



Helsinki Citizens' Assembly Vanadzor

Reference

On the Implementation of Actions Ensuring the Realization of 2014-2019 Strategy on the Maintenance and Improvement of Mental Health in the Republic of Armenia

2014-2016 period

Group of authors

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List of Acronyms

MFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MLSA	Ministry of Labor and Social Affairs
MES	Ministry of Education and Science
RA	Republic of Armenia
LSGB	Local self-government bodies
MTA ¹	Ministry of Territorial Administration
MTAD	Ministry of Territorial Administration and Development

¹ During the approval of the Strategy the Ministry of Territorial Administration functioned. The information was obtained from the Ministry of Territorial Administration and Development. Therefore, both the first and the second names and respectively their acronyms are used in the reference.

Introduction

Aiming to implement reforms in the field of mental health, the Government of the Republic of Armenia has issued two important decisions:

1. On April 17, 2014, 2014-2019 Strategy on the Maintenance and Improvement of Mental Health in the Republic of Armenia and the list of actions² ensuring the implementation of the Strategy (hereinafter referred to as Strategy and List of Actions).
2. On May 2, 2013 Concept Paper on Providing Alternative Social Care and Support Services to Persons with Mental Health Problems³, while on September 13, 2013, 2013-2017 Program of Concept Implementation Actions.⁴

Prioritizing the effective, timely implementation of reforms in the field of mental health in line with human rights provisions, Helsinki Citizens' Assembly Vanadzor has been regularly monitoring the implementation of the aforementioned state programs.

This report contains the monitoring findings on the actions completed during 2014-2016 period towards the realization of list of actions ensuring the implementation of 2014-2019 Strategy on the Maintenance and Improvement of Mental Health in the Republic of Armenia. The first findings of the strategy monitoring were published in 2015, which incorporated information about the actions completely or partially implemented in 2014-2015.⁵

The goal of the Strategy is the “Development of the system of maintaining and improving of mental health and prevention of mental health issues among the population”. To achieve the aforementioned overarching goal 7 objectives and 32 actions were foreseen in the list of actions, the responsible for their implementation and co-implementers, timelines, expected results and funding sources were defined.

The 7 objectives foreseen in the list of actions are:

1. Compliance of the legislation with the international obligations undertaken by the RA;
2. Clarification of the list of professions in the field of mental health, description of occupations and qualification;
3. Modernization of vocational educational programs;
4. Development of continuing education for specialists in the field of mental health;
5. Increase of awareness regarding the issues and services of mental health;
6. Improvement of the quality and accessibility of psychiatric services;
7. Transition of resolving the issues in the field of mental health from institutional form into community-based support system.

The agencies responsible for the implementation of actions are the RA Ministry of Health, RA Ministry of Labor and Social Affairs, RA Ministry of Foreign Affairs, RA Ministry of Territorial

² <http://www.arlis.am/DocumentView.aspx?DocID=90364>

³ <http://www.arlis.am/DocumentView.aspx?DocID=83190>

⁴ <http://www.arlis.am/DocumentView.aspx?DocID=85539>

⁵ <http://hcav.am/wp-content/uploads/2015/11/տեղեկություն-24-11.pdf>

Administration, RA Ministry of Economy, RA Ministry of Education and Science, RA Regional Governors' Offices and Yerevan Municipality (as agreed).

The co-implementers of the actions are the RA Ministry of Education and Science, RA Ministry of Labor and Social Affairs, RA Ministry of Health, RA Regional Governors' Offices as well as Yerevan Municipality, Local self-government bodies, NGOs, donors and educational institutions as agreed.

The main responsible for the implementation of actions are the RA Ministry of Labor and Social Affairs, and RA Ministry of Health. The sole responsible for the implementation of 40% of the actions is the RA Ministry of Health, while the RA Ministry of Labor and Social Affairs is responsible for the implementation of 12% of the actions, the aforementioned two ministries together are responsible for the implementation of another 21 % actions. Along with other state bodies the RA Ministry of Health and the RA Ministry of Labor and Social Affairs are also responsible for the implementation of another 12 % of the actions (the number of actions according to their responsible agencies are presented in Table 1).

The work towards the implementation of 16 actions out of 32 on the List of Actions was to finish by the end of 2016. The activities towards the implementation of another 11 actions were to finish by the end of 2015. In the meantime, 3 of the actions were to be implemented in 2014-2015 and later ongoing until the end of 2019.

Thus, 30 actions (about 94%) foreseen in the List of Actions were to be implemented during 2014-2016 period (the number of actions pursuant to the date of implementation is presented in Table 2).

Table 1

The number of Strategy actions according to the responsible

N	Responsible body/bodies	Number of actions
1	RA MoJ	13
2	RA MoJ, RA MLSA	7
3	RA MLSA	4
4	RA MES	2
5	RA MFA	1
6	The RA Ministry of Economy	1
7	RA MoJ, RA Regional Governors' Offices	2
8	RA MoJ, RA Regional Governors' Offices, Yerevan Municipality (in agreement)	1
9	RA MLSA, RA MTA	1
Total		32

Table 2

Schedule of actions implementation

N	Date of action implementation	Number of actions
1	2014	2
3	2014-2015	5
4	2014-2016	3
5	2014-2019	1
6	2014 and ongoing	2

7	2015	4
8	2015-2016	7
9	2015 and ongoing	1
10	2016	6
11	2018-2019	1
Total		32

Methodology

For the assessment of the realization of the actions ensuring the implementation of the strategy the latter's timelines and expected results have been taken as basis. Special attention was paid to the provision of financial means, the amount and sources.

Based on the timelines of the implementation of the actions, they were categorized into the following groups:

Group 1. Actions to be implemented for the periods of 2014-2016, 2015-2016 and 2016 (16 actions);

Group 2. Actions started in 2014, 2015 and ongoing until 2019 (3 actions);

Group 3. Actions to be implemented for the periods of 2014, 2014-2015 and 2015 (11 actions);

Group 4. Actions to be implemented for the period of 2014-2019 (1 action);

Group 5. Actions to be implemented for the period of 2018-2019 (1 action).

Taking the timelines and expected results as basis the implementation of the actions by the first two groups has been assessed pursuant to the scale below:

- Completed
- Mostly completed
- Partially completed
- Mostly uncompleted
- Uncompleted

The implementation of the actions by Group 3, which were assessed as “partially completed” and “uncompleted”⁶ in the previous reference were also assessed following the same scale.

The implementation of the action by Group 4 was assessed as:

- Started in time,
- Started with delay,
- Didn't start.

⁶ In the previous reference the implementation of the actions was categorized based on “completed”, “partially completed” and “uncompleted” scale.

The implementation of the action by Group 5 is not assessed at this given stage taking into account the timelines.

The information regarding the progress over implementation of the actions was obtained via inquires sent out to both the responsible agencies and the co-implementers.

It is noteworthy that the information provided by some state agencies has complicated the assessment of the implementation of the actions. Although the Organization requested provision of the information pursuant to the implementation of each action, some agencies failed to provide the information on the realization of the actions separately, while in some cases general answers regarding the implementation of the actions were given.

Brief summary on the assessment of the implementation of actions

Group 1: Actions to be implemented for the periods of 2014-2016, 2015-2016 and 2016

16 actions out of 32 foreseen in the List of Actions were to be implemented during the years of 2014-2016, 2015-2016 and 2016.

3 actions were to be implemented in 2014-2016

1.1⁷ Analysis of the RA legislation regulating the field of mental health and drafting of suggestions.

6.8 Assessment of the capacity to establish psychiatric departments for children and teenagers and submission of recommendations to the RA Government.

6.9 Active treatment, which implies creation of community-based services for persons with mental health issues not needing ongoing medical interventions, long-lasting or constant care and integrate them into the society.

The responsible agencies for the implementation of the aforementioned actions are the RA Ministry of Health, RA Ministry of Labor and Social Affairs, the co-implementers: the RA Ministry of Education and Science, RA Regional Governors' Offices and local self-government bodies and NGOs (as agreed).

The assessment over the implementation of these three actions is presented in Table 3 pursuant to the scale of action implementation and responsible bodies.

Table 3

Assessment of the actions to be implemented for the period of 2014-2016

N	Implementation status	Number of action	Responsible body
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⁷ The numberings above comply with that of the List of Actions, the first number relates to the goal, while the second one to the action.

1	Completed	6.8	MoJ
2	Partially completed	1.1	MoJ, MLSA
3	Mostly uncompleted	6.9	MLSA, MoJ

7 actions were to be implemented for 2015-2016

1.2 Implementation of preparatory work towards the ratification of the Optional Protocol to the UN Convention on the Rights of Persons with Disabilities.

2.3 Drafting qualification profiles for specialists in the field of mental health and approval according to educational levels.

3.1 Reviewing of vocational educational programs, standards and program modules.

5.1 Increase of awareness among the relatives and family members of persons with mental health disorders and support to overcome everyday problems (within the scope of daily center activities).

5.3 Breaking of stigma and stereotypes against persons with mental health disorders, as well as printing of publications aimed at public awareness (information leaflets on the services, brochures about the completed work and posters).

6.1 Improvement and modernization of rendered services a) Adoption of the decree of the RA Minister of Health defining the protocols for clinical guidelines and patient management, b) Modernization and introduction of hospital hygienic-anti-epidemic regulations.

6.5 Submission of recommendations to the RA Government regarding the creation of cabinets in the major polyclinics in the three cities of the Republic of Armenia (Yerevan, Gyumri and Vanadzor) through decentralization of outpatient services of psychiatric dispensaries.

The responsible for the implementation of the aforementioned actions are the RA Ministry of Education and Science, the RA Ministry of Health, the RA Ministry of Labor and Social Affairs, the RA Ministry of Foreign Affairs, the RA Regional Governors' Offices, Yerevan Municipality (as agreed), the co-implementers: the RA Ministry of Health, the RA Ministry of Labor and Social Affairs and the RA Ministry of Education and Science, the RA Regional Governors' Offices, local self-government bodies, NGOs and educational institutions (as agreed).

The assessment of the implementation of these actions is presented in Table 4

Table 4

Assessment of the actions to be implemented for the period of 2015-2016

N	Implementation status	Number of action	Responsible body
1	Partially completed	2.3	MES
2	Mostly uncompleted	5.3	MoJ, MLSA
3	Uncompleted	1.2	MFA
		3.1	MES
		5.1	MLSA

		6.1	MoJ
		6.5	MoJ, RA Regional Governor's Offices

6 actions were to be completed in 2016

1.3 Adoption of the decree defining the standards for the organization of psychiatric services by the RA Minister of Health.,

1.4 Submission of the draft of the RA Government's decision defining the procedure of conducting inpatient, outpatient and forensic psychiatric examination to the RA Government.

1.5 Drafting and approval of relevant projects defining the mechanisms of providing community-based services for persons with behavioral and mental health disorders in the Republic of Armenia.

5.2 Organization of events in the community (exhibitions, cultural days, visits of community representatives).

5.4 Awareness via Mass Media outlets (radio and television, alternative mass media, social networks) regarding modern approaches on mental health and the activities carried out within the scope of the pilot project.

7.3 Redrafting of the model after the pilot project and capacity assessment for the introduction in the RA, as well as submission of recommendations to the RA Government.

The responsible for the implementation of the actions are the RA Ministry of Health, the RA Ministry of Labor and Social Affairs, the RA Ministry of Territorial Administration, the co-implementers: the RA Ministry of Health, the RA Ministry of Education and Science, the RA Regional Governors' Offices, Yerevan Municipality (as agreed) and NGOs.

The assessment of the implementation of the aforementioned 6 actions is presented in Table 5

Table 5

Assessment of the actions to be implemented for the period of 2016

N	Implementation status	Number of action	Responsible body
1	Completed	5.4	MLSA, MoJ
2	Mostly completed	5.2	MLSA
3	Partially completed	1.5	MLSA, MTA
4	Uncompleted	1.3	MoJ
		1.4	MoJ
		7.3	MLSA

The assessment of the implementation of all aforementioned actions is summarized in Table 6.

Table 6

Assessment of the actions to be implemented for the periods of 2014-2016

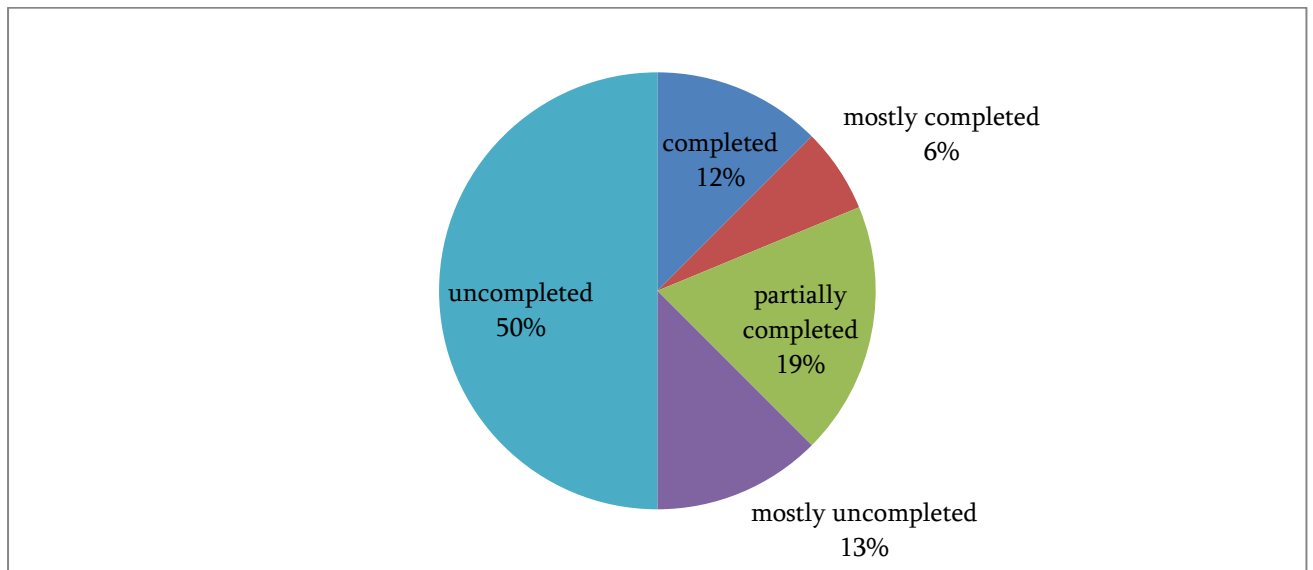
N	Implementation status	Number of action	Responsible body
1	Completed	5.4	MLSA, MoJ
		6.8	MoJ
2	Mostly completed	5.2	MLSA
	Partially completed	1.1	MoJ, MLSA

3		1.5	MLSA, MTA
		2.3	MES
4	Mostly uncompleted	5.3	MoJ, MLSA
		6.9	MLSA, MoJ
5	Uncompleted	1.2	MFA
		1.3	MoJ
		1.4	MoJ
		3.1	MES
		5.1	MLSA
		6.1	MoJ
		6.5	MoJ, RA Regional Governor's Offices
7.3	MLSA		

Thus, out of the 16 actions foreseen for the periods of 2014-2016, 2015-2016 and 2016 only 2 were “completed”. 1 was assessed as “mostly completed”, 3 as “partially completed” and 2 as “mostly uncompleted”. The implementation of 8 actions was assessed as “uncompleted” (See also Diagram 1).

Diagram 1

Image of implementation of actions by Group 1



Group 2. Actions started in 2014, 2015 and ongoing until 2019

3 actions started in 2014, 2015 and ongoing until 2019 are to be implemented

5.6 Conduction of awareness on public officials carrying out activities in the field of mental health, organization of seminars.

6.3 Capacity assessment for the creation of psychiatric departments in the multi-profile hospitals of Yerevan city, including also first-episode departments, submission of recommendations to the RA government.

6.10 Submission of proposals directed at continuing increase of funds allocated to the outpatient service of mental health from the overall healthcare expenses.

The responsible for the implementation of the above-mentioned actions is the RA Ministry of Health, the co-implementers: local self-government bodies, donor organizations and NGOs (as agreed).

The assessment over the implementation of the actions according to the assessment scale and responsible bodies is presented in Table 7.

Table 7

Assessment of the implementation of the actions started in 2014, 2015 and ongoing until 2019

N	Implementation status	Number of action	Responsible body
1	Completed	6.10	MoJ
2	Partially completed	5.6	
3	Uncompleted	6.3	

Group 3. Actions to be completed for the periods of 2014, 2014-2015 and 2015

11 out of the 32 actions foreseen by the Strategy were to be implemented in 2014, 2014-2015 and 2015. In the reference published in October 2015 the implementation of only 1 out of these actions was assessed “completed”. Therefore, the implementation of the remaining 10 actions assessed again.

2.2 Drafting a code of ethics for the activities of specialists in the field of mental health

3.2 Developing cooperation mechanisms between educational institutions and mental health services.

5.5 Organization of conferences and scientific workshops with the involvement of various beneficiaries (first and second echelon specialists in the field of mental health, journalists, lawyers, employers, and etc.)

6.2 Submission of recommendations, directed at the improvement of working and remuneration conditions of the medical staff, to the RA Government.

6.6 Capacity assessment for the creation of mental health centers carrying out inpatient and outpatient services in the RA marzes (a. In the marzes where psychiatric outpatient clinics function, integrate the psychiatric cabinets of the polyclinics in the regions of the marz into the organization carrying out an inpatient service without changing the location, b. In those marzes, where no psychiatric outpatient clinics exist, establish separate outpatient clinics or departments functioning under the regional hospitals by integrating the psychiatric cabinets of the polyclinics in the regions of the marz without changing the location).

6.7 Study of the opportunities to establish psychiatric institutions/subdepartments for the elderly and submission of recommendations to the RA Government.

6.11 Form 1 general electronic database in the psychiatric service.

6.12 Formation of a monitoring group within the framework of the state and public sector cooperation to conduct regular studies in the field of ensuring the quality and effectiveness of mental health services.

7.1 Within the scope of the pilot project implementation establish a daily home care for persons with mental health issues in the 2 communities of the Republic of Armenia as an alternative to Vardenis Neuropsychological Boarding Home.

7.2 Training of specialists within the framework of the pilot project.

The responsible for the implementation of the listed actions are the RA Ministry of Health, the RA Ministry of Labor and Social Affairs, the RA Regional Governors’ Offices, co-implementers: the RA Ministry of Labor and Social Affairs, the Ra Ministry of Health, the RA Ministry of Education and Science, RA Regional Governors’ Offices, LSGBs, educational institutions, and NGOs (as agreed).

According to the scale of action assessment and responsible agencies, the assessment of the implementation of the actions foreseen for 2014-2015 is presented in Table 8.

Table 8

Assessment of the actions to be implemented for the periods of 2014, 2014-2015 and 2015

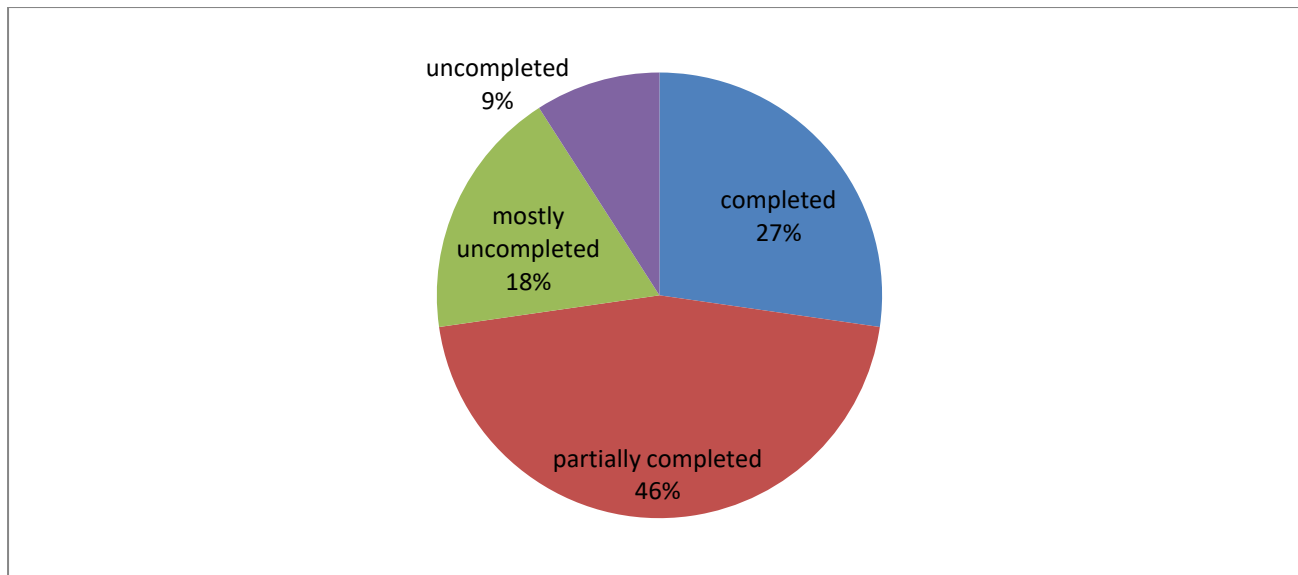
N	Implementation status	Number of actions	Responsible body
1	Completed	3.2	MoJ
		6.2	MoJ
2	Partially completed	2.2	MoJ, MLSA
		5.5	MoJ, MLSA
		6.11	MoJ
		7.1	MLSA
		7.2	MLSA
3	Mostly uncompleted	6.6	MoJ, RA regional Governor’s offices
		6.7	MoJ
4	Uncompleted	6.12	MoJ

Thus, in the current reference 10 out of 11 actions to be implemented for 2014-2015 were assessed, of which only 2 were assessed as “completed” according to the data of the beginning of 2017. The implementation of another 5 actions was assessed as “partially completed”, 2 actions were assessed as “mostly uncompleted” and 1 as “uncompleted”.

It is noteworthy that only 1 action was assessed as “completed” in the defined timelines (See also Diagram 2).

Diagram 2

Image of implementation of actions by Group 3



Group 4. Actions to be completed for the period of 2014-2019

1 action is planned to be implemented for 2014-2019: 6.4 capacity assessment for the development of services (psychiatrist's/psychotherapist's/ clinical psychologist's cabinets) for patients not needing daily care and submission of recommendations to the RA Government.

For the implementation of this action the RA Ministry of Health and the RA Regional Governors' Offices are responsible.

Taking into account the fact that the activities directed at the implementation of the action were launched from 2014, the implementation of the latter was assessed as "started in time". In the meantime, it is noteworthy that the deadline for the implementation of the action has been set as the whole period of the Strategy implementation, which makes the assessment of the implementation of the action difficult.

Moreover, the implementation of the action depends on a loan project, regarding the contents of which the Organization expressed its concerns in the reference regarding the implementation of the Strategy published back in 2015.⁸ Furthermore, pursuant to the information provided by the RA Ministry of Health, a decision was made to "address the necessity" of the above-mentioned loan project only in 2018.⁹ It is noteworthy that the implementation of other actions was also conditioned by the approval of the instant loan project.

Summary

32 actions are foreseen to be implemented in order to ensure the realization of 2014-2019 Strategy on the Maintenance and Improvement of Mental Health in the Republic of Armenia, 27 of which by the end of 2016. Another 3 of the actions were to be implemented in 2014-2015 and regularly continue until the end of the project.

⁸ <http://hcav.am/wp-content/uploads/2015/11/տեղեկանք-24-11.pdf>

⁹ See reference, page 36, information provided by the RA MoJ

The assessment of the implementation of 30 actions mentioned by the Organization based on the information provided by the state authorities is summarized in Table 9.

Table 9

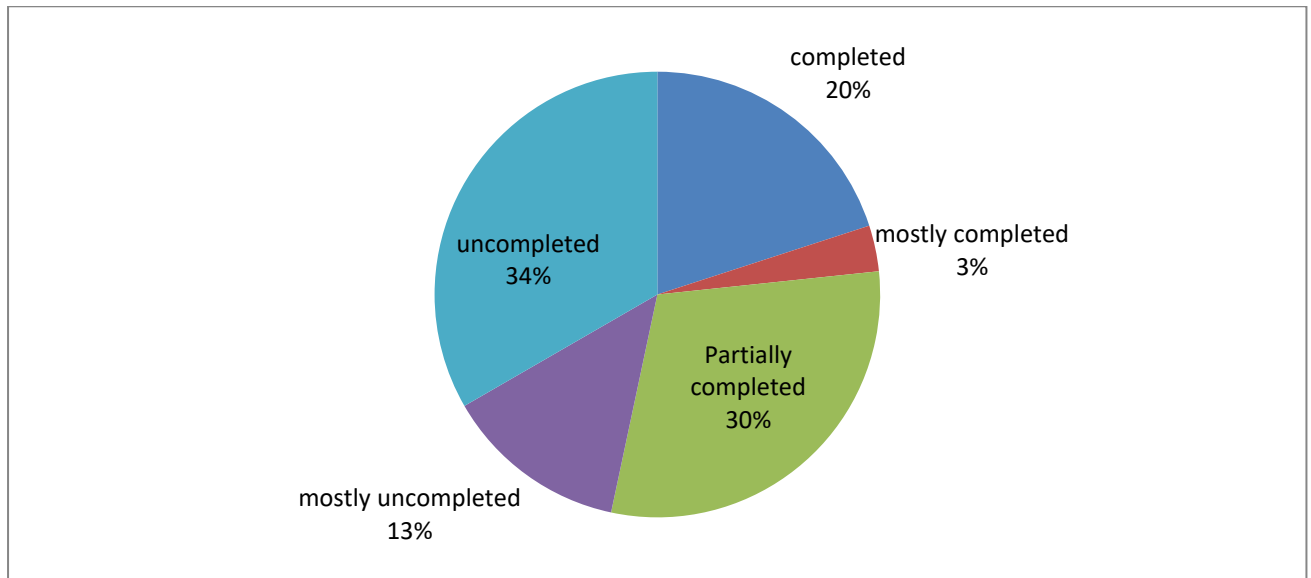
Evaluation of 30 actions to be completed by 2017

N	Implementation status	Action	Responsible body
1	Completed	2.1	Ministry of Economy
		3.2	MoJ
		5.4	MLSA, MoJ
		6.2	MoJ
		6.8	MoJ
		6.10	MoJ
			Total: 6 actions
2	Mostly completed	5.2	MLSA
			Total: 1 action
3	Partially completed	1.1	MoJ, MLSA
		1.5	MLSA, MTA
		2.2	MoJ, MLSA
		2.3	MES
		5.5	MoJ, MLSA
		5.6	MoJ
		6.11	MoJ
		7.1	MLSA
7.2	MLSA		
			Total: 9 actions
4	Mostly uncompleted	5.3	MoJ, MLSA
		6.6	MoJ, RA Regional Governors' Offices
		6.7	MoJ
		6.9	MLSA, MoJ
			Total: 4 actions
5	Uncompleted	1.2	MFA
		1.3	MoJ
		1.4	MoJ
		3.1	MES
		5.1	MLSA
		6.1	MoJ
		6.3	MoJ
		6.5	MoJ, RA regional Governors' offices
		6.12	MoJ
7.3	MLSA		
			Total: 10 actions
Total: 30 actions			

Thus, as of January, 2017 only 6 out of the 30 actions were assessed as “completed” and 10 “uncompleted”. 1 out of the remaining 13 actions was assessed as “mostly completed”, 9 actions “partially completed” and 4 actions “mostly uncompleted” (See also Diagram 3).

Diagram 3

Image of implementation of 30 actions to be completed by 2017



The implementation of 1 out of 32 actions was assessed as “started in time” (2014-2019 was set as the implementation timeline), another 1 was not assessed taking into account the implementation period of 2018-2019.

The implementation of the action assessed as “started in time” as well as that of several other actions (6.5, 6.6) was actually conditioned by a loan project, the necessity for its approval is to be discussed only in 2018. It means that the approval of the project is unclear even in 2018.

It is apparent that the implementation of the Strategy greatly depends on financial contributions. Whereas, the funding sources and amounts are not clearly-cut in the List of Actions. Moreover, neither the state, nor the community budgets of the Republic of Armenia are mentioned as a funding source for the implementation of any action. As a general rule, in response to the information inquiries no reference was made to the financial allocations. Only the RA Ministry of Foreign Affairs and the RA Ministry of Territorial Administration and Development referred to the allocation of funds for the completion of the actions to be implemented by them noting that they were not allocated. The RA Shirak Regional Governor’s Office informed about allocations from other financial sources, but did not reveal details justifying it with the lack of information.

It is noteworthy that the lack of proper correspondence and cooperation between the state authorities has also negatively affected the implementation of actions. For instance, the RA Ministry of Education and Science, the responsible for the implementation of the action, stated that the discussion of questions raised by the Organization was outside the scope of its jurisdiction.

In the meantime, some actions, the timelines and results of which aren’t also clearly and measurably formulated, this complicates the assessment of the implementation of actions and negatively affects the effectiveness of the Strategy implementation. For example, the actions with wordings “organization of trainings” don’t contain notes on the quantities and geography of their implementation. In this case with

the implementation of 1-2 trainings it is insufficient to assess the action as properly implemented and contributing to the improvement (See action 5.2). Some actions are defined so that even in case of full completion they cannot have a positive impact and bring expected results, such as the actions with “drafting of projects” and “submission of recommendations” wordings, which constitute 11 actions. The drafted but not approved projects and recommendations cannot contribute to the improvement (See action 6.8).

It is worth mentioning that there is a discriminatory vocabulary used in the Code of Ethics drafted within the framework of the implementation of 2.2 action on the activities of specialists in the field of mental health. Moreover, the above-mentioned code of ethics prescribes, “Mustn’t show discriminatory treatment to the beneficiary based on the latter’s ethnicity, religion, age, sex and physical conditions”. Whereas, “religious” and “sectarian” wordings are used in the same document as separate units: these wordings have the same meaning, but “sectarian” wording contains elements of discriminatory language-mentality by artificially separating the directions of Christianity.

Thus, to increase the efficiency of the Strategy implementation it is recommended,

- To increase correspondence and cooperation between the bodies constituting implementers of the actions.
- To foresee and allocate funds from the state and community budgets necessary for the implementation of the actions.
- To form a monitoring group to assess the implementation of the Strategy, state and civil society representatives will be enrolled in its composition.
- To exclude discriminatory wordings in the documents drafted within the framework of the Strategy implementation.
- To formulate clear-cut and measurable actions and results in the action projects ensuring the realization of the strategies and concepts.