



Helsinki Citizens' Assembly-Vanadzor

Ensuring in Armenia the rights of persons with psychosocial and intellectual disabilities to independent living and community involvement

Factual situation

Over 50.000 persons with psychosocial and intellectual disabilities are registered in the Republic of Armenia. While the Republic of Armenia takes certain steps to ensure the rights of persons with psychosocial and intellectual disabilities, the protection of their rights still raises concerns.

According to medical psychiatrists, 50% of the persons at the psychiatric facilities do not need to stay there, whereas they still get long-term care at such facilities /quantity of beds: 1483¹/. There are also long-term care facilities for adults, with a total capacity of 570 persons. These persons with psychosocial disabilities are actually placed at special facilities for long-term care due to their disability; there, they are isolated from the community and have no prospects for leaving such facilities.²

Typically, persons placed at special facilities for long-term care are declared legally incapable by a court ruling and deprived of the right to make decisions on their placement at such facilities or leaving them. Moreover, most persons declared legally incapable are placed at special facilities by their guardians for mercenary purposes, i.e. to possess or use the property of the person under their charge.

Furthermore, children with psychosocial or intellectual disabilities placed at special facilities also have no perspectives of leaving such facilities. Once they reach 18, they are still kept at the operating specialized children's homes or transferred to special facilities for adults.

Apart from isolation, the monitoring carried out by non-governmental organizations and the Ombudsman's Office at such facilities revealed gross violations of human rights there: persons are deprived of the possibility to make decisions on their own life and live independently; the living conditions are poor; the patients undergo labor exploitation, physical and psychological violence through use of physical restraints for non-medical purposes, beating, threats, oppression, anger, etc. The low level of treatment and prevention of somatic diseases at such facilities leads to a large number of death cases /based on the data provided by 8 psychiatric facilities, in 2006-2015 the number of death cases at such facilities totaled 373, including 366 due to somatic diseases and 7 due to suicide/. Criminal proceedings were initiated only on 42 cases and then they were all discontinued for lack of elements of crime.

¹ <http://www.arlis.am/DocumentView.aspx?DocID=90364> /Armenian version/.

² Such facilities are fully populated and the RA Ministry of Labor and Social Affairs has a waiting list of people for admission to any care facility.

Those persons with psychosocial and intellectual disabilities who live in community are isolated from their community as well. This is conditioned by the lack of the necessary support in their community involvement and prevention of isolation from the community, including lack of any psychosocial services and educational programs, as well as stigmatization, stereotypes and discriminatory treatment.

Generally, there are no available community-based services throughout the country. The community-based services available are provided by non-governmental organizations, which are scarce in number and concentrated in the country's capital.

In RA, psychiatric facilities are also used as punitive measures against civil and political activists (in 2016, the case of civil activist Vardges Gaspari was much talked about as he was subjected to forensic psychiatric examination only for asking the investigator examining his criminal case questions about the incidents of March 1, 2008, as well as human rights activist Armine Arakelyan's case as she was at once taken to psychiatric hospital for sitting in the basin of the Republic Square fountain).

Actions taken by RA

After ratifying the UN Convention on the Rights of Persons with Disabilities, the Republic of Armenia drafted and adopted 2 policy papers, namely the Strategy 2014-2019 on Maintenance and Improvement of Mental Health in RA and its action plan and the Concept 2013-2017 on Providing Persons with Mental Health Problems with Alternative Care and Social Services and its action plan.

The implementation of those papers also aims to ensure the fulfillment of the state's commitments under the Convention and particularly Article 19.

However, the actions set out in those papers are not carried out within their timeframes; the sources and volume of the financial resources prescribed for such actions are unclear, whereas it is only ensured financial resources that may guarantee effective implementation of such actions.

The said papers set out developing some type of community-based services within 2014-2017 (care homes, including, for elderly persons, day-care centers, including for children, adolescents, elderly persons, supportive housing).

Within the deinstitutionalization of psychiatric institutions, only Spitak Care House was set up as a pilot project /April 2016/. So far, it has operated with the financial support of the Open Society Foundations. Whereas, after its operation for almost a year and quite positive indicators, the lack of actual public funding and any clear funding possibilities in the future risks the sustainability of the operation of the care house and will lead to return to closed institutions of the persons who regained their confidence there.

While the studies show that community-based services are less costly³, the State still takes no significant steps to invest in that field. Moreover, some state bodies still seek to restructure, repair and strengthen the special closed institutions.

³ <https://www.hrw.org/report/2017/02/22/when-will-i-get-go-home/abuses-and-discrimination-against-children-institutions>

Suggestions

- Conduct a detailed needs assessment to introduce community-based services and introduce them, accordingly.
- Ensure proper, effective and accountable implementation of the actions of the Concept 2013-2017 on Providing Persons with Mental Health Problems with Alternative Care and Social Services and the Strategy 2014-2019 on Maintenance and Improvement of Mental Health in RA.
- Ensure clearly-cut municipal and public financing within the deinstitutionalization process, including sustainable operation of Spitak Care House through stable municipal and public financing.
- As long as there are special closed institutions, ensure the possibility to monitor such institutions through an independent public monitoring group.

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