lori regional

tal health problems”⁵ was of conceptual significance in the sphere of mental health.

The implementation of the above mentioned concept is in its initial stage and legislative, institutional and radical changes are necessary for its implementation, which will require serious financial investments, realization of educational programs, training of human resources, and development of community services.

The establishment of a working group for developing the Republic of Armenia mental health policy within the framework of the memorandum between the RA Ministry of Healthcare and Open Society Foundations-Armenia in 2011 was significant. The working group was composed of representatives from the RA Ministry of Healthcare, RA Ministry of Labour and Social Affairs, RA Ministry of Education and Science, RA National Assembly, psychiatric and psychological services, higher educational system, NGOs, such as Armenian Psychiatric Association, Helsinki Citizens’ Assembly-Vanadzor, “Khnamk”/”Care” NGO and Mental health foundation. PhD Zsolt Bugarszki from Open Society Foundations was involved as an expert.

On April 17, 2014 the RA Government approved “The 2014-2019 Strategy of mental health preservation and improvement and list of activities ensuring the implementation of the strategy.”

THE SITUATION OF THE RIGHTS OF PERSONS WITH MENTAL HEALTH PROBLEMS IN PSYCHIATRIC MEDICAL INSTITUTIONS

The situation of the rights of persons with mental health problems in psychiatric medical institutions continues to remain disturbing.

Ill-treatment against persons with mental health problems begins when they are brought and admitted to the neuropsychological medical institutions, continues throughout their stay and up until they are released. It means that in all stages there are risks from the viewpoint of violation of rights of persons with mental health problems.

In cases where the person is brought to the neuropsychological medical institution against his/her will the external examination of the person is in some cases done by humiliating the person’s dignity. It can be expressed by threats of violence, by external examination of the person in the presence of the opposite sex, relatives, and police officers.

There are concerns connected to the justification of decisions on involuntary treatment of persons with mental health problems. The conclusions of the psychiatric commissions can be subjective as they are established only by the

⁵ See <http://www.arlis.am/DocumentView.aspx?DocID=83190>

psychiatrists of the given institution. This is explained by the fact that funding of psychiatric medical institutions is based on the number of persons receiving treatment or care and the commission has an inherent interest in admitting more people. The court practice on forced treatment is of formal or official character. The person is basically deprived of the possibilities to protect his/her rights.

Persons with mental health problems are not properly informed about their rights; they do not get needed or necessary information on their health condition or the prescribed treatment.

Though legislation has defined provision of legal aid to persons with mental health problems, such aid is not ensured in reality. Moreover, persons with mental health problems are not aware of their right to get legal aid, which should be provided by the medical institution.

The right of the person to apply to the head of the institution or the department in written or verbal form and to get a response related to his/her treatment, examination, check out, or protection of their rights as prescribed by law, is not properly ensured.

The processes of recognizing persons with mental health problems as lacking legal capacity or recognizing guardianship for them are extremely disturbing. By being recognized as lacking legal capacity, persons with mental health problems are deprived of civil, political, labour and other rights. Persons with mental health problems can be recognized as lacking legal capacity without being informed, and in some cases, they agree with the decision themselves in order to get social benefits.

There is still concern about the practice of using physical restraint in medical institutions. The physical restraints are executed not only for treatment but also for keeping order and done with degrading means and ways, which can leave a damaging impact on the health of the person.

The persons receiving treatment or care continue to be involved in domestic work in the psychiatric medical institutions, which is called work therapy. In some cases, persons with mental health problems do such work willingly and in return receive cigarettes, food, or merit “a good” attitude from the staff. However, such work has an obligatory nature.

Ill-treatment by the employees against persons with mental health problems remains disturbing; including use of physical violence, death cases and improper investigation into those facts.

The majority of persons receiving treatment or care in the psychiatric medical institutions spend their life in the institutions deprived of the possibility of making choices, decisions, living freely, and expressing independence.

The Situation of the Rights of People Receiving Outpatient Treatment

There are concerns about persons with mental health problems receiving outpatient treatment.

Outpatient psychiatric aid is mainly limited to provision of medication. Persons with mental health problems get their medication from the state free of charge, but from time to time, they don't receive it because of insufficient medications. At the same time, there are reasonable concerns about the quality of the medication.

The rights of people, with mental health problems, to be provided with occupation and work is not ensured. The problem of occupation is conditioned by both the mistrust of society towards the people with mental health problems and by the mistrust of these people towards themselves.

The main source of income of the persons with mental health problems is a disability pension, which is not sufficient to ensure a respectable way of life. Persons with mental health problems are in socially vulnerable situations, which in its turn, prevents them from becoming involved in public life.

Intolerant attitude by society and the family members towards persons with mental health problems is troubling which makes them isolated from the rest of society and the family.

The Life of Persons with Mental Health Problems in Psychiatric Medical Institutions

The treatment and care of persons with mental health problems in the psychiatric medical institutions speaks to human rights violations. The psychiatric medical institutions not only negatively impact the person's inclusion in the community life, but also they deprive these people of the possibility to make choices, decisions, and to live freely and independent lives.

"I do not understand why the employees are of a higher status than us."

A person receiving inpatient treatment

As a rule, the opinion of person with mental health problems is ignored due to health problems. Persons with mental health problems face difficulties both inside the psychiatric medical institutions and in society. Their problems are due to the lack of professionalism and education of the medical staff.

A Persons Freedom; Making a Choice and Decision

In every psychiatric medical institution, there functions a daily routine typical of closed and semi-closed institutions like penitentiaries, children's homes, etc. The daily routine restricts the person's human rights and freedoms, in particular, rights to free movement, self-expression, decision making, a private life and immunity, of speech, opinion, the right to receive and disseminate information. There is even an afternoon rest time in the medical institutions accordingly which persons with mental health problems, as they say, have to be in their room, sleep or lie down regardless of their will.

There is a comparatively "free regime" in only the Kasakh neuroses clinics.

In the Kasakh neuroses clinics, persons receiving treatment can leave the area of the institution after getting permission or informing the relevant employee, therefore are relatively independent in their decision making and self expression.

As a rule, in other medical institutions, regardless of the form of treatment and care of persons with mental health problems, are not allowed to leave the area of the institution on their own accord /see Table 2/.

Table 2: The opinion of the surveyed on the possibility of persons with mental health problems to leave the area of the institution with their own wish and without any control

| | Is possible | Is not possible | It is hard to respond/no response | Total |
|--|-------------|-----------------|-----------------------------------|------------|
| Person receiving inpatient treatment or care | 14 | 85 | 37 | 136 |
| Doctor-psychiatrist | 5 | 12 | 5 | 22 |
| Senior nurse | 4 | 10 | 0 | 14 |
| Nurse | 3 | 27 | 11 | 41 |
| Nursing assistant | 1 | 29 | 3 | 33 |
| Director | 2 | 7 | 0 | 9 |
| Total | 29 | 170 | 56 | 255 |

As it can be seen from Table 2 the majority of both persons with mental health problems /about 62 %/ and the employees /about 71%/ point out that persons with mental health problems do not have the possibility to leave the area of the institution on their own accord.

As a rule, persons with mental health problems go to bed according to a fixed schedule; however, there are some exceptions. Football fans in the department are allowed to watch football with the nursing assistant; however, this is connected with the wish of the staff – the nursing assistant– to watch the program.

Persons with mental health problems are obliged to eat according to a fixed routine; however, can eat out of routine if they get a parcel from home. Persons with mental health problems do not participate on the decision of the food on the menu or choose the food they prefer.

“You cannot consider the opinion of so many, they don’t understand what they want”

Nursing assistant

It is worth mentioning that after monitoring in 2009 it was recorded that the food proportions are not confirmed. By its N decision from May 26, 2011, the RA Government defined the average daily food proportions for persons receiving treatment or care in psychiatric medical institutions. This should have commenced January 1, 2012 but the menus in the institutions do not reflect the definition.

As in 2009, during this 2013 monitoring, the menu had the same food types. During breakfast or dinner the same food can be served for a few days. Moreover, there has no quality change in the menu compared to 2009. For instance, in “Psychiatric Medical Centre” CJSC the same food – honey, butter, a bun and rose-hip juice was served in 2009 and 2013.

Persons with mental health problems are restricted from re-arranging the furniture in their room. According to the employees, such a restriction is necessary because the arrangement corresponds to the needs of treatment and care. On the other hand, the space in the room does not allow the furniture to be arranged in another way. It is worth mentioning that the wards are mainly furnished with beds and a few dressers⁶.



The days for persons with mental health issues are very tedious, always the same, and the person wakes up with a mindset that his/her day will be the same as the others, no matter how long they will be staying in the institution (even if it is 30

⁶ It should be noted that in 2009 the space for one person was estimated from 2 square meters to 20 square meters which did not change in 2013.

years). The food will be the same, they will take the same pills, they will go to bed at the same time,, and at best will watch TV, will talk to the psychologist, will go for a walk, etc.

To the question on how they spend their day, persons receiving treatment or care in the medical institutions mainly respond that they eat, take medicine and sleep. Very few say they go for a walk, play, watch TV, read or talk to the psychologist. There is a “workshop” in Sevan psychiatric hospital where, according to a fixed routine, persons with mental health problems have the chance to listen to music, dance, read, learn and at the same time apply skills of shoemaking. At that same medical institution, the employees assure, persons with mental health problems sometimes go to the Sevan Palace of Culture for concerts with the nursing assistants.

After the monitoring in 2009 we can claim that nothing has changed related to leisure time /see the report “Human Rights Situation in Mental Health Facilities in the Republic of Armenia”%.

Persons with mental health problems, as a rule, do not have any income in the psychiatric medical institutions. There are many people in the psychiatric medical institutions whose relatives receive their pension instead of them. Patients often complain they do not manage their pensions. Very seldom some of them get any pension, sometimes the relatives give them money, but even in this case persons with mental health problems do not manage their money.

Persons receiving treatment or care do not keep their finances with them but they hand them to the employees – mainly the senior nurse. The employees explain that this is because somebody can steal the money from the persons with mental health problems or they just tear up the money.

Persons receiving treatment or care can only spend their money through the employees, as there are no shops in the institutions, and they cannot leave the area to go shopping⁷.

“As I have nothing to do, I will either smoke or do someone massage. We are like pigs, we eat, take our pills and lie down.”

A person receiving inpatient treatment

“I walk. It is very gloomy, as if I am in prison. I have been lying down for 8 months, I do so to spend my days, if I am free, I can do anything, if I play games I may be tied and I won’t be free.”

A person receiving inpatient treatment

⁷ According to Point 4, Article 6 of the RA law “On Psychiatric Aid” and the second chapter of the procedure of exercising the rights of persons with mental disorders of the same law the senior nurse

And this leaves them vulnerable to the whims of the staff.

It is obvious that persons with mental health problems wish to live in society but most of them spend most of their life in the psychiatric institutions. That might be why, being deprived of many rights and freedoms, persons with mental health problems compare their institutions with prisons.

During the monitoring 36 out of 46 surveyed persons receiving long-term treatment or care, wished to leave the institutions and only 10 did not want to leave. Persons with mental health problems use the “bedridden forever” expression, which refers to those people who will spend their whole life in the psychiatric medical institution and do not have any hope or see opportunity to be released from the institution. There are persons with mental health problems who still hope they can get out of the institutions, as they are afraid of becoming a “bedridden forever” one day and will have to spend their life without freedom. And those who don’t want to stay in the medical institutions are afraid of the uncertainties which wait for them outside as they will not be able to take care of themselves in society.

One person receiving care in the Armash Health Centre mentions that 44000 persons with mental health problems are registered in the Republic of Armenia (which information he found on the internet), “stay at home” and he thinks that if they can live out of the institutions then the others can do it as well. According to him, “those who are not socially dangerous should be released from medical institutions.” He says that everybody should have freedom if they are not dangerous. “You have to make the society aware via TV that mentally challenged people are also human and one should not avoid them, and we are not guilty but that our mind is ill”- he mentions.

“I feel good here, I finally found my family, I will never leave them”

A person receiving hospital care

“You feel free at home, I used to go to the shop, you can make and eat any food you prefer”

A person receiving hospital care

“I want freedom, it is like prison here, I can live like any other normal man, I can work in the shop, I am tired of all this, I want freedom”

A person receiving hospital care

has to buy all necessary stuff upon request from persons with mental health problems. However, the senior nurse in one of the institutions said: “If they ask I bring toilet paper but I make a record on it.” In Armash Health Centre, they said that the persons with mental health problems can go shopping in the nearby shops with the employees.

To summarize, the rights of persons with mental health problems to access freedom of self-expression, liberty and free movement in psychiatric medical institutions are violated.

Persons with mental health problems are in de facto status of a detained person in the psychiatric medical institution, at the same time they are deprived of the opportunities to exercise the rights that detainees and convicts have.

The Lifetime of the Persons with Mental Health Problems in Psychiatric Medical Institutions

If we study the duration and frequency of a stay in psychiatric medical institutions, we may make important conclusions on the quality of the medical aid, and situations of social integration of the persons with mental health problems.

During the monitoring the data on the stay of persons in the psychiatric medical institution show that 60 of the surveyed 136 people /about 44%/ stayed in the institution for more than a year at the time of the interviews. 19 of the 136 surveyed were in the institution for more than 10 years /see Table 3/.

Table 3: The duration of the last stay in the psychiatric medical institution

| | |
|------------------------------------|------------|
| Up to 1 year | 55 |
| 1-5 year | 26 |
| 6-10 year | 15 |
| 11 years and more | 19 |
| It is hard to response/no response | 21 |
| Total | 136 |

As you can see from Table 3, 21 of the surveyed 136 people found it hard to respond or did not respond at all about the terms of stay in the institution, which is primarily due to the fact that their stay was for such a long time.

So, we can state that the psychiatric medical institution is the permanent residence for more than half /about 60%/ of the surveyed persons with mental health problems.

If we observe the data on the period of the existence of mental health problem, we see that 75 /about 81%/ of the surveyed 136 persons have the illness for more than 10 years /see Table 4/.

Table 4: The period of the existence of mental health problem among the persons with mental health problems

| | |
|------------------------------------|------------|
| Up to 1 year | 4 |
| 1-3 year | 6 |
| 4-10 year | 29 |
| 11-20 year | 38 |
| 21 years and more | 37 |
| It is hard to response/no response | 22 |
| Total | 136 |

The data on the frequency of the stay of persons with mental health problems in the psychiatric medical institutions gave important information about the level of their “integration.” Only 18 of the surveyed 136 persons said they received inpatient treatment for the first time, 98 mentioned about more than once, 30 did not respond or had difficulties to respond /see Table 5/.

Table 5: The frequency of treatment and care persons get in the psychiatric medical institutions

| | |
|------------------------------------|------------|
| once | 18 |
| 2-3 times | 44 |
| 4-10 times | 16 |
| 11-20 times | 2 |
| Over 20 times | 26 |
| It is hard to response/no response | 30 |
| Total | 136 |

As you can see from Table 5, 44 (about 32%) of the 136 surveyed received treatment or care in the institution 4 or more times. 30 respondents did not respond or had difficulties to respond to the question which, is most probably due to the fact that they were admitted for treatment or care many times. Thus, we can conclude that 74 (about 54 %) of the 136 surveyed were in the psychiatric medical institutions for four or more times.

If we compare the data on the duration of the last stay in the institution with the period of the existence of mental health problems and the frequency of a

stay in the institution, we can record that integration into the psychiatric medical institution is the main way of life for those persons and from that moment, as a rule, they are deprived of the possibility to choose an independent life.

We may conclude that people who are diagnosed with mental health problems

- “are permanently registered” in psychiatric medical institutions
- are deprived of other possibilities of way of life
- have restricted rights and freedoms.

Access to Legal Aid

People receiving treatment or care in psychiatric medical institutions are not provided with legal aid. Whereas, by the order prescribed by the Armenian legislation in the psychiatric medical institutions persons with mental health problems are entitled the right to get legal assistance on issues related to their stay in the institution and their treatment⁸.

There is no procedure of legal aid in the institutions. It becomes obvious from the interviews that the employees are not even aware of the right of people to get legal aid on their stay in the psychiatric institution or on the treatment they receive.

Before the monitoring, HCAV applied to the heads of medical institutions with information request on whether or not people receiving treatment and care applied for legal aid during 2012–2013. It became clear from the responses that in 2012–2013 they did not apply for legal aid except

**“We don’t provide legal aid;
we don’t have and provide a
lawyer”**

Director

in one institution. In two of the institutions, they even said they did not have such a service. Only in one of the responses, it was mentioned that 18 people applied for legal aid in 2012, 12 people in 2013. Those who applied in 2013 wanted to clarify about the change of passport or extending the validity period. However, there is no response about the result and provider of the legal aid. It is worth mentioning that the director of the same institution, as well as the employees point out that persons receiving inpatient treatment or care do not need legal aid. It becomes clear from the interviews that in this institution the employees try to solve some issues by their own means, which is viewed as legal aid.

As we can see there is no practice of providing legal aid in the institutions, however the persons receiving inpatient treatment or care need it (see Table 6).

⁸ Point 4, Article 8; Point 6, Article 7 of the RA law “On Psychiatric Aid,” chapter 5 of the procedure of exercising the rights of persons with mental disorders.

Table 6. The opinion of the surveyed on the need of legal aid⁹

| | They have | They don't have | It is hard to respond/no response | Total |
|---|-----------|-----------------|-----------------------------------|------------|
| Person receiving outpatient treatment or care | 30 | 73 | 33 | 136 |
| Doctor-psychiatrist | 8 | 11 | 3 | 22 |
| Senior nurse | 4 | 9 | 1 | 14 |
| Nurse | 3 | 25 | 13 | 41 |
| Nursing assistant | 10 | 18 | 5 | 33 |
| Director | 2 | 7 | 0 | 9 |
| Total | 57 | 143 | 55 | 255 |

As you can see from Table 6, the majority of both persons with mental health problems (about 54%) and the employees (about 59%) mentioned that persons with mental health problems need legal aid.

People receiving inpatient treatment or care wanted to apply for legal aid related to admission to the hospital or to get advice on how to check out of the institution. In certain cases, they wanted to apply for issues not related to medical issues, as for instance, issues related to property, etc.

18 people receiving inpatient treatment or care needed lawyer's assistance and for that reason they applied to the director of the institution, the head of the department, the doctor, even to the nursing assistant. A woman who needed a lawyer's assistance related to admission to the hospital, applied directly to the judge during the court session on forced treatment. In response, the judge said: "Let your relatives think about it." The head of the department also mentions that the woman's relative applied to the judge in order to involve a lawyer. However, the court made its decision on the forced treatment without ensuring the person with legal aid. The interesting fact is that the doctors of other medical institutions told the monitors that the court decision was groundless, as the woman did not need forced inpatient treatment. This case was widely covered by media and that

⁹ 35 outpatients did not need legal aid, 9 needed. The questions were not related to treatment, they were related to family, social rights. 3 of those persons, however, did not undertake anything to solve their problem, either because of social problems or unawareness of whom they could apply. The other 6 applied to a lawyer mainly through their acquaintances and only one of them paid for the service.

is why this case was of special attention during the monitoring¹⁰.

We may conclude that persons receiving treatment or care in psychiatric medical institutions are not informed about the obligation of the institution to provide legal aid. However, 2 of the 30 respondents mentioned that they knew who they could apply to get legal aid, but one of them applied at the same time to the director, the head of the department and the doctor. The other one applied to the head of the department¹¹. Moreover, only two persons receiving treatment or care said they had been provided with legal aid, but they could not give any clear information about the legal aid.

In spite of the legislation, which defines the right of people with mental health problems to get legal aid ensured by the state, it is, in fact, not provided.

Submission of Complaints, Suggestions

In psychiatric medical institutions persons with mental health problems have the right to apply (written or verbally) to the head of the institution or the department related to the protection of their rights on treatment, medical examination, check out. When their rights are violated they can apply to the court, prosecutor's office, human rights defender, etc¹². The monitoring results show that the abovementioned norms are not properly implemented.

In the psychiatric medical institution, persons receiving treatment or care mentioned that they had complaints, suggestions related to treatment, medical examination, and check out or to the rights defined by laws. There were people who did not have any complaints but at the same time said their opinion equaled zero so it was senseless to apply to anyone or, they have admitted to adapting to their current conditions.

¹⁰ It is the case of Amalya Nazaretyan who was subjected to involuntary treatment in the Avan Psychiatric Clinic in 2013.

¹¹ RA law "On Psychiatric Aid," Point 4, chapter 5 of the procedure of exercising the rights of persons with mental disorders

¹² RA law "On Psychiatric Aid," Point 17, 18, Article 6; chapter 4 of the procedure of exercising the rights of persons with mental disorders

Table 7: The opinion of the surveyed on the complaints, suggestions made by the persons with mental health problems.

| | They have | They don't have | It is hard to respond/no response | Total |
|--|------------|-----------------|-----------------------------------|------------|
| Person receiving inpatient treatment or care | 44 | 74 | 18 | 136 |
| Doctor-psychiatrist | 16 | 4 | 2 | 22 |
| Senior nurse | 8 | 4 | 2 | 14 |
| Nurse | 21 | 12 | 8 | 41 |
| Nursing assistant | 19 | 10 | 4 | 33 |
| Director | 7 | 2 | 0 | 9 |
| Total | 115 | 106 | 34 | 255 |

As you can see from Table 7, the employees (about 60%) speak more about the applications and suggestions of persons with mental health problems than the latter (about 32%).

The complaints and suggestions of persons receiving inpatient treatment or care were related mostly to check out from the institution (23 persons), health problems – toothache, negative effect of medications, etc. (9 persons), food (4 persons), domestic, building conditions (4 persons), to person's wish to get their pensions personally (3 persons), for long-term treatment in the institution, moving to another institution, sexual violence, beating, being forced to take medicine, not getting proper information on their illness, etc.

9 people out of 44 surveyed had complaints, or suggestions but did not apply. One of them mentioned that the nursing assistant did not allow this.

Only 20 persons who had complaints, or suggestions applied to the director or the head of the department. 5 of them applied to the doctor as well. The others, regardless of the nature of the problem (check out, use of violence, etc.) applied to the doctor, nurse and the nursing assistant. The employees state that if they apply to the doctor, the

“One does not complain here. If you complain they will tie you, there is no law.”

A person receiving hospital care

“The doctor does not take my opinion into consideration, and I don't ask anything”

A person receiving hospital care

nurse and the nursing assistant, they then inform the head of the department or the director of the institution.

According to the information obtained by the organization, in 2012-2013 it was only in the Sevan Psychiatric Hospital (one person), Psychiatric Dispensary of Syunik Region (2 persons) and Psychiatric Medical Centre (217 persons) that persons receiving treatment or care, applied to the director or head of department with complaints or suggestions. According to the directors, their complaints and suggestions were processed in the procedures as defined by law.

It is worth paying attention to the fact that 211 out of the 220 who had complaints and suggestions in 2012-2013 applied to the director or the head of department in Avan psychiatric medical institution under the Psychiatric Medical Centre.

The surveyed persons who had applied with complaints received negative responses. In exceptional cases when the responses were positive, they did not get their final solutions. For instance, one of the people receiving inpatient treatment or care asked not to take Haloperidol or to substitute it with something else, but was replaced with Triftazine, which according to this person, is treatment for persons "hearing voices, and he does not hear voices."

One of the persons receiving inpatient treatment or care also mentioned when he/she applied to the doctor, the doctor got angry and invited him/her to leave.

During the monitoring in one of the institutions the monitors witnessed how the head of the department ripped up the application of a person who had voluntarily been hospitalized. This person informed the monitors that he had verbally applied many times for check out, but he was not checked out on the day the doctors selected (24 days after admission). Furthermore they would not inform him when they would check him out. This person asked the monitors to help him talk to the doctors and director on this issue. The monitors advised him to apply in writing for the answers to his questions. The

"If you say something they don't believe you, so how to complain?"

A person receiving hospital care

I asked when they will check me out, he said: "who knows when?"

A person receiving hospital care



person, who was voluntarily hospitalized, submitted his application to the doctor of the department the next morning, who immediately ripped it up. Moreover, the attitude of the employees towards the monitors immediately changed on the day this person submitted his application. The monitors were called to the director's room where they were blamed for supporting and informing the person about his right to write an application. According to RA law "On Psychiatric Aid" the treatment of a person with mental disorder can be realized without his/her or his/her legal representative's agreement only in case of using forced medical measures foreseen by the law and forced hospitalization. The law defines that if the voluntarily hospitalized person applies with the request of being checked out, he must either be checked out or the administration of the institution is obliged to apply to the court within 72 hours as prescribed by law or if the psychiatric commission finds that the person is dangerous for him/herself or for society, or if stopping treatment can worsen his health condition.

In this case, the voluntarily hospitalized person was not checked out, no psychiatric examination on the need for further treatment was done. Moreover, they ripped up the person's written application on getting a court decision, which is a grave human rights violation.

We may conclude from this that persons with mental health problems are not accepted by the employees of the institutions as worthy individuals, who should be treated with human dignity. It is felt that the employees of the institution can keep persons in the psychiatric institution without a court decision, against his/her will.

Disregarding and ignoring, problems presented in the complaints and suggestions of persons with mental health problems by the institutions staff is a serious form of ill-treatment and neglect of human rights.

The above mentioned case proves that the institutions do not only fail to exercise the rights of persons, but also violate the persons' right to make a decision.

Treatment against Persons with Mental Health Problems in the Psychiatric Institutions

In psychiatric medical institutions ill-treatment by the employees against the persons receiving inpatient treatment or care continues through the use of physical restraints not required for medical purposes, physical and psychological violence, cases of labour exploitation.

Physical restraints against persons receiving inpatient treatment or care are used not only for medical purposes but also for punishment; keeping them silent,

keeping order, keeping them “quiet.”

17 (12.5%) of the surveyed 136 persons assess the attitude of the employees towards them as bad which can take the form of violence and offenses. One of those surveyed assessed, the employees’ attitude “as bad” because they were not allowed to go home (this person also said he had a legal representative and he gets treatment based on the legal representative’s application). It is worth mentioning that in the Kasakh neuroses clinic no one expressed any negative opinion about the employees’ attitude.

Some persons receiving inpatient treatment or care “treat” employees in order to receive a favorable attitude.

Only one of the surveyed 119 employees provided treatment or care mentioned about ill-treatment of some of the employees against persons receiving treatment or care. One of the employees even believes that there are some persons who really “behave badly” and it will be good if one hits them. Most of the employees say that they treat the persons receiving inpatient treatment and care well, as they want to keep their job and in case of good treatment, it is easier for them to work, etc.

A case of physical violence against a person with mental health problem was revealed during the monitoring (such a case was revealed in 2009, see report “Human Rights Situation in Mental Health Facilities in the Republic of Armenia” page 168). In one of the institutions, the monitor witnessed a nursing assistant beating one of the persons receiving treatment. When the monitor told the employees about the beating, they denied this accusation insisting that it was the monitor and the person receiving treatment that hit the nursing assistant. While responding on the information about ill-treatment in the institutions, the employees say that “it just seemed so to the patients” or “these are just delirious thoughts” etc.

The employees explain that ill-treatment against the persons receiving treatment or care, is due to lack of employees’ professionalism (the rules of behavior are not properly followed, lack of proper educational level, etc.).

The employees of the psychiatric institutions, especially the nursing assistants, show degrading treatment towards the persons with mental health

“If you don’t behave well the nursing assistants beat you. X sometimes beats, swears, but when you say something gets furious.”

A person receiving inpatient treatment or care

“I ask them to give me medicine, they push me back.”

A person receiving inpatient treatment or care

problems, expressed by use of physical violence, psychological pressure, and use of punishments.

Work Therapy or Labour Exploitation

Labour exploitation of people receiving treatment or care continues in the psychiatric medical institutions, except the Kasakh Neuroses Clinic where it is presented as work therapy¹³ /see Table 8/.

Table 8. The opinion of the surveyed on the work done by people with mental health problems

| | They do | They don't do | It is hard to respond/ no response | Total |
|--|------------|---------------|---------------------------------------|------------|
| Person receiving inpatient treatment or care | 75 | 37 | 24 | 136 |
| Doctor-psychiatrist | 13 | 6 | 3 | 22 |
| Senior nurse | 10 | 4 | 0 | 14 |
| Nurse | 22 | 13 | 6 | 41 |
| Nursing assistant | 19 | 10 | 4 | 33 |
| Director | 4 | 5 | 0 | 9 |
| Total | 143 | 75 | 37 | 255 |

As you can see from Table 8, both the majority of people receiving inpatient treatment or care (about 55%) and the employees (about 57%) confirm that people receiving treatment or care are involved in various work duties done in the institutions.

Persons receiving inpatient treatment or care mainly do the cleaning of the department and the yard of the institutions. Persons receiving care also do work needed for people who stay in the institution, moving food, etc. They sometimes do construction or agricultural work. The daily routine of the Gyumri Health Centre expects sanitary voluntary work for one hour. Some of the employees of the psychiatric medical institutions mention that without the help of the people receiv-

¹³ In some cases, there is also work therapy but that is an exception. For instance, a sewing workshop is functioning in the Psychoneurological Dispensary of Lori Region, which is a part of work therapy. According to the director, with the permission of the doctor persons can work there if they want. There is a workshop in Neuropsychiatric Dispensary of Syunik Region, where, according to a nurse, only one person works (this person has been recognized as lacking legal capacity).

ing inpatient treatment or care it would be impossible to ensure the cleaning of the department. Whereas many employees and some of the persons receiving treatment or care are trying to hide the fact (the persons receiving treatment or care in Sevan psychiatric hospital left the work and went away when they noticed the monitors) that persons receiving treatment or care are involved in work.

As a rule, persons receiving treatment or care are not paid for the work they do. One of the persons in the Sevan Psychiatric Hospital said that if they worked hard they would get 500-1000 drams. The director of the Psychoneurological Dispensary of Lori region said that persons get very little money for the work they do. In some cases, they get cigarettes, food, and good treatment as an encouragement. Many who receive long-term treatment or care, who do not have any social links with their relatives or whose relatives refuse to deal with their condition, and who are not going back to their families, are those involved in the work. This means that the institution promotes isolation of people from the external world as their relatives make them isolated from the family. The re-integration of persons with mental health problems has serious restricting factors. Involvement of these people in the work done in the institutions may be assessed as one of the ways to overcome the consequences of isolation, but in reality, when this involvement is just labour exploitation, it can't be deemed a way of overcoming such isolation. It should be noted that even those who receive long-term treatment or care still strive for work outside the institutions which exacerbates the existence of their social isolation and the urgency to solve this problem.

Even in the cases where people are involved in the work voluntarily, this work is seen as an obligation from the institution as the people do not receive payment for their work but are given extra food or cigarettes by the staff.

Thus, people with mental health problems are subjected to enforced work in the psychiatric medical institutions and are deprived of their rights and freedoms.

**“The employee makes us work,
and gets the money”**

*Person receiving inpatient treatment
or care*

**“They need work therapy;
otherwise they eat and gain
weight”**

Senior nurse/nurse

Use of Physical Restraint Measures

Use of physical restraint measures in the psychiatric medical institutions is allowed by the law in cases when all other methods directed for the safety and

security of the person or his/her environment are ineffective¹⁴. However, physical restraints are used in the institutions with violations. The interviews show, that except for the Kasakh Neuroses Clinic, in all the institutions the use of physical restraints is widely spread (see Table 9).

Table 9: The opinion of the surveyed on the use of physical restraints¹⁵

| | Is used | Is not used | It is hard to respond/no response | Total |
|--|------------|-------------|-----------------------------------|------------|
| Person receiving inpatient treatment or care | 84 | 38 | 14 | 136 |
| Doctor-psychiatrist | 12 | 7 | 3 | 22 |
| Senior nurse | 8 | 4 | 2 | 14 |
| Nurse | 21 | 16 | 4 | 41 |
| Nursing assistant | 19 | 10 | 4 | 33 |
| Director | 6 | 3 | 0 | 9 |
| Total | 150 | 78 | 27 | 255 |

As you can see from Table 9, the majority of both the persons receiving inpatient treatment or care (about 61%) and the employees (about 55.5%) talk about the use of physical restraints. During the interviews, two of the directors and some employees avoided speaking about the use of physical restraints. One director ruled out any use of physical restraint saying that it is prohibited by law.

The employees of Armash Health Centre insist on the absence of any use of physical restraints. Whereas, 7 of the surveyed 17 persons in that institution informed about the use of physical restraints. 6 of the surveyed said there was no use of physical restraints and 4 did not respond at all. It is important to mention that the interviews in Armash Health Centre were held in the presence of the psychologist /see page 6/.

In other medical institutions the majority of both employees and persons receiving inpatient treatment or care mentioned that before the use of physical restraint the employees (sometimes persons receiving inpatient treatment or care) “are trying to calm down” those with aggressive behavior through conversations or medicine. One of the persons receiving inpatient treatment or care describes how they calm down:

¹⁴ RA law “On Psychiatric Aid” Article 6, Point 11; RA Minister of Healthcare N 691-A decree from 03.05.2010, Point 3 of Annex 1

¹⁵ It should be noted that in one of the institutions the monitors had the chance to observe the register of physical restraints, but in 2012 the same institution stated in their response letter addressed to HCAV that they don’t do restraints

“they get angry, scream, and when he/she does not obey, they tie him/her and hit.”

The use of physical restraint, according to the Procedure¹⁶, must be done with leather belts or special belt restraints. However, the psychiatric medical institutions do not have them.

The physical restraint measures used in psychiatric medical institutions are violations of human rights from the viewpoint of both the used measures and justification.

To sum up, we may say that according to the persons receiving treatment or care and the employees, physical restraints done with bed-sheets, constraint shirts, belts, ropes, magnetic belts and even with stockings. As one of the directors says, the measures used for physical restraint negatively affects the state of the person's health, especially for blood circulation, it causes bruises and besides, they humiliate.

According to the Procedure defined by the RA legislation¹⁷ the decision on the use of physical restraints is made by the psychiatrist, attending doctor, and in case he/she is absent the head of the department, or if it is not regular working hours, then the doctor on duty.. During the interviews the employees mention as well, that as a rule, the decision on the use of physical restraint as a measure of treatment is made by the doctors, as well as by the doctor on duty, the head of the department, or the director. Whereas, in Nubarashen Clinic one of the nursing assistants informed that such a decision is made by a nurse or nursing assistant. In Nork Psychiatric clinic, according to one of the nursing assistants, only the nurse and se-

“Nursing assistants beat you, tie and inject”

A person receiving inpatient treatment or care

“Sometimes they say they are going to tie them, so they keep quiet”

A person receiving inpatient treatment or care

“We fix them with a bed-sheet, as the leather belts, defined by law, do not exist in the Republic of Armenia”

Doctor-psychiatrist

“We tie them on the bed; I may tie their hands in the back with a towel, I want them to calm down, as we are very sympathetic”

Nursing assistant

¹⁶ RA Minister of Healthcare N 691-A decree from 03.05.2010, Point 2 of Annex 1

¹⁷ RA law “On Psychiatric Aid” Article 6, Point 11; RA Minister of Healthcare N 691-A decree from 03.05.2010, Point 4 of Annex 1

nior nurse make the decision. The persons receiving treatment or care also mention that the nurses and nursing assistants make the decision on the use of constraint (see Table 10).

Table 10: The number of surveyed persons receiving inpatient treatment or care by institution who informed that the decision on the use of constraint is made by the senior nurse, nurse and nursing assistant

| Name of medical Institution | Number of people informing about physical restraints | Number of people informing about the decision on the use of the physical restraints made by the senior nurse, nurse and nursing assistant |
|--|--|---|
| Neuropsychiatric dispensary of Syunik region | 14 | 4 |
| Psychoneurological dispensary of Lori region | 7 | 1 |
| Gyumri psychiatric health centre | 7 | 2 |
| Sevan psychiatric hospital | 9 | 1 |
| Armash health center | 7 | 0 |
| Nubarashen psychiatric clinic | 18 | 7 |
| Nork psychiatric clinic | 12 | 2 |
| Avan psychiatric clinic | 10 | 1 |
| Total | 84 | 18 |

As you can see from Table 10, according to 1 of each 5 people receiving treatment or care the nurse or the nursing assistant made the decision on the use of the physical restraint.

The list of those who implement the physical restraint is not defined by any legal act. As a measure of medical character, the medical staff should do it. In fact, people receiving treatment or care say they also do it (see Table 11).

Table 11: Number of people who informed about participation of people receiving treatment or care in the use of physical restraints

| Name of medical Institution | Number of people informing about physical restraints | Number of people informing about physical restraints with participation of people receiving treatment or care |
|--|--|---|
| Neuropsychiatric dispensary of Syunik region | 14 | 1 |
| Psychoneurological dispensary of Lori region | 7 | 1 |
| Gyumri psychiatric health centre | 7 | 1 |
| Sevan psychiatric hospital | 9 | 1 |
| Armash health center | 7 | 0 |
| Nubarashen psychiatric clinic | 18 | 3 |
| Nork psychiatric clinic | 12 | 0 |
| Avan psychiatric clinic | 10 | 0 |
| Total | 84 | 7 |

As you can see from Table 11, about 8% of those who informed about the physical restraints insist that people receiving treatment or care participate in the use of physical restraints.

The location of using physical restraints and inadmissibility to use it in the presence of others is not regulated by any legal act. In practice, the physical restraints are used mainly in the wards, also in the rooms of interventions, in the corridor and vacant rooms. Using the physical restraints especially in the wards and corridor in the presence of others can mean a punishment for other people receiving treatment or care. According to the employees, the duration of the constraint does not exceed 4 hours (including the break time), which is in compliance with the procedure prescribed by the order of the RA Minister of Healthcare¹⁸. While, 16 of the 84 people (one of every 6) informed that the duration of the constraint is quite long and can last the whole night or even one full day (see Table 12).

¹⁸ RA Minister of Healthcare N 691-A decree from 03.05.2010, Point 7 of Annex 1

Table 12: Number of people receiving inpatient treatment or care who informed about the duration of physical restraints of more than 4 hours without breaks, the whole night or the whole day

| Name of medical Institution | Number of people informing about physical restraints | Number of people informing about duration of physical restraints of more than 4 hours without breaks |
|--|--|--|
| Neuropsychiatric dispensary of Syunik region | 14 | 3 |
| Psychoneurological dispensary of Lori region | 7 | 0 |
| Gyumri psychiatric health centre | 7 | 2 |
| Sevan psychiatric hospital | 9 | 1 |
| Armash health center | 7 | 0 |
| Nubarashen psychiatric clinic | 18 | 4 |
| Nork psychiatric clinic | 12 | 3 |
| Avan psychiatric clinic | 10 | 3 |
| Total | 84 | 16 |

In accordance with the procedure prescribed by the order of the RA Minister of Healthcare¹⁹ during the entire period of physical restraint, the person should be under the control of the medical staff. Whereas, 19 (about 23 %) of the 84 surveyed persons receiving treatment or care, informed that there is no medical control during the use of physical constraint. 1 of every 5 persons, both the employees, and however strange, the persons receiving inpatient treatment or care, say that it exists. It's interesting that the employees of institutions (8 of 66 employees, about 12%) mention that persons receiving treatment or care have control during the physical restraint against another person receiving treatment or care. One of the interviewed senior nurses informs that such a control can be realized even by the buffet worker and the nurse-housekeeper; and two nurses inform that this can be done by the nursing assistants who do the cleaning.

According to the survey, such a control is done by regular visits by either the employees, or persons receiving treatment or care (“they come and go”). This form of control is very disturbing, as the absence of control during the constraint may negatively impact his/her health. The practice of “making the person obedient” with the threat that they will use a constraint measure is troubling and disturbing. As one of the nursing assistant stated they use the physical restraint order “to make them obey” and if the person does not “behave well” we scare him/her with

¹⁹ RA Minister of Healthcare N 691-A decree from 03.05.2010, Point 8 of Annex 1

the intention to tie.

According to the RA legislation,²⁰ every case of physical restraint must be recorded in a special registry book. During the monitoring the study of those registry books showed serious shortcomings. For instance, according to one of the records physical restraints were used at exact hours /12:00, 15:00, 20:00/ and their duration was 30 minutes or an hour. The results of the person's examination done by the doctor during the physical restraint were not recorded. That is to say, no records are made on the decisions made by the doctors on the use of constraint measures, on the examination results, so the registry book has a formal character but is without substance.

To summarize, we may conclude that in the psychiatric medical institutions the physical restraints against persons with mental health problems as defined by law:

- are not used for medical purposes
- support punitive character by their forms of use and duration
- are uncontrolled

Death Cases in the Psychiatric Medical Institutions

During the monitoring in 2009 the first time we paid attention to the number of deaths in Psychiatric medical institutions, in particular, according to the data provided by the RA Police and Psychiatric medical institutions, HCAV recorded that between 2006–2009 the number of deaths was 159. According to the data provided by the Psychiatric medical institutions the number of deaths was 143 in 2010–2013 (see Table 13).

²⁰ RA law “On Psychiatric Aid” Article 6, Point 11; RA Minister of Healthcare N 691–A decree from 03.05.2010, Point 5 of Annex 1

Table 13: Number of Deaths in 2006–2013 by institutions

| Number of deaths by year | Psychoneurological dispensary of Lori region | Neuropsychiatric dispensary of Syunik region | Gyumri psychiatric health centre | Sevan psychiatric hospital | RA Ministry of Healthcare “Psychiatric Medical Centre” CJSC | | | | Armash health center | Total |
|-----------------------------|--|--|----------------------------------|----------------------------|---|-------------------------------|-------------------------------|---------------|----------------------|------------|
| | | | | | Nubarashen psychiatric clinic | Nubarashen psychiatric clinic | Nubarashen psychiatric clinic | Kasakh Clinic | | |
| 2006 | 1 | 3 | 6 | 27 | 12 | 0 | 0 | 0 | 4 | 53 |
| 2007 | 1 | 3 | 3 | 20 | 15 | 0 | 0 | 0 | 6 | 48 |
| 2008 | 0 | 4 | 1 | 9 | 11 | 0 | 0 | 0 | 2 | 27 |
| 2009 | 0 | 5 | 2 | 5 | 13 | 0 | 2 | 0 | 4 | 31 |
| 2010 | 1 | 4 | 2 | 6 | 14 | 5 | 0 | 0 | 4 | 36 |
| 2011 | 1 | 3 | 3 | 12 | 11 | 0 | 3 | 0 | 5 | 38 |
| 2012 | 1 | 7 | 2 | 13 | 9 | 3 | 3 | 0 | 5 | 43 |
| 2013 | 1 | 3 | 2 | 7 | 9 | 0 | 1 | 0 | 3 | 26 |
| Total | 6 | 32 | 21 | 99 | 94 | 8 | 9 | 0 | 33 | 302 |

As you can see from the data in Table 13, after the monitoring the number of death cases decreased by 16 during the 4 years.

Taking into account that the total number of beds in the monitored psychiatric medical institutions is about 1330 and the number of death cases is quite big, the problem is still troubling.

Moreover, In only 40 cases of 302 in 2006–2013 law enforcement bodies initiated criminal cases (see Table 14).

Table 14: Number of Deaths, Reasons and Number of Criminal Cases Initiated in 2006–2013

| Year | Number of Deaths | Reasons for Death | | Number of criminal cases |
|--------------|------------------|-------------------|----------|--------------------------|
| | | Somatic disease | Suicide | |
| 2013 | 26 | 26 | 0 | 8 |
| 2012 | 43 | 42 | 1 | 14 |
| 2011 | 38 | 37 | 1 | 12 |
| 2010 | 36 | 36 | 0 | 6 |
| 2009 | 31 | 29 | 2 | 0 |
| 2008 | 27 | 26 | 1 | 0 |
| 2007 | 48 | 48 | 0 | 0 |
| 2006 | 53 | 52 | 1 | 0 |
| Total | 302 | 296 | 6 | 40 |

As you can see from Table 14, 40 criminal cases out of 302 deaths were in 2010–2013, after the monitoring of HCAV in 2009. All 40 criminal cases were negated because of lack of a crime. According to the data obtained from Psychiatric medical institutions, 38 of those 40 criminal cases were initiated on behalf of deaths which took place in Sevan Psychiatric Hospital. This means that there is a practice of initiating criminal cases on all deaths in this institution, which is not particular to other institutions.

As you can see from Table 14, various somatic diseases were the reason for deaths – 296 out of 302 (about 98%).

According to the research /Всемирная Психиатрия, Том 10, Номер 1, Соматические заболевания у пациентов с тяжелыми психическими расстройствами, ст. 56/ the life expectancy of people with serious mental diseases is considerably less compared to the general population. In particular, people with serious mental diseases like schizophrenia, bipolar disorder, schizoaffective disorder, serious depressive disorder, die 2–3 times as often as the general population. 60% of such a high level of deaths is due to somatic diseases. The same research also represents that it seems as if somatic state of persons with mental health problems have been ignored and it is also the case at present.

Thus, there are many death cases in the psychiatric medical institutions caused by somatic diseases. Taking into account the above mentioned research we may conclude that proper attention is not paid to the treatment and prevention of

somatic diseases.

At the same time taking into account the insufficient human rights protection in psychiatric medical institutions – forms of ill-treatment, inhuman and degrading attitude, the food quality, the situation of the treatment of somatic diseases (see the report “Human Rights Situation in Mental Health Facilities in the Republic of Armenia”) and the small number of criminal cases on deaths, we can conclude that the investigation into death cases is not properly considered. No comprehensive, objective or complete investigation into the death cases of persons in the psychiatric medical institutions has been done to examine the reasons for these deaths.

Exercising the Political and Civil Rights of Persons with Mental Health Problems

Persons with Mental health problems can be recognized as lacking legal capacity in accordance with the RA legislation²¹, as a result of which the person is deprived of his/her labour, electoral²², marriage-family rights, of the possibilities to defend his/her rights, freedoms and legal interests in the court, state agencies. A person is deprived of the possibility to make a decision, to act independently in actions important for his/her life even in insignificant domestic issues²³. The opinion of a person recognized as lacking legal capacity is not considered, for instance, when the persons does not wish or disagrees to get treatment in the psychiatric medical institution. The person recognized as lacking legal capacity cannot be checked out from the institution without the agreement of his/her legal representative. In accordance with the RA legislation, his/her legal representative or the guardian make the decisions for the person recognized as lacking legal capacity²⁴.

The monitoring results show that most of the persons with mental health problems receiving inpatient treatment or care are unaware of their status – wither they are recognized as lacking legal capacity or not, or what lack of legal capacity or guardianship mean.

23 (one of every 6) of the surveyed 136 persons receiving inpatient treatment or care informed that they had been recognized as lacking legal capacity, 74 informed that they had not been recognized, 41 found it difficult to respond or did not respond at all. The data on their status provided by the persons receiving inpatient

²¹ RA Civil Code, Article 31, Point 1

²² According to the information received by Psychoneurological dispensary of Lori region there were 15 voters in the institution as of 03.05.2013 2012 Parliamentary Elections

²³ See <http://hcav.am/events/26-05-2014/>

²⁴ RA Civil Code, Article 31, Point 2

treatment or care in some cases are not in compliance with the data provided by the employees. We may conclude that the persons receiving inpatient treatment or care are recognized as lacking legal capacity not only without considering their opinion, but also without informing them. The person recognized as lacking legal capacity is deprived of his/her potential to exercise his/her political and civil rights. In addition, guardianship is established over them without considering their opinion and receiving their agreement.

People receiving inpatient treatment or care who have been recognized as lacking legal capacity assess their relations with their guardians based on their frequency of visits and delivery of parcels.

It is interesting to mention that only three of the 23 persons recognized as lacking legal capacity said they would not like to be recognized as such. One of them mentions that he/she did not take any step: "Who was going to consider my opinion?"

Two of the 44 persons receiving outpatient treatment have guardians. Usually they are the parents, with whom their relations are good. They say that they were recognized as lacking legal capacity with their wish and those whom the persons had chosen were appointed guardians. The persons did not deal with the guardianship and trusteeship body during the period they were recognized as lacking legal capacity on any issue, which means that the given body did not have any control over the decision of guardianship. Also, two of the abovementioned surveyed 44 persons, are in the process of being recognized as lacking legal capacity as their wish. One of them wants his/her father to be the guardian: "No one will care for me better than my father," and the other one is being recognized as lacking legal capacity because he/she wants to get pension.

In summary, persons with mental health problems are deprived of the possibility to exercise their civil and political rights by being recognized as lacking legal capacity, the decision on which may be made without their participation and consideration of their opinion. On the other hand, the persons with mental health problems agree to be recognized as lacking legal capacity in order to make use of some social protection again being deprived of the possibility to exercise their civil and political rights.

Persons' Admission to the Psychiatric Medical Institution

Implementation of Medical Examination

During admission to the psychiatric medical institution, the person is subjected to preliminary medical examination. The employees and most of the persons receiving inpatient treatment or care testify to this. As a rule, the medical examination includes external examination, questions about the health, certain analyses, etc. According to the employees, persons who are admitted to the institution often refuse to get an examination, even an external examination. As a rule, they are persuaded to be examined as it is mandatory while a person is being admitted.

Medical examination is mainly implemented by a doctor, nurse, nursing assistant, in some cases even by the nurse-housekeeper at the reception or in the department. The relatives of the person, the police officers may be present at the examination.

During the medical examination they do not take into account the person's gender, or his/her agreement to be examined in the presence of others. In one of the institutions, an employee said that a woman who was being admitted and who refused to be examined, was forcedly examined by a male nursing assistant, as they are "ashamed/scared of him and immediately take off the clothes." In some cases, the person is washed with force by the nurse-housekeeper. It is not clear to what extent this "measure" is conditioned by the person's sanitary condition, but implementation of any "sanitary" measure should also be done without degrading the persons.

"We carry out obligatory examination, otherwise they may slander as if we caused the bruise. I may just leave him/her at the moment to calm down and then examine"

"Forcedly, it is not as they wish"

Nursing assistant

"If they don't want to take a bath, be examined, the nursing assistants also get wet. They do not refuse to be examined, they just don't understand at that moment."

Senior nurse

"We take all their clothes and we all examine – me, the nursing assistant, police officer, ambulance, everyone is present."

Nurse

Based on the abovementioned, we can insist that in closed institutions external examination of the person is necessary and is based on the principles of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, especially when the person is brought to the institution accompanied by the police officers. However, external examination is done with degrading treatment, including threats of violence, which is a grave violation of the person's rights.

Informing about Rights

As prescribed by the RA legislation, persons who are admitted to the psychiatric medical institutions, should be explained their rights and obligations and be given an information leaflet²⁵. In fact, their rights and obligations are not explained. In the institutions, they are given a copy of the information leaflet, which is just formally signed and enclosed with the person's health record; however, in some cases, the information leaflet is not always provided.

The interviews and the observations show that persons who are admitted to the institutions are not informed about their rights and obligations (see Table 15) and they sign the information leaflet formally without being aware of the content.

The monitors were personally present at the admission process. The person who was being admitted realized his/her actions, signed the treatment agreement, but he/she was not informed about his/her rights and obligations, not verbally or through information leaflets.

Absence of proper information about rights is justified by the response to the monitors' question on whether the persons receiving inpatient treatment or care have the right of managing their financial means.

To the monitors' question whether the persons receiving treatment or care have money with them, they responded that they did not need any money, as they would not be able to spend that money anyway. Similarly, some of the employees mention that the persons receiving treatment or care do not need money, as they do not have "anywhere to spend that money." Whereas according to the procedure defined by law upon request of the persons receiving treatment or care, the senior

**The doctor says: "The rights are
in our hands. "**

*A person receiving inpatient
treatment or care*

²⁵ RA law "On Psychiatric Aid," Article 6, Points 3.10, 4; Point 1 of chapter 6 of the procedure of exercising the rights of persons with mental disorders

nurse has to buy items and hand it to the person with a receipt²⁶.

Table 15: The opinion of the surveyed about informing on the rights and obligations.

| | Information is provided | Information is not provided | It is hard to respond/no response | Total |
|--|-------------------------|-----------------------------|-----------------------------------|------------|
| Person receiving inpatient treatment or care | 35 | 76 | 25 | 136 |
| Doctor-psychiatrist | 14 | 5 | 3 | 22 |
| Senior nurse | 8 | 5 | 1 | 14 |
| Nurse | 27 | 6 | 8 | 41 |
| Nursing assistant | 18 | 7 | 8 | 33 |
| Director | 8 | 0 | 1 | 9 |
| Total | 110 | 99 | 46 | 255 |

As you can see from Table 15, 76 (about 56%) of the surveyed 136 persons receiving inpatient treatment or care mentioned that they had not been informed about their rights. As a note, 50 of those 76 were receiving treatment or care for less than three years at the time of monitoring (May-July 2013). This means that according to the procedure set by law, they should have been informed both verbally and through information leaflets. It is interesting, that the employees (23 of 119) of the institutions also mention about the lack to inform persons about their rights and responsibilities.

One of the persons receiving inpatient treatment or care explains that they “don’t have the right that’s why they are not informed about their rights”. The employees believe that the provision of information leaflets during admission is informing and that the detailed explanation of the rights and obligations to the person is not.

7 of the 35 surveyed persons became aware of their rights through the information leaflets they directly

“We give them a paper and they read or don’t read. In some cases it is explained verbally”

Doctor-psychiatrist

“The patient does not have any rights”

Nursing assistant

²⁶ RA law “On Psychiatric Aid” Point 3, 4 of chapter 2 of the procedure of exercising the rights of persons with mental disorders

received or they read them on the walls of the department. Another 3 persons receiving treatment or care said they had been informed not about their rights but only about the daily routine. The persons receiving treatment or care in Nubarashen Clinic informed that the information leaflets are posted in the institution. The monitors noticed the information leaflets in the Neuropsychiatric Dispensary of Syunik region and Gyumri Psychiatric Health Center, but they were not accessible for reading. The leaflets were posted in a high place in the Neuropsychiatric Dispensary of Syunik region and they were posted in Gyumri Psychiatric Health Center on the outside entrance door.

As mentioned above, awareness on the rights is done mainly through the information leaflet. However it is not properly provided (see Table 16).

Table 16: The opinion of the surveyed on the provision of the information leaflet

| | Is provided | Is not provided | It is hard to respond/ | Ընդամենը |
|--|-------------|-----------------|------------------------|------------|
| Person receiving inpatient treatment or care | no response | Total | 68 | 136 |
| Doctor-psychiatrist | 14 | 5 | 3 | 22 |
| Senior nurse | 7 | 7 | 0 | 14 |
| Nurse | 6 | 19 | 16 | 41 |
| Nursing assistant | 7 | 7 | 19 | 33 |
| Director | 7 | 2 | 0 | 9 |
| Total | 55 | 94 | 106 | 255 |

As you can see from Table 16, only one of every 10 persons receiving inpatient treatment or care inform about the delivery of the information leaflet. It is interesting that one of every 3 employees informs that the information leaflet is not given to the persons during the admission to the institution.

One of the directors stated that “they happen not to have a copy of the leaflet at that moment” and that is why it was not given to the person.

Many persons receiving treatment or care (68 persons, half of the surveyed) had difficulties with responding or did not respond about the provision of the information leaflet. The reason is that, according to the persons receiving treatment or care, they signed some documents but did not know what documents they were and some did not want to read what they were signing. While in the institution, the a person doesn’t have the possibility to get familiarized with the leaflet as it is kept with

their illness records. Some employees, including doctor-psychiatrists, mention that if they gave the leaflets to the persons who were admitted, they would tear them or make “airplanes” out of them. Only the employees of the Neuropsychiatric Dispensary of Syunik region say that the leaflet is made with two copies. One of the copies is enclosed to the illness record, the second one is given to the person. At the same time, 3 of the surveyed 14 persons receiving treatment or care mentioned that they had been given the information leaflets.

So, we may conclude, that the persons receiving treatment or care in the RA Neuropsychiatric medical institutions are not informed about their rights and obligations. They are informed neither during admission nor in the period they live in the institutions. Informing these people has a formal or official character.

Delivery of Information on the Health Condition and Treatment

Persons who are admitted to the RA Neuropsychiatric medical institutions must get information from the doctor on their health conditions and the proposed treatment²⁷. Whereas these persons are not properly provided with the information defined by the law (see Table 17).

I signed two papers but they did not inform. They told me if I did not fill in, a judge would come. Therefore, I signed.

A person receiving inpatient treatment or care

²⁷ RA law “On Psychiatric Aid,” Article 15, Point 2

Table 17: The opinion of the surveyed on receiving information on the health condition and treatment of the persons receiving treatment or care

| | Is provided | Is not provided | It is hard to respond/no response | Total |
|--|-------------|-----------------|-----------------------------------|------------|
| Person receiving inpatient treatment or care | 48 | 49 | 39 | 136 |
| Doctor-psychiatrist | 15 | 5 | 2 | 22 |
| Senior nurse | 9 | 5 | 0 | 14 |
| Nurse | 17 | 17 | 7 | 41 |
| Nursing assistant | 15 | 8 | 10 | 33 |
| Director | 9 | 0 | 0 | 9 |
| Total | 113 | 84 | 58 | 255 |

As you can see from Table 17, only one of every three persons receiving treatment or care provide information on the health conditions and prescribed treatment. Though about 55% of the employees inform about provision of the abovementioned information, we have to state that the persons receiving treatment or care are not properly provided the information on either the health condition or the proposed or prescribed treatment. During the interviews, the employees presented a number of justifications on why they do not provide such information. The employees think that the persons receiving treatment or care do not consider themselves ill or they already know about their illness.

It turns out from the interviews that providing information depends on the interest, demands, education of the persons receiving treatment or care.

In some cases, the psychiatrist finds that the medical conclusion about the

"I asked about my diagnosis myself, the doctor explained. I don't think everybody is explained here, only those who want."

A person receiving inpatient treatment or care

"If we feel the patient wants to know we explain. I am trying to hide the diagnosis from the patient but I explain that he/she has mental problem. They perceive as much as they can."

Psychiatrist-doctor

health condition should not be provided to the person, as it may have negative influence on his/her health. During the interviews with the employees, it makes clear that the information on the person's health can be provided, by not only the doctor-psychiatrists, but also by other medical staff.

To conclude, we may say that in the RA Neuropsychiatric medical institutions persons receiving treatment or care are not properly informed about their health condition and the prescribed treatment.

Psychiatric Examination and Involuntary/forced Treatment

In Neuropsychiatric medical institutions in order to find out if the person has a mental disorder, or to assess the necessity for psychiatric aid, a psychiatric examination is carried out²⁸. If the person or the legal representative does not give his /her agreement, the person is examined by the psychiatric commission, which gives a relevant conclusion on the necessity for psychiatric aid. The psychiatric commission examines the person and the director of the institution applies to the court within 72 hours in case the person refuses treatment or demands to stop the treatment²⁹.

Only 21 of the surveyed 45 medical staff responded to the question on the implementation of psychiatric examination within 72 hours. Whereas only three of the surveyed 21 persons receiving forced treatment responded that their psychiatric examination was within 72 hours.

The directors of 7 institutions implementing involuntary treatment informed that the psychiatric commission is composed of the doctors from the same institutions. As a note, 10 of the surveyed 22 psychiatrists expressed the same opinion; the others did not say. It should also be noted that according to the legislation, one of the doctors should represent another medical institution³⁰. This requirement, in fact, is very rarely met. The reason is the geographical distance between the institutions (Gyumri, Kapan, Vanadzor), as well as the structural or organizational status (Psychiatric Medical Center being one legal entity).

According to the director and two psychiatrists, in the psychiatric commission of Avan Psychiatric Clinic a specialist is involved from Yerevan Medical University

**“Kalantaryan have time to come
here?”**

Doctor-psychiatrist

²⁸ RA law “On Psychiatric Aid”. Article 19, point 1

²⁹ RA law “On Psychiatric Aid”. Article 22, point 2

³⁰ RA law “On Psychiatric Aid”. Article 3, point 16

after M. Heratsi, and according to the doctor of Sevan Psychiatric Hospital it is only in “extreme cases” that a specialist from another institution is invited.

They mention that sometimes friendship “contacts” with the specialists from other institutions help to solve the problem. Despite the existence of the law, the state does not ensure necessary transportation means and trip costs for the involvement of the specialists from other institutions in the work of the psychiatric commission.

The implementation of the functions of the psychiatric commission has been disturbing especially in the RA Ministry of Healthcare “Psychiatric Medical Centre.” The psychiatric Clinics of Nubarashen, Avan and Nork, Kasakh Neuroses Clinic and Avan Narcological Clinic are under subordination of the institution. The 5 clinics had their heads, but the RA Ministry of Healthcare “Psychiatric Medical Centre” was one legal entity. As one of the psychiatrists in the Clinic says, the conclusion of the psychiatric commission could be given with some doubt in order to avoid further problems. It would be impossible to change the conclusion in case of even disagreements between the conclusion of the Psychiatric commission and other Clinics and doctors.

It should be noted, that the composition of the psychiatric commission can change from time to time if there are more than three doctor-psychiatrists in the institution (for example, In Nubarashen and Nork Clinics). In Neuropsychiatric Dispensary of Syunik region there are three psychiatrists, including the director, therefore the composition remains the same.

On the other hand, persons who are admitted to the institution are not properly informed that they can invite the psychiatrist they prefer to the work of the psychiatric commission (see “Informing about Rights” part)³¹. One of the directors even informs that “this is not foreseen.”

Only 4 of the surveyed 21 persons receiving forced treatment informed that they got familiarized with the conclusion.

9 of the 21 persons receiving forced treatment by the court decision informed that they participated in the court hearing. Only one of these 9 said there was an attorney at the hearing, 6 said that the relative was present. In fact, during the court session the relative can be the representative of a person who is subject to forced or involuntary treatment with whose petition the court hears the issue of the forced treatment. The nine

“If it is a court process, one copy is his/hers. I may forget to give him/her.

Doctor-psychiatrist

³¹ RA law “On Psychiatric Aid,” Article 6, Points 3.13.; Point 3 of chapter 4 of the procedure of exercising the rights of persons with mental disorders

persons who mentioned about the court process had difficulties in describing the court process based on which we may conclude, has a formal character. The person who is subject to forced treatment is not informed about his/her rights at the court session and he/she is not given the copy of the decision on forced treatment and the case of Julieta Amarikyan <http://hcav.am/events/1452187//>.

We may conclude that in the process of subjecting the person with mental health problem to forced treatment the following is not preserved:

- the legislative requirements for the formation of the psychiatric commission
- the rights of the person with mental health problems are violated (ensuring the right to a fair trial – informing about rights, informing and provision of the conclusion of the psychiatric commission, ensuring an attorney, provision of the court decision on forced treatment).

PERSONS WITH MENTAL HEALTH PROBLEMS OUTSIDE OF THE PSYCHIATRIC MEDICAL INSTITUTION

The Situation of Outpatient Psychiatric Aid

Psyconeurological dispensary of Lori region, Neuropsychiatric dispensary of Syunik region, Gyumri psychiatric health centre and Avan Psychiatric clinic provide outpatient psychiatric aid³² besides inpatient psychiatric aid. According to the surveyed employees and persons receiving outpatient treatment they mainly provide:

- medicine
- medical consultation
- examination of health condition
- consultation for treatment of relatives
- home visits
- discussion with a psychologist and in case of necessity, orientation for inpatient psychiatric treatment.

“It does not provide anything, they even don’t give medicine.”

Person getting outpatient psychiatric treatment

* The information was obtained through interviews with 44 persons receiving outpatient treatment and 26 employees

³² The Psychiatric Health Centre adjunct to the Sevan Psychiatric Hospital functions with its representations in Sevan, Vardenis, Martuni, Gavar and Chambarak. It provides outpatient psychiatric service in the region. It should be noted that the psychiatrist of the Sevan representation, who is also the director of the Sevan representation, at the same time serves the patients from Martuni and Chambarak representations. The reason, according to the director, is that the psychiatrist of Martuni representation had health problems and there were few patients in Chambarak.

However, within the framework of the outpatient psychiatric services there were problems raised by the interviewed persons.

In particular, the institutions do not regularly provide persons with medications, though the domestic legislation defines that the state must provide medications free of charge³³. The directors of two institutions mentioned that they always have such problems (see Table 18).

Table 18: The opinion of the surveyed on the medications delivered within outpatient psychiatric aid

| | Is regularly provided | Is not regularly provided | It is hard to response/no response | Total |
|---|-----------------------|---------------------------|------------------------------------|-----------|
| Person receiving outpatient treatment or care | 14 | 27 | 3 | 44 |
| Doctor-psychiatrist | 4 | 2 | 1 | 7 |
| Nurse | 2 | 7 | 1 | 10 |
| Director | 4 | 5 | 0 | 9 |
| Total | 24 | 41 | 5 | 70 |

As you can see from Table 18, most of the persons receiving outpatient treatment (about 61 %) and over half of the employees (about 54 %) inform about the irregular supply of medications. The respondents also mentions the names of medications which they do not have as a rule – Olanzapine, Moditen depo, Cikladol, Triptazinum, etc.

23 persons out of 44 who get outpatient treatment say that in cases of absence of certain medicines, the doctor can give a prescription to get the medicine from a pharmacy. The employees inform that the doctor offers a substitution medicine, but the person receiving outpatient treatment sometimes prefers to get the medicine in the pharmacy if he/she can afford. Those who cannot afford it, refuse the substituting medications waiting for the institution to get the appropriate medicine.

To sum up, we can say that due to the failure of the institutions to regularly supply quality medications vulnerable people suffer.

Doctors, senior nurses and persons receiving outpatient treatment inform that the doctors prescribe the medications. 11 of the 44 persons receiving outpatient treatment said they also participated in the process of prescription: the doctor

³³ RA law “On Psychiatric Aid” Article 7, Point 1

consults on the type and proportion of the medicine.

As in 2009, during this monitoring the doctor-psychiatrists mention that foreign medicine is more effective and they have fewer side effects. However, institutions get medicine from local production. (in order to get an effect you have to use more of the national production unlike the foreign medications which are effective with less dosage.) At the same time, the doctors say the local medicine has more negative effects).

34 (about 77%) of the 44 persons receiving outpatient treatment assess the effectiveness of the medications provided by the institution as positive. One of every 4 persons assesses it as negative.

Within the framework of outpatient aid, home visits by the medical staff should be organized based on the health condition of the person, his/her attendance frequency, as well as upon request by relatives. The goal of the home visits is to control the person's health condition and deliver necessary medications. In two institutions, some of the persons receiving outpatient treatment informed that they did not have such service. One of the relatives said that even after a call, the doctor did not pay a visit to a person who is bedridden.

It makes clear from the interviews that the institutions do not develop an individual rehabilitation plan for both those receiving inpatient and outpatient treatment (see Table 19).

“The plans exist to some extent: the doctor’s recommendations, but there are no necessary conditions for the individual rehabilitation plan”

Doctor-psychiatrist

Table 19: About the existence of an individual rehabilitation plan

| | There is | There isn't | It is hard to say/no response | Total |
|---------------------|----------|-------------|-------------------------------|-------|
| Doctor-psychiatrist | 0 | 7 | 0 | 7 |
| Nurse | 2 | 3 | 5 | 10 |
| Director | 5 | 4 | 0 | 9 |
| Total | 7 | 14 | 5 | 26 |

Some of the directors say they have individual rehabilitation plans, but the employees insist on the opposite. For instance, the psychologist of one of the institutions says that he/she has an individual rehabilitation plan in mind: he/she knows what kind of work to do and knows the goal, and correspondence will take

too much time. According to him/her, the person's condition always changes and it is not necessary to write the next day plan, as he/she did before, because it is difficult to fulfill the plan – if the person is not able to talk, etc. Persons receiving treatment in the institutions do not have the possibility to choose their doctor: the doctor is appointed by the person's place of residence. Only 6 of the surveyed 44 persons receiving outpatient treatment said they had chosen their doctor. One of them informs that he goes to the doctor he prefers as he doesn't like the other. The doctors also say that some people refuse their service and sometimes they don't like to provide their service to a particular person. In such cases, another doctor from the institution takes care of the persons receiving treatment. According to the surveyed doctors, the reasons are different: interpersonal conflicts, former acquaintances, etc. It is interesting that 4 of the 44 surveyed said they wanted to go to another doctor, but only one of them did so.

According to the medical staff, the reasons why persons receiving outpatient treatment apply for inpatient treatment are different. Such cases are mainly due to irregular use of medications, abuse of coffee and alcohol, poor social conditions, interpersonal conflicts. According to persons receiving outpatient treatment, the reasons are the irregular use of medications (3 people), poor social conditions (2 people) and ill-treatment of society and relatives (3 people), exacerbation of diseases (23 people), etc.

Persons receiving outpatient treatment appear in the psychiatric medical institutions due to improper control of their health condition.

9 persons out of 44 surveyed mention that only outpatient treatment is insufficient. They attach importance to the attitude of society and relatives towards them (8 persons out of 44 think so) and issues related to medical oversight and provisions with medications which are very significant for proper treatment (29 persons out of 44 think so).

13 of the surveyed 17 psychiatrists and nurses assess the quality of outpatient services as good and normal, as according to them they ensure the minimum medical service. 15 of the surveyed 17 staff members insist that the outpatient services need development. It is interesting that outpatient medical service providers attach importance to the solution of the persons' social integration problems. They believe that the sphere of service provided to persons who get outpatient treatment has been out of consideration for a long time.

9 out of 44 surveyed persons receiving outpatient treatment think that in the

"The quality of these services is awful. If you have the chance to enter the inpatient service you'll understand"

A person receiving outpatient treatment

Republic of Armenia psychiatric services are not accessible to them. This is due to the location of the institutions and insufficient amount of medications. They also find that those who need relevant service do not receive them.

Whereas, the employees think that the services are accessible which are free of charge. Only two of the surveyed 17 persons receiving outpatient treatment mention the negative impact the lack or quality of medications has.

We may state that the service provided to persons receiving outpatient treatment is not done properly. This is due to the insufficient amount of medications and irregular supply, as well as an absence of an individual rehabilitation plan. There is no social-psychological and rehabilitation support for persons with mental health problems.

Occupation, the Situation of Social Security of Persons with Mental Health Problems

Persons receiving inpatient treatment and especially care may spend their whole life in the Psychiatric medical institutions. Their labour and occupation problems (see “Work Therapy or Labour Exploitation” part). The same problems are true for persons receiving outpatient treatment. In particular, only 6 of the surveyed 44 persons who have a job, are mainly involved either in domestic work or in their relatives’ small business. 34 of those 38 persons who are not employed have never applied for a job, the other 4 looked for work but did not find anything.

“Work is the first treatment. They at least don’t think about their illness”

Doctor-psychiatrist

Table 20 presents the reasons why the persons receiving outpatient treatment did not look for a job.

Table 20: The reasons why the persons receiving outpatient treatment do not work

| | |
|---|-----------|
| I am not able to work due to my illness | 22 |
| I am a pensioner | 2 |
| There is no work | 2 |
| I don’t want to work | 1 |
| I have no time, I am doing housework | 2 |
| No response was given | 5 |
| Total | 34 |

As you can see from Table 20, the majority (about 65 %) of the surveyed think that their illness is the factor for not choosing or looking for a job. It should be noted that only 2 of the surveyed 34 persons expressed a wish to look for a job.

So, the solution of the occupation issue for the persons with mental health problems is limited to not only the public mistrust against them but also the mistrust towards themselves.

The main means of living for 44 surveyed is the disability pension, pensions, benefits (see Table 21).

Table 21: The sources of income of the persons receiving outpatient treatment

| | |
|---|-----------|
| Disability pension | 14 |
| Disability pension, salary | 2 |
| Salary, assistance by the relatives | 1 |
| Disability pension and other social benefits | 8 |
| Disability pension, assistance by the relatives | 11 |
| Assistance by the relatives | 8 |
| Total | 44 |

As you can see from Table 21, for 35 (about 80%) of the 44 surveyed persons receiving outpatient treatment disability, pension is the only means for living.

Medical-social examination commissions deal with the process of formation of disability group. 15 of the surveyed 35 persons assess this process as bad and very bad (see Table 22).

Table 22: The opinion of the persons receiving outpatient treatment on the process of formation of a disability group.

| | |
|--------------|-----------|
| Good | 19 |
| Bad | 13 |
| Very bad | 2 |
| No response | 4 |
| Total | 38 |

Some of the persons with mental health problems say that the process is quite difficult; there are delays and corruption risks.

We also assessed the attitude of the members of Medical-social examination

commissions towards the persons with mental health problems during the process (see Table23).

Table 23: The opinion of the persons receiving outpatient treatment on the attitude of the members of Medical-social examination commissions

| | |
|--------------|-----------|
| Good | 26 |
| Very good | 1 |
| Bad | 6 |
| Very bad | 1 |
| No response | 4 |
| Total | 38 |

As you can see from Table 23, 27 of the 38 surveyed assessed the work of the Medical-social examination commissions employees as good and very good, 7 out of 38 surveyed assess it as bad and very bad. They consider that the process of receiving a disability group is not only time consuming but also the employees are indifferent and demand financial reward.

Only 7 out of 44 surveyed don't have a disability category /at the moment of interviews three of them were in the process of obtaining disability group/. 6 of the mentioned 7 people say that it is difficult to get the disability group not only because of poor financial conditions, but also because they have to go to stay in the psychiatric medical institutions.

In conclusion, the process of formulation of a disability group for persons with mental health problems is quite time consuming. The difficulties of the process are conditioned by improper treatment of the Medical-social examination commissions' employees and corruption risks.

“Frankly speaking, I was told I had to lie again in order to get more years and I don’t want to come to the hospital, the conditions are awful, one can go crazy.”

A person who gets outpatient treatment

Organization of Leisure Time, Personal Contacts

15 (about 34%) of the 44 surveyed persons receiving outpatient treatment want to work or gain skills and specialization, 7 persons wished to participate in sports and social-cultural events. Only 7 did not want to have any occupation.

Persons who want to work and participate in events say that they are unable to do that due to financial means (8 persons) and health conditions (7 persons).

The medical staff also mention (12 of the surveyed 17) that persons receiving outpatient treatment spend their day at home and they are so ignored by the society that they do not want and do not have the chance to look for an occupation in order to be involved in public life.

So, persons receiving outpatient treatment have serious limitations related to involvement of public life and labour. As a rule, these people are socially vulnerable.

“Many spend their ay inside the four walls – at home, they get isolated from society, relatives”

A person who gets outpatient treatment

“There are no such state programs which could involve the patients in activities to make their day interesting”

Nurse

The Attitude of Society and Family Members towards Persons with Mental Health Problems

Persons receiving outpatient psychiatric aid inform that there is disrespectful treatment by society and families towards persons with mental health problems.

Only three of the 44 surveyed live separately, away from their families. However one of these persons has no relatives and the families of the other two emigrated and do not have any contact with them.

26 /about 63%/ of the persons who live with their families said they had various disagreements with the family members. At the same time, 35 persons /about 85%/ say that the family members are helpful and caring towards them.

Only six persons /about 15%/ assessed the attitude of their family members as bad, which according to them, negatively affects their health. They informed that the family members communicate with them as little as possible.

Two of the 44 surveyed said their family members had various problems because of their illness.

“Everybody behaves badly towards the patients. We are disgusting for them, they avoid us.”

A person who gets outpatient treatment

Nine of the 44 surveyed say they are alienated from their families, 15 say they have contacts in the family and 20 say they also communicate with relatives, friends and neighbors.

However, 30 of the surveyed 44 persons who get outpatient psychiatric aid assess the attitude towards them as disrespectful, because they are considered “flawed people”, they are teased and people do not want to be with them.

30 of the surveyed 44 persons receiving outpatient psychiatric aid speak about the necessity of a change of attitude towards them; expecting that people should become more patient, kind, humane, and more aware of the problems of persons with mental health problems. Persons receiving outpatient psychiatric aid consider public attitude towards them as discriminatory because society perceives them as “flawed, not as full or complete people”

To conclude, persons receiving outpatient psychiatric aid face serious obstacles when trying to integrate into society and their families, as they are perceived as “flawed, not full people”. Moreover, in some cases these obstacles may lead to worsening of their health condition and their “return to psychiatric medical institutions.”

CONCLUSIONS AND RECOMMENDATIONS

The monitoring carried out in nine psychiatric medical institutions testifies that in the Republic of Armenia, violations of the rights of persons with mental health problems continue and persist.

The main reasons for the violations of the rights of persons with mental health problems are:

1. implementation of the treatment and care of persons with mental health problems in the closed system of psychiatric medical institutions
2. lack of access to community services and absence of social-psychological, rehabilitation support
3. absence of new treatment methods and technologies in the sphere of mental health
4. the stigma, stereotypes and discriminatory attitude towards persons with mental health problems.

In order to improve the protection of the rights of persons with mental health problems the following are necessary:

1. Deinstitutionalization of psychiatric medical institutions, development of community-based, social services
5. Ensuring introduction of new treatment methods and technologies in the sphere of mental health
2. Public awareness campaigns and reforms to eliminate the stigma, stereotypes and discriminatory attitude towards persons with mental health problems, training of specialists /**see insert**/.

**THE COMMENTS OF THE RA MINISTRY
OF HEALTHCARE ON THE REPORT**



**REPUBLIC OF ARMENIA
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17.07.14 N A4/02.1/7364-14

To: Artur Sakunts
Chairman of Helsinki Citizens' Assembly-Vanadzor
(RA, Lori Region, Vanadzor, Tigran Mets 59)

Dear Mr. Sakunts,

Regarding your letter E/2014-26.05./187 from 26.05.2014 addressed to the RA Minister of Healthcare, in addition to the letter MH/02.1/5853-14 from 11.06.2014, I am presenting clarifications on Human Rights Situation in Neuropsychiatric Medical Institutions in 2013 Report:

1. The amendments and changes of the legislative acts have been done after the monitoring with the initiative of the RA Ministry of Healthcare
2. It is not desirable to generalize cases of ill-treatment towards persons with mental health problems
3. With the order of the Minister of Healthcare monitoring of the quality of medication provided for the persons receiving out-patient treatment is being carried out
4. In order to intensify the fight against stigma and to improve the professional and educational issues of medical workers, there is a

joint acting program of the Sanofi pharmaceutical company and World Association of Social Psychiatry

5. There is not afternoon sleep time but afternoon rest time in the medical institutions, which is up to the persons with mental health problems
6. In accordance with RA Government's January 9, 2014, N 4 decision "On defining the Order of Providing Legal Aid" legal aid is provided by an advocate appointed by the Public Defender's office of the RA Chamber of Advocates, based on the application of the person with mental health problem or his/her legal representative
7. It is not desirable to generalize cases of degrading treatment by the personnel, especially by nursing assistants, towards persons with mental health problems in some medical institutions
8. Psychiatric medical institution is not an institution for isolating persons with mental health problems, but it is the only place for those persons with mental health problems who have lost their social connections. Regarding the issue of organizing the patients' care outside the institution, it is planned to establish Care Homes and Occupation Centers in accordance with the RA Government's N15 protocol decision of April 17, 2014 "On Approving 2014-2019 Strategy of Preserving and Improving Mental Health in the Republic of Armenia and the List of Actions Ensuring Implementation of the Strategy"
9. The number of deaths in the RA MoH psychiatrics is very low. It is counted not by the number of beds but the number of patients who checked out from the medical institutions. In case of death mostly autopsy is carried out, in case of necessity analysis of the reason for death is done.
10. In accordance with Article 31 of the Civil Code, a citizen who as the result of mental disorder cannot understand the significance of his actions or control them may be recognized by a court as lacking legal capacity by the procedure established by the Civil Procedure Code of the Republic of Armenia. The court recognizes the person as lacking legal capacity based on the application made by the interested person and the psychiatrist's conclusion. The court decision is sent to the Guardianship and Trusteeship body at the person's place of residence. A guardian is appointed over him. The guardian acts on behalf of the person lacking legal capacity and makes transactions

11. In some institutions improper informing of the persons on their rights and obligations may not be generalized either
12. The commission examination of persons admitted involuntarily is conducted by the participation of the chief psychiatrist of the Republic of Armenia Ministry of Healthcare through a video call by Neuropsychiatric dispensary of Syunik region CJSC
13. The medication service is carried out mostly without interruptions and completely by the RA Ministry of Healthcare. In exceptional cases by the demand of the patient or his/her legal representative a prescription can be provided to get the foreign analog of the local medicine
14. The conclusion on the quality of outpatient medical services is unjustified.

At the same time, we share the opinion on the conclusions and recommendations of the summary description of 2013 monitoring and we hope that due to the Government's policy we will have desirable changes in the sphere of preserving mental health in the near future.

Regards,
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