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Challenges in mental health sector in terms of ensuring health rights of persons with mental health problems (PMHP)

In Republic of Armenia, the protection of the rights of persons with mental health problems strongly relies on the international conventions ratified by the state, especially the United Nations Convention on the Rights of Persons with Disabilities (ratified in 2010), but RA has not ratified the Optional Protocol to the Convention so far.

At the national level, the rights of the persons with mental health problems are defined by the Law on Psychiatric Care adopted in 2004.

In the mental health sector, the 2 concept papers below adopted by the Government are of essential significance as well: Concept on Provision of Alternative Care and Social Services to Persons with Mental Health Problems (approved on May 2, 2013) and 2014-2019 Strategy on Maintenance and Improvement of Mental Health in the Republic of Armenia (approved on April 17, 2014). The adoption of the said Concepts can be qualified as ground-breaking as they launched the process of de-institutionalizing psychiatric care in RA.

To implement the concepts above, the RA Government approved by its Decree № 1533-N of December 17, 2015 the procedure for providing persons with mental health problems with alternative care and social services at 24/7 care homes.

In 2016, in pursuance of these Concepts, the first community-based service, Spitak Care Home, was introduced as a pilot project in Spitak town. However, the state has not so far undertaken to finance even this pilot project and currently Spitak Care Home is funded by Open Society Foundations Armenia.

In Republic of Armenia, in-patient psychiatric care is mostly provided through 9 psychiatric facilities (with the number of beds totaling 1483). 5 of such facilities also provide outpatient psychiatric care. Given that

according to the RA National Statistical Service, the resident population in RA totals 2 million 998 thousand 6 hundred, the number of psychiatric care beds per each 100 thousands of residents will be 49.5. Actually, given that according to independent expert data, up to 1 million people are permanently absent from Armenia, the number of psychiatric care beds per each 100 thousands of residents will be 74.2. To compare, note that in a country like Italy that deinstitutionalized psychiatric care, this number is only 15 beds per each 100-120 thousand residents. These very numbers come to prove that despite the above concept papers, in RA psychiatric care is still provided through 'closed regime' approach.

By the way, it is noteworthy that the number of persons with mental health problems has risen; in 2012 this number totaled 45.000 people and in 2016 it has already reached 50.000 people.

In 2007-2013, Helsinki Citizens' Assembly-Vanadzor monitored 9 psychiatric facilities in RA. All the operating 9 psychiatric facilities are closed institutions, which in fact restricts the fundamental human rights and freedoms.

The monitoring visits identified human rights violations in terms of the grounds for admitting people to psychiatric facilities, the quality of the medicines and medical equipment, professionalism of the specialists especially the junior staff namely the hospital attendants and nurses, normal conditions of the premises, provision of contact with the outside world, provision of legal aid and various manifestations of degrading treatment, especially when applying means of restraint for medical purposes.

According to the RA Law on Psychiatric Care, a person shall be admitted to psychiatric facilities voluntarily and involuntary/compulsorily. If the person does not give consent for treatment, the psychiatric commission shall issue an opinion on the necessity of his/her compulsory treatment. According to the Law, one of the 3 members of the Commission must be psychiatrist from another institution, whereas this requirement is not met in practice.

It is noteworthy that in 2010-2014, the RA courts of first instance granted 194 applications on subjecting persons to compulsory treatment /28 applications were granted in 2010, 41 applications were granted each year within 2011-2013 and 43 applications were granted in 2014/, and only one ruling was appealed before the RA Court of Appeals. Actually, the number of persons under involuntary treatment is much higher as the persons documented among those who gave consent for voluntary treatment also include those who gave such consent after the so-called "explanatory" activities of their family, medical staff and sometimes police officers as well, often accompanied by psychological, and sometimes also by physical pressure.

Persons declared legally incapable are more vulnerable as it is their guardian who decides on their treatment (within January 1, 2010-June 2012, 447 persons were declared legally incapable by RA courts). Moreover, the

guardians' consent for the treatment of incapable persons might be caused both by socially disadvantaged situation of the families of the persons with mental health problems, i.e. in such cases psychiatric facilities turn into a place of refuge, and the intention to obtain and possess their property, as well as the so-called wish to punish them.

While the RA Law on Psychiatric Care prescribes the right to legal aid of the person placed in psychiatric facilities and in 2014 such persons were entitled with the right to get legal aid by a lawyer appointed by the Public Defender's Office, yet in 2014-2015, only 4 persons turned to the director of the facilities for legal aid.

According to the specialists, 50% of the persons placed at psychiatric facilities need social services rather than medical ones. The monitoring even revealed cases when a person placed at psychiatric facilities did not take any medicine at all on the doctor's instruction.

Thus, psychiatric care facilities fail to provide the persons with quality medical care and adequate living conditions. Moreover, half of the people at psychiatric facilities should not be placed at psychiatric hospitals, which turn into detention facilities for them.

On this point, I consider it necessary to refer to some high-profile cases in the focus of special public attention in recent years as it was attempted to use psychiatric facilities also as a punitive measure against civil and political actors; let's recall the cases of civic activist Yervand Karapetyan whom the police officers took to psychiatric facilities from the place of protest near the Public Television premises, civic activist Vardges Gaspari who underwent psychiatric forensic examination for asking the investigator responsible for the investigation under his criminal case questions on the events of March 1, 2008, Chairman of IDHR Armine Arakelyan who was taken from the area of the fountain in the Republic Square directly to the psychiatric hospital.

Such cases, though rare, largely overshadow the efforts of the authorities in psychiatric care and therefore should be first of all firmly opposed and criticized by psychiatrists.

Hence, in view of the above, it can be concluded that the timely and effective implementation of the programs aimed at mental health reforms approved by the RA Government is more than urgent for community involvement of persons with mental health problems and provision of affordable and quality treatment services.

Deinstitutionalization of psychiatric care is the only real way to reduce the current human rights challenges in the mental health sector.