IMPLEMENTATION OF THE LAW ON PSYCHIATRIC CARE
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REPORT

(2004 - 2006 1st quarter)

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Implementation of the Law on Psychiatric Care

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ABBREVIATIONS

Armash hospital – “Academician Hayriyan Armash Health Center” of Ararat marz of Armenia

Yerevan dispenser – Yerevan city Neuropsychiatric Dispenser

Lori dispenser – Lori marz Neuropsychiatric Dispenser

PMC – Psychiatric Medical Center of the Ministry of Health of the Republic of Armenia

MHF - Mental Health Foundation

MoH - Ministry of Health of the Republic of Armenia

MLSA – Ministry of Labour and Social Affairs of the Republic of Armenia

UN Principles – “Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health care” UN Resolution 46/119, adopted by UN General Assembly in February 18, 1992 (A/46/721)

ECHR- European Convention on Human Rights and Basic Freedoms

Nork MHC – Psychiatric clinics of Nork of Psychiatric Medical Center of the Ministry of Health of the Republic of Armenia

Nubarashen Hospital – Noubarashen Clinic of the Psychiatric Medical Centre of the Ministry of Health of the Republic of Armenia

Involuntary treatment – psychiatric in-patient involuntary (compulsory) treatment under the Chapter 30 of Civil Procedural Code of the Republic of Armenia

Syunic dispanser – Syunik marz Neuropsychiatric Dispenser

Sevan Hospital – Sevan Psychiatric Hospital of the Ministry of Health of the Republic of Armenia

Vardenis tun-internat – Vardenis Psychiatric Internat (social care home) of the Ministry of Labour and Social Affairs of the Republic of Armenia
The Mental Health Foundation expresses its gratitude to those individuals and organizations who assisted in preparation of this Report.

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Number of leaders of non-governmental organizations working in the field of disability and human rights participated in the interviews and presented their views.

People with mental health problems and their family members supported the research through participation in the interviews and presenting their views on the issue.

This Report is prepared by Anahit Gevorgyan, Samvel Sukiasyan, Arman Vardanyan, Ashot Vareliyan. Local Court Monitors and staff of the Mental Health Foundation actively participated in preparation of this Report.

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EXECUTIVE SUMMARY

Mental Health Foundation initiated a comprehensive analysis, which aims to find out how RA Law on Psychiatric care (which came into effect on September 1, 2004) has been implemented. The analysis includes the period from September 2005 to March 2006. This report is based on the analysis of the implementation of the law, which regulates psychiatric care in Armenia.

The analysis was performed by a multi-disciplinary group of experts including legal, human rights, social work and mental health experts. The group of experts analyzed the implementation of the Civil Procedural Code of RA (Chapter 30), the RA Law on Psychiatric Care, legislative acts, and other relevant documents. As a part of the research, a survey through special questionnaires was conducted among 421 patients in psychiatric institutions. The survey has been conducted in 5 out of 8 psychiatric institutions in Armenia: the internat in Vardenis, PMC (Nubarashen hospital), Armash hospital and dispensaries in the Lori and Syunik regions. Data about the implementation of the law were collected through interviews with directors of psychiatric institutions, medical doctors, and other professionals. From September 1, 2005 to February 1, 2006 observation of the court hearings on involuntary (compulsory) in-patient psychiatric care were performed in the courts of first instance and Appeal Court for Civil Cases of the RA and the Court of Cassation of the RA. Interviews with 15 representatives of non-governmental organizations working in the area of mental disability and human rights, have been conducted during the research.

Through compiling data received during the research with provisions stipulated by the law, the research analyzed the implementation of the law on psychiatric care from perspective of protection of rights of people with mental disability and provision of appropriate measures guaranteed by the state.

The analysis has revealed that several important stipulations of the new law are not implemented in reality. The absence of sub-legislative acts, guaranteeing the implementation of the law is the main reason for that. The other reasons are the isolation and the closed nature of psychiatric institutions, a characteristic inherited from the previous system as well as the traditional attitude of the public and professionals toward people with mental health problems and disability.

METHODOLOGY

The objective of this Report is to analyze the process of implementation of the RA Law on Psychiatric Care and Civil Procedural Code of RA (Chapter 30). It is based on the analysis of implementation of the law, which regulates mental health field in Armenia as well as on the situation analysis of psychiatric institutions: hospitals, clinics and internats.

The analysis was performed by a multi-disciplinary group of experts including legal, human rights, social work and mental health experts. The group of experts analyzed the implementation of the above-mentioned law and legislative acts as well as other relevant documents.

The analysis covers the period from September 1, 2004 when the Law on Psychiatric Care came into force to March 1, 2006.
As a part of the research, a survey through special questionnaires was conducted among 421 patients in psychiatric institutions. With the objective of obtaining a comprehensive picture of psychiatric services, the research involved different types of psychiatric institutions.

The survey was conducted in five psychiatric institutions. Among them are:
1. Vardenis tun-internat, where 194 out of 326 patients (59.5%) took part in the survey which is 46% of total patients interviewed.
2. Nubarashen hospital, where 100 out of 188 patients (53.2%) took part in the survey which is 23.8% of total patients interviewed.
3. Lori dispensary, where all 35 patients in the hospital participated in the survey which is 8.3% of total patients interviewed.
4. Syunik dispensary, where 45 out of 66 patients (68.2%) took part in the survey which is 10.7% of total patients interviewed.
5. Armash hospital, where 47 out of 70 patients (67.1%) took part in the survey which is 11.2% of total patients interviewed.

In total, 227 (53.9%) of interviewed patients were in psychiatric hospitals and 194 (46.1%) were in social care home (Vardenis tun-internat).

235 of patients interviewed were men (55.8%) and 186 were women (44.2%). Men were placed mainly in psychiatric hospitals (66.5%) and women were placed in social care home (56.7%).

62 (14.7%) patients interviewed have had higher education, 209 (49.6%) have had secondary education, and 77 (18.3%) have had secondary vocational education.

40 patients, who had been discharged from psychiatric institutions and are currently residing in Yerevan, were interviewed as well. The survey using special questionnaires was also conducted among family members of people with mental health problems and disabilities.

Data was collected through interviews about law implementation process with directors of psychiatric institutions, medical doctors and other professionals. The purpose of these interviews was to find out the attitude of professionals to the Law on Psychiatric Care and how it is being implemented. In total, 22 professionals in the field of mental health participated in the interviews, 18 of whom were psychiatrists.

There was an attempt to conduct interviews with officials of the Office of the Ombudswoman. For that purpose the Ombudswoman office was approached on December 1, 2005. However due to the temporary cease of the activities of this body, interviews did not happen.

The research included court hearing observations of court hearings of civil cases on involuntary placement. Court hearing observations were made in first instance courts with catching areas of psychiatric institutions, namely Erebuni-Nubarashen Communities of Yerevan, Ararat, Gegharqunik, Lori, Shirak and Syunik marzes. In addition, the analysis of same cases at the Court of Appeal for Civil Cases and the Court of Cassation of the RA has been conducted. Initially, the inquiries were sent to those courts with the objective of obtaining statistics on cases of involuntary treatment in the period of September 1, 2004 and September 1, 2005. Furthermore, observations of the court hearings on involuntary treatment were conducted in the above-mentioned courts from September 1, 2005 to February 1, 2006. Observations of court hearings were conducted by 7 monitors using special methodology. Observations included collection of
general information on court hearings (a place where the hearing was held, persons present, etc.), compliance with time procedures defined by the law for involuntary hospitalization, general description of the hearing process, and also records the proceedings of the hearings. Interviews with seven judges were conducted in Yerevan and in marzes. It was intended to hold seven other interviews with judges, but due to time restraints of the latter, they were cancelled.

Interviews with fifteen representatives of non-governmental organizations working in the field of mental disability and human rights have been conducted during the research.

The results of research are presented in this Report.
**INTRODUCTION**

This is a ‘silent crisis’, which affects not only disabled persons themselves and their families, but also the economic and social development of entire societies, where a significant reservoir of human potential often goes untapped.\(^1\)

The current, difficult social-economic situation in our country strongly impacts the socially vulnerable groups of our population (i.e., people with mental health problems). Consequently, in this context, the issue of their social protection as well as protection of their rights must be of primary importance.

Despite significant progress in social support and rights protection of people with disabilities in Armenia, the state has failed to adequately solve the emerging problems. National legal framework is not implemented fully, and as a result, neither the rights of this group of people are being protected nor is their integration into society being promoted.

People with mental disabilities constitute a significant group among people with disabilities and henceforth, they require social support and protection of their human rights. Essential developments in the legislation and mental health systems in different countries have already moved the rights for the disabled to hold priority in state legislatures. Progresses of the domestic levels have helped establish the consensus for the development of international human rights law for people with mental disabilities through the United Nations and the European Human Rights System.

It should be mentioned that during the time of the Soviet Union, there was no legislation regulating the area of mental health, but since 1992, when this legislation was adopted in Russia, post-soviet states began to regulate the field of mental health with relevant legislation. Armenia and Tajikistan remain to be the only two post-soviet countries that lacked legislation on mental health.

At the end of 1998, the working group of the Mental Health Foundation (Arman Vardanyan, Nikolay Arustamyan, Gagik Manukyan) developed the first draft of the Mental Health Law of Armenia. The draft law was presented to the Ministry of Health. A committee for development of mental health legislation was created by the decree of the Minister of Health in January, 2000. The committee was comprised of Samvel Sukiasyan, Arman Vardanyan, Alexey Hayrapetyan, Maruke Yeghyan, Samvel Chshmarityan, and Karine Simonyan as a coordinator. The committee took the draft developed by the Mental Health Foundation as a basis. However, the process stopped after the Minister’s dismissal. In 2002, the Mental Health Foundation initiated creation of Pro Mental Health coalition consisting of 25 NGO’s. The goal of the coalition was to reach the adoption of a legislation that regulates the field of mental health. In 2003, the Law on Mental Health was successfully submitted to the National Assembly of Armenia, and then in 2004, it was adopted under the name of “RA Law on Psychiatric Care” (see Appendix A). Although the final version of the law does not satisfy the current demands of the sector, the adoption of the law was an important step toward reforming the mental health system.

\(^1\) The UN and Persons with Disabilities, United Nations Commitment to Advancement of the Status of Persons with Disabilities, URL: http://www.un.org/esa/socdev/disun.htm [December 17, 1999]
The primary objective of this Report is to present the process of implementation of the Law on Psychiatric Care and issues related to it. The Mental Health Foundation recognizes that implementation of the law faces a number of objective obstacles. First of all, it is the negative attitude, stigmatization, and prejudice mentality our society holds, which makes it difficult to implement legislation targeted at protection of the rights of people with mental health problems. Another hindering factor in the process of implementing this legislation is that Armenia often adopts laws to satisfy the requirements of the Council of Europe or other international organizations, despite the absences of political will and necessary resources for the law’s enforcement. As a necessary prerequisite for implementation of legislation, it is important to provide guaranteed financing, though due to the lack of financial resources, many legislative acts adopted recently are not implemented or are not implemented in full scale.

The report is based on a comprehensive analysis performed by a number of experts which includes the following: analysis of legislative framework, observation of court hearings, examination of opinions of professionals, representatives of NGO's, and other stakeholders, as well as an analysis of survey implemented among people with mental health problems and their families.

However, the present report does not allow for a full picture of the situation of protection of human rights in psychiatric institutions as it only addresses the issues of implementation of existing legislation in the area of mental health.

The scope of the present report encompasses only institutions for adults with mental health problems and disabilities. The report does not address the following issues: psychiatric services in the structure of Armed Forces of RA; people with mental health problems within the forensic psychiatric system; psychiatric services in criminal law enforcement system; full and incomplete capacities, guardianship and custody, and activities of courts and committees of local governance bodies related to that; as well as activities of medical-social expert committees related to capacity of work.
CHAPTER A

REPUBLIC OF ARMENIA: FROM TOTALITARIAN REGIME TOWARD DEMOCRACY

Historical review

It is important to note before presenting the analysis of how the mental health law of the Republic of Armenia has been implemented that the current scientific psychiatric field in Armenia has almost 100 years of history, as it was formed during Soviet era. In that respect, one can understand what the historical practices and policies dominating under the Soviet era were as well as the economic, social and political factors developed during that time. Henceforth, the psychiatric concept in Armenia is rooted deep in time.

The history of psychiatry in Armenia

In the manuscripts from the Fourth and Fifth, centuries (pre-Christian Armenia) there are records of the existence of certain ideas about mental disorders. The use of various medicinal herbs, relaxation medicine, mineral waters and stones, massages, and others was widespread throughout pagan temples.

In the Christian era, psychiatry was put on a more "scientific" basis. A great Armenian scholar, Yeznik Koghbatsi, mentioned that mental disorders occur not as a result of sins or anger of the Lord, but rather are born from of metabolic disorders. In 365, Catholicos Nerses the Great initiated the establishment of shelters in monasteries where people with mental disorders could live. The Sevanavank Monastery became the place for people with alcoholic dependencies and mental illnesses to be in isolation and be given treatment. Although inquisition was still predominantly in Europe and people with mental disorders were scorched on fire as if the devil dwelled in their souls up to the XI century, Armenia had developed a so-called “monastic psychiatry” much earlier than any other Christian country. In medieval Armenia, progressive ideas were expressed related to issues of origin, treatment, diagnosis and rehabilitation of the people with mental disorders. In the Thirteenth century, the Armenian philosopher Grigoris, mentioned that “deteriorating” changes occur in the brain as a result of external factors, particularly alcohol which can bring about impairment of the resistance function of the organism and subsequently the patient will lose the ability to resist illnesses. Grigoris gave advice on treatment of mental illnesses, emphasizing the effectiveness of special dietary regiments, as well as addressing several issues related to psychotherapy.

Another philosopher of the XIII century, Hovhannes Yerznkatsi, mentioned that “music is also bodiless just as the soul, and it affects the soul helping the healing of the body”. Europe approached these ideas only in the XVII - XVIII centuries.

The first psychiatric hospital with a modern understanding was opened in the territory of what is now modern Armenia in 1910. It had twelve beds.

Soviet era

In 1926, the first department of neurological and mental illnesses of Yerevan State University was built as a 20-bed hospital. The head of the department was Professor Andreas Arzumanyan. Already in 1930, it had become active as a psychiatry department now led by Professor Grigor Ter-Hakobyan.
In 1942, the first neuropsychiatric dispensary was established in Armenia, covering the entire republic. Later dispensaries of Yerevan (in Avan) as well as Gyumri, Vanadzor and Kapan were established.

The core-stone of the Soviet psychiatric system was the dispenser system which was based on the Soviet disability theory. The Soviet theory of disability assumed that there was a unifying element for diverse categories of disabled people, namely their “defect” leading to the establishment of the whole tradition of defectologia, which is still used in some post-communist countries including Armenia.\(^2\) The nature of systemic discrimination faced by people with disabilities was rooted in the Soviet disability theories. This had never been a subject of much analysis or exposure during the Soviet times. The period was also characterized by the lack of publicity on the treatment of the disabled, the so-called process of “mapping a hygiene state”.\(^3\) This apathy, in respect to disability in Russia is reflected also in the materials of Action Group’s Samizdat, “...invalids are ballast, which impedes the pace of the heroic construction of the new society.”\(^4\)

Another peculiarity of the Soviet era worth mentioning is that health care in the former USSR was historically and traditionally based on the model by Semashko, a rigid hierarchical all national controlled system where the state was responsible for all the services of health care.\(^5\) The society favored the institutional, or asylum, approach to the management of the mentally ill. As a result people with disabilities were isolated in different types of institutions (mental institutions, internats, boarding schools, orphanages). These institutions were not able to meet the needs of the patients, however, because of overload and lack of personnel.

The traditional attitude of clinicians in Soviet times to people with disabilities, particularly to those defined as mentally ill, has been one of the benevolent paternalism. In particular, the definition of disability has been subject to interpretations of professionals and the compulsory or involuntary treatment have been among the concerns of and challenged by the patient advocacy and human rights movement.\(^6\) This has been especially true for psychiatrists whom have committed persons to involuntary confinement on the basis of their own systems of diagnoses.

The classifications of the soviet-era were based on a system which evolved from pre-Communist times, that diverged sharply from Western or World Health approaches. For example, ICD 9 approved by the World Health Organization (WHO) which was adjusted for the Soviet health system, has been in use since the 1970’s. With adjustment the inclusion of diagnosis “sluggish schizophrenia”\(^7\) was meant as a separate diagnosis. This very diagnosis has become the basic means through which dissidents were qualified as mentally ill. The lack of legislative regulation of the psychiatric system of the USSR gave the opportunity to detain any person for any period of time to any institution. Thus, the psychiatric system overtook a punitive function as well which was implemented towards dissidents. The utilization of psychiatry as a punitive


\(^3\) Ott, Katherine, *Mapping the Hygienic State*, In Fevered Lives; Tuberculosis in American Culture Since 1870. Harvard University Press, 1996, p. 120.


measure became a justification for expelling the Soviet Society of Psychiatrists from the World Psychiatric Association.

**Transition period**

As a result of the policy of "perestroyka" announced in 1985, a number of core changes have occurred in the Soviet system as a whole. As a result, in 1988 the decree N225 of the Minister of Health of the USSR was issued. This decree, for the first time in the Soviet area, was regulating the psychiatric system. According to this decree, inter alia, the procedures for admission, detention, and discharge from institutions were being clarified; clear timeframes for psychiatric examinations were defined, etc.8

The nineties witnessed the essential changes of both political and economic systems in post-communist countries. One should consider that the processes of political and economic transformation are thus parallel to each other. Armenia is confronted with similar specific problems, which are typical for post-communist societies, such as lack of a democratic tradition, lack of understanding for the modern concept of liberal democracy, legacy of the past, the sting of legal nihilism, the highly political and ideological approach to the law and the legal process, and the fact that the law is still considered as an expression of one's ideology.9

After the independence of Armenia in 1991 the political and economic changes served as a basis for a new set of social relations, thus demanding that the legislative reforms follow the pace of time. Armenia has taken many steps towards building a democratic and civil society and reforming its judicial and legal systems since its independence in 1991. It soon became a party to a number of important international human rights instruments. A new Constitution including basic rights and freedoms was adopted in 1995; a Constitutional Court was established later that same year.

The new civil and criminal codes were adopted to replace those inherited from the Soviet era. By becoming a member in the Council of Europe in 2000 Armenia has to fully implement and observe the guarantees and laws already adopted to protect human rights. The accession to the CoE has made it obligatory for Armenia to review existing legislation from the point of view of the protection of human rights. Furthermore, Armenia has joined the European Declaration of Human Rights and Basic Freedoms.

One of the results of the changes in the post-communist countries and Armenia particularly is the emergence of autonomous activities mainly by the international and local non-governmental organizations focused on a set of issues that have never been discussed openly and that are related to the problem of rights of people with disabilities and equality in a democratic society. At present, this movement is just starting to become more public and is still at its initial stage of mapping the field.

**Obstacles in Human Rights Implementation**

Following the independence, Armenia has subscribed to and ratified a number of international human rights treaties and conventions. The transition to constitutional democracy, as in other post-communist countries, implied that the constitutions would be treated seriously, not as programmatic sets of empty promises, but rather as judicially enforceable documents. The real issue is thus not the inclusion but the reinforcement offered for such rights. The real obstacle concerning protection of rights would be for the entire constitution to contain the same judicial enforcement mechanisms.

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8 Приказ N 225 «О дальнейшем совершенствовании психиатрической помощи», Министерство Здравоохранения СССР, 1988г.
The task involves a need to strengthen the independence of already existing institutions, the courts in particular, and to establish new institutions (administrative courts and commissioners for citizens’ rights, for example). Another obstacle is that in post-totalitarian countries there is neither a legal system nor a civil tradition to advocate for the rights of persons with mental disabilities.

In addition, the development of the public interest law is also hindered by political and legal limitations, such as the fact that the law continues to be eclipsed by politics, statism as a deeply rooted historical tendency of the East in contrast to the West, obscure status of the civil sector, limited access to courts, and a limited role of judicial review. Low level of awareness of human rights is another serious obstacle in human rights protection and promotion.

As this law implementation analysis shows the above mentioned factors are some of the obstacles to the implementation of the majority of guarantees stipulated by the law. Under such situations, with the protection of human rights in general, it is complicated to ensure rights of such specific vulnerable groups as persons with mental disabilities.

\[\text{References}\]


11 A. Vardanyan, Stigma I Diskriminacija, Strategije zastupanja osoba sa poteskocama mentalnog zdravlja, Mentalno Zdravlje u Zajednici, Vol. 3, N 1, pp. 11-12
The trends of the social development in Armenia considerably exacerbate the issues of mental health of the population caused by a number of social, psychological, economic, political, environmental and other reasons. The crises of the post-soviet era (earthquake, war, destruction of the system, energy crisis) favored the dissemination of various mental disorders. These are post-traumatic disorders, alcohol and drug abuse, depression and neurosis, demonstration of anti-social behavior, suicides, etc.¹²

According to research conducted in as early as 1990 by the World Bank and Harvard University, depression will be the second most important illness after ischemic heart disease in the overall burden of diseases in 2020. According to results of the research all issues related to mental health show stable growth trends.

<table>
<thead>
<tr>
<th>Cause</th>
<th>1990 Rank</th>
<th>World DALYs Lost (1000s)</th>
<th>As %Total</th>
<th>2020 Projected Rank</th>
<th>World DALYs Lost (1000s)</th>
<th>As % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CAUSES</td>
<td></td>
<td>379 238</td>
<td>100</td>
<td></td>
<td>1 388 836</td>
<td></td>
</tr>
<tr>
<td>Lower respiratory infections</td>
<td>1</td>
<td>112 898</td>
<td>8.19%</td>
<td>6</td>
<td>42 692</td>
<td>3.07%</td>
</tr>
<tr>
<td>Diarrhoeal diseases</td>
<td>2</td>
<td>99 633</td>
<td>7.22%</td>
<td>9</td>
<td>37 097</td>
<td>1.67%</td>
</tr>
<tr>
<td>Perinatal conditions</td>
<td>3</td>
<td>92 313</td>
<td>6.69%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unipolar major depression</td>
<td>4</td>
<td>50 810</td>
<td>3.68%</td>
<td>2</td>
<td>78 662</td>
<td>5.66%</td>
</tr>
<tr>
<td>Ischaemic heart disease</td>
<td>5</td>
<td>46 699</td>
<td>3.39%</td>
<td>1</td>
<td>82 325</td>
<td>5.93%</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>20</td>
<td>16 661</td>
<td>1.21%</td>
<td>17</td>
<td>22 983</td>
<td>1.65%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>22</td>
<td>14 257</td>
<td>1.03%</td>
<td>18</td>
<td>21 227</td>
<td>1.53%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>26</td>
<td>12 798</td>
<td>0.93%</td>
<td>20</td>
<td>17 332</td>
<td>1.25%</td>
</tr>
<tr>
<td>Obsessive-compulsive disorders</td>
<td>32</td>
<td>10 213</td>
<td>0.74%</td>
<td>26</td>
<td>14 869</td>
<td>1.07%</td>
</tr>
<tr>
<td>Dementia and other degenerative and hereditary CNS disorders</td>
<td>35</td>
<td>8 500</td>
<td>0.62%</td>
<td>28</td>
<td>14 656</td>
<td>1.06%</td>
</tr>
<tr>
<td>Drug use</td>
<td>45</td>
<td>5 675</td>
<td>0.41%</td>
<td>35</td>
<td>7 979</td>
<td>0.57%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>47</td>
<td>5 350</td>
<td>0.39%</td>
<td>55</td>
<td>3 601</td>
<td>0.26%</td>
</tr>
<tr>
<td>Panic disorders</td>
<td>50</td>
<td>4 766</td>
<td>0.35%</td>
<td>41</td>
<td>7 165</td>
<td>0.52%</td>
</tr>
<tr>
<td>Post-traumatic stress disorders</td>
<td>70</td>
<td>1 945</td>
<td>0.14%</td>
<td>59</td>
<td>2 750</td>
<td>0.20%</td>
</tr>
<tr>
<td>Parkinson's disease</td>
<td>86</td>
<td>1 050</td>
<td>0.08%</td>
<td>65</td>
<td>1 865</td>
<td>0.13%</td>
</tr>
</tbody>
</table>

The data of International Labor Organization (ILO) shows that mental disorders are 7% of costs of occupational and work-related diseases (see Chart 1).

¹² Сукиасян С.Г., Тадевосян А.С., Чигарян С.С., Манаевц Н.Г. «Стресс и постстрессовые расстройства: личность и общество», Ереван, издательство «Асогик», 2003, с. 348
Issues of mental health and poverty are closely interrelated. Mental health problems are a serious obstacle to education and employment for people and thus result in dissemination of poverty. At the same time for obvious reasons poverty may result in serious mental health issues.

Psychiatric service in Armenia is currently undergoing restructuring and transition with related difficulties. On one hand these are results of problems inherited from the Soviet system, on the other hand they are based on the necessity to accept values of modern psychiatry and human rights.

In this situation the system of psychiatry faces new challenges. In order to meet these challenges it is necessary to develop comprehensive policies of mental health sector, which would aim at treatment and rehabilitation of people with mental health problems, prevention of diseases and promotion of mental health of the population.

General characteristics
Psychiatric services in Armenia are provided through in-patient and outpatient clinics - network of hospitals, dispensaries, health centers and units. As a result of the decentralization that was implemented in 1994-1997 all health institutions working in marzes were transferred under the supervision of marz authorities.\textsuperscript{13}

In the scope of optimization of the health care system, Nubarashen hospital, Nork MHC, Yerevan dispensary, and the Republican hospital of neurosis merged to form Psychiatric Medical Center (PMC).\textsuperscript{14} In addition to the center mentioned, there are three neuro-psychiatric dispensers

\textsuperscript{13} MEDICINS SANS FRONTIER, \textit{Research in Gegharkunik and Syunik marzes}, July-September, 2001, p. 11
\textsuperscript{14} Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan
in the system of MoH – in Gyumri, Vanadzor and Kapan as well as Sevan hospital. In the structure of MLSA there is also the Stress center and Vardenis internat. The hospital named after Hayriyan, located in the village Armash of Ararat marz, has recently started to provide psychiatric care and services. Separate psychiatric service exists in the structure of the Ministry of Defense of RA. There are around 50 psychiatric/counseling units working in polyclinics and psychosomatic departments in multi-profile hospitals. Recently the first psychotic episode clinic was opened in the structure of PMC. The share of the private sector providing psychiatric services in the overall structure of psychiatric services continues to be low and is mainly represented by social rehabilitation programs. These are the day care center of the Mental Health Foundation in Yerevan, the supported accommodation of Khnamk organization in Aragatsotn marz and centers of MSF-Belgium in Gegharkunik marz.

As of 2005, psychiatric services in Armenia were provided by 158 psychiatrists. The number of psychiatrists per 10 000 population is 0.5. Psychiatric services are distributed unevenly throughout the territory of Armenia, which is evidenced by the number of registered population from urban vs. rural areas - 83 and 17% respectively.

In 2005 the number of patients identified for the first time per 100 000 population was 51.4 (absolute figure – 1 653). The number of registered psychiatric patients decreases every year. In 1988 there were 35 618 patients registered (1 029.3 patients per 100 000 population), in 1989 – 27 950 (735.9), and in 2002 34 672 (1 080.0). In 2005 the number of patients registered in dispensaries was 1 051.3 per 100 000 population (absolute figure – 33 809).

At the same time, the number of patients visiting the counselors is increasing – in 1988 there was no such service, in 1996 – 3 249 patients, (85.9 patients per 100 000 population), in 1997 – 2 987 (78.8), in 1998 – 3 807 (100.2), in 2002 – 5 039 patients (157.0).

**Outpatient psychiatric care**

The main burden of psychiatric services is borne by the outpatient system – dispensaries, psychiatric/counseling offices. However their uneven distribution on the territory of Armenia creates many difficulties. In Yerevan where 1/3 of the population of Armenia lives, there are two centers – PMC and Stress center, whereas in the areas where around 36% of population of the country lives, there is no psychiatric dispenser. Moreover, in 12 former administrative areas and large towns there is no psychiatric office and patients are seen by neurologists and general practitioners.

56% of patients registered in dispensaries are of working age, of these patients only 3.4% work. People with disabilities present a considerable social burden. In 1988 only 26% had a disability whereas 31% of patients registered in 1999 had a disability, of which 43% had mental development delays and 31% is schizophrenia.

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15 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan

16 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan

17 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan

18 Сукиасян С.Г. «Состояние и проблемы психиатрической службы Армении» // Журнал неврологии и психиатрии - 2001, N 9, c. 54 - 56

19 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan

20 Сукиасян С.Г. «Состояние и проблемы психиатрической службы Армении» // Журнал неврологии и психиатрии - 2001, N 9, c. 54 - 56

21 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan

22 Сукиасян С.Г. «Состояние и проблемы психиатрической службы Армении» // Журнал неврологии и психиатрии - 2001, N 9, c. 54 - 56

23 Сукиасян С.Г. «Состояние и проблемы психиатрической службы Армении» // Журнал неврологии и психиатрии - 2001, N 9, c. 54 - 56

24 Armenia 1998, Statistical and informational articles, Yerevan, 1999

25 Сукиасян С.Г. «Состояние и проблемы психиатрической службы Армении» // Журнал неврологии и психиатрии - 2001, N 9, c. 54 - 56
In-patient psychiatric care

In-patient psychiatric services are provided in psychiatric hospitals, internats, and in-patient departments of dispensaries, of which the total number of beds was 1,305 in 2005. At present, there is a decrease in the number of beds. In 2005 there were 4.1 beds per 10,000 population (in 2002 - 3.8 beds, in 1998 - 4.8, in 1985 - 7.5). Thus in the last twenty years (1985 – 2005), the number of beds per 10,000 population has decreased by 54.7% (3.4 beds). In 1985 the number of beds in psychiatric hospitals was 2,530. In 2005 it was 1,305, a decrease by 1,225. The total number of psychiatric beds in hospitals in 2005 was 0.23 per 10,000 population (absolute figure – 75).

The structure of psychiatric service is basically the same as it was in the 1980s. The main issue is the insufficient volume of services in the intermediary level – day care, employment, care centers, shelters and other community-based service units. The involvement of psychologists and other related specialists is also very low in psychiatric services; the same applies to the formation of the institute of clinical psychologists, modernization of the system of education and training for specialists. Another important issue is that the system of mental health is still under the supervision of various ministries and marz authorities. This makes it difficult to effectively manage the system and creates inter-agency problems.

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26 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan
27 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan
28 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan
29 Letter from Chief specialist of the Ministry of Health of Armenia Karine Simonyan
30 For example, although according to the Law on the Rights of the Child, a child is a person below 18 years, up to 2003 health system of Armenia considered a child to be any person below 15 years of age and medical-social assessment committees working in the structure of MLSA would give the status of a child with disability up to 16 years of age. This created controversies in provision of treatment and care for adolescents. Only in 2003 the process of comprehensive implementation of Law on the Rights of the Child started through relevant sub-legislative acts.
The main components of legislation regulating the field of mental health are: Constitution of Armenia, legislation regulating issues of disability and medical care, Civil Procedural Code of Armenia, and Law on Psychiatric Care of Armenia. Since 2001 the European system of human rights is an integral part of Armenian legislation.

**European system of human rights**

The following articles of the ECHR are in particular relevance to individuals with mental health problems:

- Article 3 (prohibition of torture and inhuman and degrading treatment),
- Article 5 (the right to liberty),
- Article 8 (the rights to private and family life).

In addition, the ECHR recognizes the rights of persons to apply to the European Court of Human Rights against their Governments' if they claim the violation of human rights. By acceding in 2001 to the European system of human rights, Armenia assumed the obligation to comply with the legislative provisions formed by the ECHR and by the judgements of the European Court.\(^{31}\)

**Constitutional guarantees and anti-discriminatory legislation**

The Constitution of Armenia declares that the Republic of Armenia is an independent, democratic, social and legal state. Article 37 of the Constitution stipulates that everyone has a right for social security in old age, disability, illness, loss of bread-winner, unemployment and other events stipulated by the legislation.

The Chapter 2 of Constitution stipulates the main rights and freedoms of every citizen of Armenia irrespective of their mental and/or physical abilities. This provision is one of the most important criteria in defining the human rights situation in any country regardless of the social-economic and political development level of the country.

Most important of constitutional provisions are anti-discrimination norms. In particular, Article 14 maintains that every person has all rights, freedoms and duties defined by the Constitution and the law and declares that all citizens are equal by the law and are protected by laws without discrimination. In 1990 the Republic of Armenia joined the Declaration on Rights of Persons with Disabilities adopted by UN General Assembly on December 9, 1975, which stipulates that people with disabilities have equal social-economic, political and personal rights. In May 1993 RA National Assembly adopted the Law on Social Protection of People with Disabilities in the Republic of Armenia which stipulates the legal, economic and organizational bases for social protection of people with disabilities, guarantees the right for personal growth, implementation of abilities and accomplishment of rights and freedoms, ensuring the conditions and opportunities of participation in economic and social aspects of the life of the society equally with other RA citizens. **The main issue of anti-discrimination legislation is the distribution of anti-discriminatory norms across various legislative norms, which makes their implementation difficult, a point that particularly applies to protection of the rights of people with disabilities.**

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Civil Procedural Code

In 1998 the new Civil Procedural Code was adopted. It clearly defines the procedures of involuntary hospitalization of people with mental health problems. It defines that the judge is the one who is making a decision on involuntary hospitalization of a citizen. In particular, it mentions that within 72 hours after admission of the person for compulsory in-patient treatment the psychiatric hospital has to apply to the court and the “judge initiates the case and prolongs the duration of the placement of the citizen in the psychiatric institution for the period necessary for examining the case in the court”. Then the judge “examines the case within 5 days from the date of initiating the case”. It is important to note that “the citizen has the right to take part in the trial” and if “the condition of the person does not allow him/her to participate in the trial according to data received from the psychiatric institution, the judge examines the application in the psychiatric institution”. Only court decision is a basis for “compulsory treatment of the citizen in a psychiatric institution”.

It should be mentioned that this norm of the Code that is not reinforced by appropriate legislation regulating the area of mental health is in fact never implemented. Although the norm exists for over 7 years, research show that no case of its implementation was identified in the period since the enactment of the Code until September 1, 2005. Moreover, many people with mental health problems and their relatives and many professionals were not aware of the existence of this legislative norm.

Law on Psychiatric Care

Up to 2004 the psychiatric system of Armenia was, in fact, regulated by the decree of the USSR Minister of Health of perestroika times. That decree was the only guidance, which partly regulated the rights of patients, involuntary treatment, criteria for taking that decision, and other main issues of psychiatry. It is important to note that the application of this decree in Armenia after 1991 had no legal basis as the decree had no legal effect.

Law on Psychiatric Care of Armenia has been adopted on May 25, 2004. It regulates “the relationships related to mental health considered as the main personal benefit of a person, issues related to protection of the rights of persons with mental health problems, regulates the process of creation of favorable conditions for application of human rights and freedoms stipulated by norms of international law in the area of mental health, European Convention on Human Rights and Fundamental Freedoms and RA Constitution”. Law on Psychiatric Care reinforces these rights for persons with mental health problems, defining limitations of those rights in cases as stipulated by the law. The aim of adoption of this law is protection of the rights of persons with mental health problems, creation of favorable conditions for treatment and provision of medical, social and psychological care for these persons as well as clear regulation of relationships of physical and legal entities in this area. Unfortunately the final version of the law does not meet the accepted requirements of psychiatric system and it is clear that there is a need to improve many provisions of the law.

32 Civil Procedural Code of Armenia, Article 175
33 Civil Procedural Code of Armenia, Article 176
34 See supra reference
35 See supra reference
36 Civil Procedural Code of Armenia, Article 177
38 Приказ N 225 «О дальнейшем совершенствовании психиатрической помощи», Министерство Здравоохранения СССР, 1988г.
39 A. Vardanyan, Making Mental Health Law Reform, In Mental Health Reforms, The Netherlands, Vol. 5, Number 1, 2000, p. 8
40 Law on Psychiatric Care of the Republic of Armenia
The only one sub-legislative act adopted to enforce law implementation defines the list and structure of types of psychiatric care and services.\(^{41}\) However it is **obvious that after adoption of the Law on Psychiatric Care both the Ministry of Health and Ministry of Labor and Social Affairs should have adopted a coordinated package of sub-legislative acts to ensure implementation of the Law.** It is worth mentioning that MoH has initiated development of National Policy on Promotion of Health of the Population of the Republic of Armenia (2004-2015). However this initiative failed for various objective and subjective reasons.

**Legislation regulating issues of disability and medical care**

Number of people with mental health problems has disabilities and thus they are subject to the Armenian legislation regulating issues of disability. Legislation on rights, privileges for service provision, rehabilitation opportunities and other issues is mainly of three types:

- general legislation for the population which incorporates some provisions related to issues of people with disabilities
- special legislation which is aimed at all people with disabilities
- special legislation the provisions of which are related to issues of groups of people with certain disabilities.

The legislation regulates issues of disability prevention and rehabilitation, medical care and resort treatment, employment, provision of social support, ensuring rehabilitation accessories, education for children with disabilities and a number of other issues. In general these laws address general privileges for people with disabilities,\(^{42}\) procedure of assigning pensions,\(^{43}\) right to appeal,\(^{44}\) etc. The main material resource for people with disabilities is the pension the assignment and payment of which are stipulated by the Law on State Pensions (2005).

It is natural that RA Law on Medical Care and Services for Population also partly regulates the right of people with mental health problems as of people receiving medical care and services based on the main principles of the rights of patients.\(^{45}\)

\(^{41}\) Decree of the Government of Armenia “About the establishing of list and structure of the types of psychiatric care and services” N 1686 – У, December 9, 2004
\(^{42}\) Law “On Social protection of disabled people” of the Republic of Armenia
\(^{43}\) Law on state pensions of the Republic of Armenia
\(^{44}\) Decree of the Government of Armenia “About the establishing of procedures for implementation of medical and social expertise”, N 276 – У, March 2, 2006
\(^{45}\) Law on Medical care and services of the Republic of Armenia
CHAPTER D

VOLUNTARY HOSPITALIZATION

In case a need of hospitalization arises according to the UN principles the preference is given to voluntary hospitalization. Since compulsory hospitalization deprives a person of the right to freedom stipulated by the constitution, thus it must only be applied when there is a justified need.

Voluntary hospitalization is based on the concept of informed consent. The informed consent for receiving treatment is an important aspect of physical and mental independence of an individual. According to UN principles, based on the right for independent decision-making, the patient is free to accept treatment and intervention suggested or to refuse the treatment. As a guarantee for protection of the rights of people with mental health disorders the UN mentions that before starting any psychiatric intervention, the consent of the person should be obtained and that consent should be free (i.e. without pressure) and informed (i.e. accurate, understandable, and based on sufficient information for decision-making). The patient has the right to information in all circumstances even if the ability to make a decision is limited or non-existent. Appropriately informing the patient is a necessary prerequisite for obtaining informed consent. Moreover, the internationally accepted right for independent decision-making implies that the patient can freely choose medical treatment and its type. The consent of the patient is a prerequisite of all medical interventions except emergency cases.

Cases where informed consent cannot be applied should also be mentioned. These are conditions posing threat to life, therapeutic advantages, the refusal of the patient to realize that right and the inability of the patient to make a decision. Involuntary treatment option is stipulated for these cases and includes application of forced medical methods and cases of involuntary hospitalization. It should be mentioned that it is extremely important to differentiate between the will of the patient and those of his/her relative(s) and family members. Still in some cases, in our country, a patient is considered in involuntary treatment when the consent is given by relatives or family members. However the definition of voluntary versus involuntary treatments is given based on the will of the patient.

46 Hospitalization is considered voluntary if it is made with consent of a person. In case of incapability of a person the appropriate concern is made by his guardian.
48 Therapeutic advantage is a situation when the information by itself can harm a patient more that its absence
Ensuring the patient is appropriately informed certainly includes the suggestion of alternative treatment. According to UN principles “every patient has the right to receive treatment and care in the community where he/she lives to the maximum possible extent”.\(^49\) If the patient is treated in a psychiatric institution, the patient has the right to be placed in an institution as close as possible to his/her or relatives’ place of residence. The distribution of psychiatric services in Armenia does not ensure the application of this principle. As an alternative, home care and treatment are offered. But the majority of relatives of people with mental health problems have difficulty in organizing their care at home and the existing dispensaries do not have the resources of providing services in communities. **Given the absence of a network of community services patients do not have a real alternative to hospital treatment.**

**Informed consent to voluntary treatment**

It should be mentioned that informed consent is fully reflected in the Armenian legislation. Even Article 5 of Law on Medical Care and Services for Population of Armenia defines that when receiving medical care and services every person has the right *inter alia* “to be informed on his/her illness and give consent for medical intervention as well as to refuse medical intervention except cases stipulated by RA legislation”.\(^50\) Based on this principle every person has the right to receive information about their health condition, examination outcomes, diagnoses and treatment methods, risks associated with the latter, possible types of medical intervention, consequences and outcomes of the treatment.

Part 2 of Article 15 of RA Law on Psychiatric Care defines the necessity to obtain the person’s consent to implement treatment. That consent should be formulated in writing.\(^51\) Before getting the consent, the medical doctor is obliged to provide information about the nature of mental disorder, goal, methods, and duration of the treatment offered, as well as side effects and expected outcomes to the person with mental health problems or their legal representative. This is recorded in medical documents (patient’s card or case history).\(^52\) Thus the consent of the person (or his/her legal representative) is a necessary condition for intervention. Analysis of the situation shows that the majority of patients interviewed, have received information from the medical doctor. Information received has been distributed as presented below:

- Nature of mental illness – 71.7 %,
- Goals of treatment offered – 67.4 %
- Methods of treatment and examination offered – 64.6 %
- Expected outcomes – 62.4 %
- Duration of treatment - 60 %
- Side effects of medications – 59.8 %.

47% of patients interviewed have said that they are aware of their diagnosis. The majority has received this information from the medical doctor in charge of their treatment (36.3%, see chart 2).

\(^{49}\) The UN Principles, Principle 7 (1)
\(^{50}\) Law on Medical care and services for population, Article 5
\(^{51}\) Law on Psychiatric Care, Article 15, part 1
\(^{52}\) Law on Psychiatric Care, Article 15, part 2
Awareness of patients about their diagnosis

Level of information about their diagnosis is the same across patients of various psychiatric institutions. Patients have received this information from various sources (see chart 3).

Source of awareness of patients about their diagnosis

At the same time, when discussing therapeutic issues with patients doctors have hardly ever suggested alternative methods and options (alternative hospital, alternative treatment method, outpatient care, etc.). This has been noted by 88.1% of respondents (see chart 4).
Thus in reality the opportunity for choice is very limited for patients. This right is limited by a number of objective factors including the condition of the patient, awareness of specialists, their workload, and the absence of appropriate culture.

As stipulated by the Law on Psychiatric Care the consent for hospitalization should be formulated in a written application to the medical institution. Research shows that hospitalization based on written application by the patient has been implemented only in 47.5% cases (see chart 5). More than half of these cases have occurred in Nubarashen hospital where the situation is positive in that regard.

Only 22.3% of respondents have mentioned that the written application had been submitted by them.

Thus more than 50% of patients hospitalized voluntarily have been hospitalized with violation of the law i.e. without a proper application. Based on the written application, only one in five patients hospitalized have written their application by themselves, even though the majority of respondents (60.1%) have been brought to hospital by their agreement. Only 17.8% of patients
have been taken to hospital by ambulance. 12.6% of patients have been taken to hospital by police. After adoption of the law this provision on voluntary hospitalization was one of the main norms that should change the procedures for placement in hospitals. However, some of the directors of institutions are not familiar with this norm stipulated by the law. This means that the procedure of voluntary hospitalization stipulated by RA Law on Psychiatric Care is not implemented everywhere.

Refusal of treatment and conditions of discharge

Article 16 of Law on Psychiatric Care stipulates the right of the person with mental health problems or their legal representative to refuse or stop treatment. Article 16 of Law on Psychiatric Care stipulates the conditions of discharge from in-patient psychiatric institution – discharge is made when there is no need for further in-patient care. A person refusing treatment should be explained of the possible consequences of terminating the treatment and that fact should be recorded in medical documents and verified by signatures of the person refusing the treatment and psychiatrist. Only 27.3% of respondents has noted that they have been offered explanation on consequences of termination of treatment. 54.9% have participated in decision-making regarding the discharge and 27.1% have not.

The majority of patients (67.2%) knows what medications they are using, 59.9% are informed about characteristics of impact of medications, 85.5% use the medications voluntarily, and 76.5% have never refused to use medication. Only 27.3% of respondents had information about possible consequences of stopping the treatment. The majority of respondents (59.9%) have noted that they knew about the impact of medication used and 85.5% have noted that they use medication voluntarily.

Thus, not always is refusal from treatment and discharge implemented in accordance with the law.

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53 MHF interviews materials, files # M-03 (10.2005), M-05 (09.2005)
54 This right does not apply to cases described in part 3 of Article 15 of the present Law.
The Civil Procedural Code of Armenia adopted in 1998 provides for a special procedure for involuntary treatment. However, as already mentioned, we did not succeed in identifying at least one case where this legislative norm has been applied up to the date of adoption of the Law on Psychiatric Care. In fact up to the time of adoption of the Law, hospitalization procedures in Armenia were regulated by guidelines inherited from Soviet times, which needs to be amended to be in compliance with international human rights law and new legislation in order to ensure procedures of protection. The results of our research show that there are no mechanisms that would ensure the application of legislation regulating hospitalization in psychiatric system of Armenia – a situation that may result in multiple violations.

Article 22 of RA Law on Psychiatric Care stipulates that involuntary hospitalization can happen only in cases stipulated by the law and the procedures for that are presented in detail in the Civil Procedural Code of Armenia. The Criminal Code of Armenia stipulates punitive measures for illegal placement in a psychiatric hospital.  

After the positive decision on justification the management of the psychiatric institution should apply to the court of first instance to obtain sanction to start involuntary treatment of the citizen. It is assumed that this procedure should be applied in all cases where people are placed in a psychiatric institution without a written application. It is natural that this provision of the law was expected to face obstacles at the first stage. The research implemented revealed a numbers of violations in this area, which is the primary area related to human rights protection in psychiatry. In the courts of RA from September 1, 2004 (when the Law on psychiatric care took effect) to September 1, 2005 (1 year), no case on involuntary treatment in psychiatric hospitals has been examined. Moreover, the court of first instance of Gegharkunik (which covers Sevan and Vardenis institutions) and Syunik marzes have not examined such cases even from September 1, 2005 to February 1, 2006. Only 4 cases of involuntary hospitalization have been examined in Armenia from the time the law took effect September 1, 2004 till
February 1, 2006. However, during our surveys, 62% of patients thought their hospitalization had been voluntary and the rest (34.7%) thought they had been placed in hospital involuntarily. Thus, 146 persons should have undergone the procedure stipulated by RA Civil Procedural Code. However, there were only 4 cases examined in courts. Thus, only 2.7% of persons considering their hospitalization as involuntary have gone through the procedure stipulated by the law including court trial. Thus it is understandable now that some judges were not even aware of the Law on Psychiatric Care or were not familiar with its content.  

However, it is necessary to note that the situation was significantly changed during the last months. Particularly, on June 20, 2006 there are twenty cases when the psychiatric institutions applied to the courts of first instance for involuntary treatment, from which 18 were made by PMC and 2 by Lori dispensary.

The examination of one of the four cases in the courts was implemented with violations of regulations. According to Chapter 30 of Civil Procedural Code of Armenia attached to written application for compulsory psychiatric hospital treatment is the justified conclusion of the committee of psychiatrists on the need to keep that person in the hospital for a longer period. The period between hospitalization and application of the management of the psychiatric institution to the court should not exceed 72 hours. The judge is obliged to examine the case within 5 days after receiving the application. In one court hearing all periods defined under the procedures were breached. The law clearly defines that the citizen has the right to participate in court hearing. Citizens or their legal representatives were present at all four hearings. In three cases, judges examined the case in psychiatric institution. The code stipulates the participation of the institution having initiated the case, as well as the person for whom the decision on treatment is being taken. Representatives of psychiatric institution were present at all four hearings. It is worth mentioning that in all cases based on applications by psychiatric institutions, decisions were made to start compulsory treatment.

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58 MHF interviews materials, files 3 D-07 (01.2006), D-08 (01.2006)  
59 Letter from Chief specialist of the Ministry of Health of Armenia # 02/25, 05.06.06  
60 Civil Procedural Code of Armenia, Chapter 30, Article 174  
61 Civil Procedural Code of Armenia, Chapter 30, Article 176, part1  
62 Civil Procedural Code of Armenia, Chapter 30, Article 176, part 2
Violence and physical restriction

Article 5 of the UN Universal Declaration of Human Rights stipulates that no individual can be subject to tortures or cruel, inhuman treatment or punishment humiliating human dignity.

It is worth mentioning that about one-fifth of the respondents have noted that they have been subject to forced hospitalization; 16.4% of respondents have noted that they were victims of violence when they were brought to the hospital; 12.4% noted that they were subject to violence before going to hospital; 1.9% noted that they were subject to violence while in hospital; and 1.4% reported violence at the reception room (see chart 6). 18.5% were subject to violence committed by relatives; 8.1% were subject to violence from police; 2.9% were subject to violence by the hospital staff.

Chart 6

<table>
<thead>
<tr>
<th>Place of violence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before coming to hospital</td>
<td>12.4%</td>
</tr>
<tr>
<td>Coming to hospital</td>
<td>16.4%</td>
</tr>
<tr>
<td>In reception room</td>
<td>1.4%</td>
</tr>
<tr>
<td>In hospital</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

UN Principles suppose that physical restraint or involuntary seclusion should by applied only “in accordance with the officially approved procedures of mental health facility and only when it is the only means available to prevent immediate or imminent harm to the patient or others”. It “should not be prolonged beyond the period, which is strictly necessary for this purpose”. It is required also that all instances of physical restrain or involuntary seclusion, the reasons for them

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63 UN Principles, Principle 11 (11)
and their nature and extend shall be recorded in the patient’s medical record.\textsuperscript{64} The Law on Psychiatric Care stipulates that “during the involuntary treatment and placement in psychiatric institution physical restraint measures (belts, special clothes), isolation and medical means of sedation can be applied by the decision of psychiatrist. The application and the duration of means of physical restraint should be recorded with reasoning in the medical documents.\textsuperscript{65}

As restriction measures during the Soviet times isolation special medication and fixation was used. Restriction measures were used not only as necessary medical intervention but also as punitive measure.

Today the main indication for the application of restrictive methods is the mental condition of the patient. Of the restrictive methods used for medical purposes, the ones in practice are wrapping fixation and/or medications.

Restrictive measures are not applied according to procedures, as there are no records made in the case history about their application. In some cases, physical restraint continues to be used as a punitive measure mainly in cases when the patient refuses to accept medication, violates the hospital regime, creates problems for the staff, tries to escape, etc. Hospital staff thinks they would not use physical restraint if their workloads were lower.\textsuperscript{66}

\textsuperscript{64} UN Principles, Principle 11 (11)
\textsuperscript{65} Law on Psychiatric Aid of Armenia, Article 22, Part 2
\textsuperscript{66} MHF interviews materials, file # M-03 (10.2005)
The rights of people with mental disorders placed in psychiatric institutions are mainly stipulated in Article 6 of the RA Law on Psychiatric Care. This article particularly defines that psychiatric care is provided based on principles of the law, humanity and protection of human rights.\(^6^7\) This article also stipulates a number of special rights. For example: the rights of establishing written communication, telephone usage, meeting visitors, having and obtaining personal accessories, using personal clothing, communicating via printed media – newspapers and magazines, directly referring to the manager of the medical institution or department head in relation with issues of treatment, examination, discharge, protection of rights stipulated by the law, agreeing and refusing treatment methods if they are applied for scientific or research purposes, accompanied by photographing or video recording, and requesting participation of the psychiatrist chosen by him/herself in the session of the psychiatric committee.\(^6^8\)

The majority of these rights are set by Article 8 of ECHR (right to personal and family life) as well as the United Nations Universal Declaration of Human Rights. The right to personal and family life certainly includes the right to communication. During treatment the patient should have the right to communicate with other people orally or in written form as well as the right to receive visitors.\(^6^9\) All these rights are predetermined by the Armenian legislation.

**Written communication**

The law clearly indicates that “people with mental health disorders have the right to establish written communication”.\(^7^0\) It should be mentioned that written communication in the classic form of letters is generally losing its importance as a means of communication. It is obvious that our society has lost the traditions and culture of writing personal letters. Personal letters are more or less part of history today. Given the availability of various means of communication existing today, still, official letters are usually written.

As evidenced from the survey the majority of respondents does not use this right stipulated by the law – many of them do not receive letters (94%) and do not want to write them (74%).

However, it is worth mentioning that people who do want to use their right to written communication (25.9%) have a number of technical (absence of tables, no access to stationery, etc.) and legal (right to privacy) obstacles. The main obstacle is the inaccessibility of postal services for patients. Thus, sending a letter is only possible given the help of hospital staff or other persons, and evidence of such is the fact that many patients would try to send a letter with the help of survey staff. In order to ensure implementation of the above-mentioned provision of the law, **it is necessary that accessible mailboxes be placed in closed institutions**. The analysis has not identified cases of serious or coordinated censorship that would be an obstacle to the realization of this right which should be mentioned as a positive factor (only 5% of respondents think their letters are being censored).

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\(^6^7\) Law on Psychiatric Care, Article 22, part 2
\(^6^8\) The UN Principles, Principle 13 (1)
\(^6^9\) Law on Psychiatric Care, Article 6, part 2, point 1
\(^7^0\) Law on Psychiatric Care, Article 6, part 2, point 2
Communication by telephone

The situation with ensuring the right to use the telephone as their way to communicate, stipulated in point 2, part 2 of Article 6 of the Law on Psychiatric Care, is not satisfactory either.71

There were no telephones for patients in any of the hospitals where the survey was conducted. The few telephones available in the institutions are for staff only. In one institution there were two telephones: one in the office of the director, the other in the office of the chief doctor, and in departments there are no telephones. The director of that institution noted that the resources allocated for telephone communication do not allow possession of more telephone lines.72

Patients who have used telephones have noted that during their conversation there is always a staff member in the room so the privacy principle is violated. Thus given insufficient number of telephone lines and sets in psychiatric institutions, the right to telephone communication stipulated by the law is dependent on the good will of the staff. Many of the patients would try to ask research staff to be given the opportunity to use the telephone. Some of them would note that, for reasons unknown to them, some patients can use telephones and others cannot. Meanwhile it is worth mentioning that in the opinion of the respondent middle and junior staff this created more obstacles (see chart 7).

![Chart 7](chart7.png)

Obstacles for using the telephone

- Doctor: 2.6%
- Head of department: 1.8%
- Nurse: 7.5%
- Auxiliary staff: 7.6%
- Others: 2.2%

It is necessary to ensure the right to use telephones by placing a special automatic telephone set in each department so that patients can use their right to communication easily. It is also necessary that the financial burden of ensuring this right not be borne from the budget of the institutions.

Meetings with visitors

The law on psychiatric care defines the right to meet visitors.73 Respondents noted that there is no limitation on the number of visitors. However this number, as well as the frequency of visits is low, the reasons mainly being objective – geographical and financial. It is natural that patients are not satisfied with the number of visits.

Psychiatric services are distributed very unevenly in the territory of the country. In the majority of towns there are no services based in hospitals and given the extreme underdevelopment of community services the placement of the patient in an institution in a remote location is often the

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71 Law on Psychiatric Care, Article 6, part 2, point 2
72 MHF interviews materials, file # M-05 (09.2005)
73 Law on Psychiatric Care, Article 6, part 2, point 3
only solution. Moreover, almost all institutions in Armenia are located in a remote area of a particular town/village and are not accessible by public transportation. This situation of location and large transportation expenses diminish the number of visits to institutions and make it difficult to maintain the links with the family thus weakening the link with the community and family and exacerbating the isolation from the society. The isolation of psychiatric institutions from the society both in the direct and indirect senses (placement of patients far from the main community and limitation of contacts) results in limitation of rights and freedoms. Thus the right for unrestricted contact with family and other visitors is indirectly limited. This means of contact is the most popular in our society given the increasing unwillingness to use letters and the high costs associated with telephone communication. Certainly the number of visits is affected by the break-up of social and family links, which is the result of long-term placement in institutions. In order to solve that issue it is necessary to implement systemic reforms. It is understandable now that 36.3% of respondents do not have visitors at all (see chart 8).

![Chart 8](image)

The number of patients who do not have visitors is affected by the percentage of patients of the Vardenis internat since they live there for a long period of time; most lasting more than 10 years and the links with relatives have deteriorated. Only 39.2% of patients in Vardenis internat are having visitors (18.1% of total number of respondents) and in hospitals - 83.7%, 45.1% of total number of respondents (see chart 9).
In the opinion of 30.6% of respondents the lesser number of visits is explained by the fact that relatives live too far, in the opinion of 32.5% of respondents’ relatives have financial difficulties, 6.8% of respondents’ relatives have forgotten them, etc. This picture reflects the social-economic situation and moral state of the society, which has deteriorated a great deal in recent years.

According to the respondents 61% of those receiving visitors meet them in a special room. It is necessary that all institutions have special rooms for visits and/or ensure unrestricted access of visitors to the departments of the institution. **There were no serious obstacles identified related to receiving and meeting visitors.**

**Right to have personal belongings**

Point 4 of part 2 of Article 6 of the Law on Psychiatric Care stipulates the right “to use personal clothes, having and obtaining personal accessories”. The realization of this right is closely related to the conditions of wards, particularly density of patients and furnishing. Wards in Armenian psychiatric institutions are of various sizes and are intended for 2-40 patients. In most cases patients live in wards suited for 6-10 people. There are wards where there is no space to walk between the beds. In reality patients do not have opportunities for privacy.

Wards are furnished mainly with beds and sometimes with small shelves for personal accessories. There are no drawers for clothes or other necessary furniture that would enable patients to keep their possessions separated.

It should be mentioned that the majority of the patients do not have anything except everyday clothes. There are many patients who do not have personal hygiene items. That is strange since Armenia is getting a lot of humanitarian aid – clothes and hygiene accessories. However, the majority of donor organizations do not deliver this aid to psychiatric institutions. The issue is to make **psychiatric institutions commit themselves to providing people with personal**

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74 Law on Psychiatric Care, Article 6, part 2, point 4
hygiene accessories. Management of institutions does not create obstacles for patients to have personal property (only 4.3% of respondents have noted about such obstacles).

Patients who have some personal property (clothes, personal hygiene accessories) keep them in wards and most of their property stays with the head of the maintenance department. Certainly the provision of the Law on “having and obtaining accessories and other materials” applies also to food. Surveys have shown that 72% of patients receive food and other property of which only 71% can store them and 49% ask the staff of the institution to keep them. There are no drawers for personal property of patients – underwear, clothes, personal hygiene items.

It is necessary to mention that the Law also stipulates the right to have and obtain items and accessories necessary in everyday life. This implies that institutions should create necessary conditions to keep items and accessories including food received by patients – either in wards or special rooms. It is worth mentioning that the law stipulates the right to obtain these items. There are no opportunities to obtain these items in any institution of Armenia (shops, trade units, etc.). Hence, this provision of the law faces problems of realization both in terms of receiving as well as keeping/obtaining.

Communication through newspapers and magazines
According to Article 40 of the RA Constitution every citizen has the right to engage in creative work in literature, arts, science and professional development, use achievements of science and participate in the cultural life of the society. According to point 5, part 2, Article 6 of the Law on Psychiatric Care a person with mental health disorders placed in a hospital has the right to communication through newspapers and magazines. These issues should be considered however in the wider context of organization of leisure activities. However, it should be realized that the right to receive newspapers and magazines is stipulated by the Law. 46% of respondents have expressed their interest to read newspapers and magazines and only 48% have reported that they do have this opportunity. In reality not all institutions provide patients with newspapers and magazines since management prefers to spend money on other things.

It is obvious that this violates the rights of patients stipulated by the law. In general although stipulated by the law, the realization of the right to free communication and personal life, given the absence of sub-legislative regulations, is not supported with appropriate financial allocations and technical solutions and is thus dependent on the good will of the staff.

75 Law on Psychiatric Care, Article 6, part 2, point 4
76 Law on Psychiatric Care, Article 6, part 2, point 5
CHAPTER G
PROMOTION OF OTHER RIGHTS IN PSYCHIATRIC INSTITUTIONS

Right to refer to management
Point 6, part 2 of Article 6 of the Law on Psychiatric Care stipulates that people with mental disorders “have the right to directly refer to the manager of the medical institution or head of department with questions on treatment, examination, discharge and protection of their rights stipulated by the law”.\textsuperscript{77} Research shows that some of the patients are not aware of their right to present appeals and complaints. Often the “complaints” of patients are viewed by the staff as a wish to leave the institution or a symptom of the disease which results in the patients developing a mentality that either they themselves are useless, or the staff believes them to be useless and forever unsuccessful.

Consent to treatment methods with scientific, experimental purposes and/or accompanied by video recording / photographing
Point 7, part 2 of Article 6 of the Law on Psychiatric care stipulates that the person with mental disorders has the right “to give consent for and to refuse at any stage of their treatment the methods that are applied for scientific and experimental purposes, accompanied by photographing/video recording”.\textsuperscript{78} In reality, the methods in Armenia referenced above are not applied in Armenia and therefore no cases of violation of this norm have been identified during the survey.

Participation of the chosen psychiatrist in the session of the psychiatric committee
Point 8, part 2 of Article 6 of the Law on Psychiatric care stipulates that the person has the right “to request that the psychiatrist chosen by him/her participate in the activities of the professional psychiatric committee stipulated by the law”.\textsuperscript{79} It is important to note that during preparation of the report, in March 2006, the National Assembly of the RA adopted an amendment to the Law on Psychiatric Care in first reading, which abolished the legislative provision on creating a “professional committee”, so the report does not address the realization of this point.

Diagnosing of mental disorders
Article 14 of the Law on Psychiatric Care lays down the conditions of diagnosing mental disorders. Diagnosis and treatment of mental disorders are implemented in accordance with international medical standards and cannot be based on disagreement of the person with moral, cultural and religious values accepted by the society or other reasons not directly related to mental health.\textsuperscript{80} It is worth mentioning that in the psychiatric care system of Armenia there are no diagnostic and treatment standards approved by MoH or professional associations. Certainly as “internationally accepted medical standards” quoted in the law one can view the 10\textsuperscript{th} review of International Classification of Diseases (ICD-10)\textsuperscript{81} adopted by World Health Organization. That classification was translated and published in the Armenian in 2001 and is in

\textsuperscript{77} Law on Psychiatric Care, Article 6, part 2, point 6
\textsuperscript{78} Law on Psychiatric Care, Article 6, part 2, point 7
\textsuperscript{79} Law on Psychiatric Care, Article 6, part 2, point 8
\textsuperscript{80} Law on Psychiatric Care, Article 14
\textsuperscript{81} Mental and Behavioral disorder, Chapter V (F00-F99), International Classification of Diseases (ICD-10), 10\textsuperscript{th} revision, World Health Organization, Geneva, 1992
official enactment since 2004. However practical application of the classification has many omissions as no appropriate training was organized for professionals.

**Confidentiality of information**

Article 13 of the Law on Psychiatric care puts down the conditions of providing information on mental health of citizens. In particular it stipulates that the information on mental health of citizens is a medical secret. This information can be provided only to the patient and his/her legal representative(s) at their request in cases and under procedures stipulated by the Law. Data and outcome of examinations are recorded in medical documents (patient’s card or case history). Medical care and service providers should ensure confidentiality of information about the fact of referral to medical institution, health status, data identified during examination, diagnosis and treatment. Without the consent of the individual no data can be collected, maintained, used and disseminated, other than those stipulated by the law. Personal data cannot be used or disseminated if it contradicts with the purposes of data collection and is not stipulated by the law. Moreover, Article 5 of the Law on Medical Care and Services for the Population stipulates that when receiving medical care and services every individual has the right to “require maintaining confidentiality of the fact of referring to medical institutions, his/her health status, data revealed during examination, diagnosis and treatment except in cases stipulated by the legislation of RA”.  

All data on the health status of the patient are recorded in the patient’s card or case history, which are considered main legal documents. According to current procedures these are completed by doctors and kept in their offices.

Research shows that there are serious concerns in this area. In particular, the procedures of providing information about patient to state and other bodies is not regulated in any way. At the meantime, many state bodies, such as local governance bodies, social services, medical institutions, police and a number of others, request information about patients. Thus, it is necessary to clearly lay down the procedures of provision of information by sub-legislative acts as well as define the list of state bodies, which can be provided with the information and the volume of information to be provided.

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82 Law on Psychiatric Care, Article 13  
83 Law on Medical care and services for population
In accordance with international standards on human rights, a patient admitted to a psychiatric institution should be provided with information on his/her rights and methods of their protection. The provision of this information is a prerequisite of protection of their rights. The main purposes of the application methods and related rights of the patient in court procedures should be emphasized. Before being admitted to the psychiatric institution and starting treatment, the provider of health services should inform the patient on his/her rights, means of protection of the latter as well as the regulations of the given institution. If the patient is incapacitated, the information is provided to the guardian.

**State guarantees for legal aid**

Article 7 of Law on Psychiatric Care stipulates state guarantees of the provision of psychiatric services. It provides a list according to which psychiatric services are provided in the scope of target programs guaranteed by the state. Along with emergency psychiatric care, counseling, treatment and social rehabilitation, all forms of expert assessment, guardianship, psychiatric care in disasters, the law stipulates also the provision of legal aid. A similar provision exists in the Constitution of Armenia. In particular, according to Article 20 of the Constitution every citizen has the right to receive legal aid. In cases stipulated by the law, legal aid should be provided and expenses should be covered by the state budget. According to Article 11 of UN Convention on the Rights of People with Disabilities, people have the right to receive legal support should such a need arise in relation with the protection of the person with disabilities or his/her property; if a lawsuit be filed against him/her, etc. It should be mentioned that of all programs guaranteed by the state according to Article 7 of the current Law, the only one not implemented is the provision on legal aid. No institution offers legal aid guaranteed by the state thus the norms defined by Article 7 of the present Law are not implemented at all. It is worth mentioning that legal aid is the most important guarantee that all other rights stipulated by the Law on Psychiatric Care will be implemented. Thus, failure to provide legal aid guaranteed by the state jeopardizes the possibility of effective implementation of all provisions of the Law.

**Awareness and realization of rights**

Point 3 of Article 6 of RA Law on Psychiatric Care stipulates that all persons with mental disorders treated in medical institutions should be informed about their rights, goals and reasons for placement in psychiatric institution and the fact of provision of this information should be recorded in medical documents. The majority of respondents were not informed about their rights. Instead, they received information on the regime and disciplinary rules of the given institution. Part 5 of the above-mentioned article allows people with mental disorders to exercise their rights on their own or through a legal representative. A number of factors caused confusion in the perception of the roles of the legal representative and the guardian. The right to have a legal representative promotes the ability of the patient to effectively present his/her interests. Certainly this is evidence of the fact that institutions do not properly inform patients of their rights. It should be mentioned that in order to improve the situation in institutions, representatives

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84 Law on Psychiatric Care, Article 7  
85 Constitution of the Republic of Armenia, Article 20  
86 UN Convention on the Rights of People with Disabilities, UN General Assembly, December 9, 1975  
87 Law on Psychiatric Care, Article 6, part 3  
88 Law on Psychiatric Care, Article 6, part 5
of the non-governmental sector suggest that the state should also organize a campaign to raise the awareness of patients on their rights.\textsuperscript{59}

**Limitations of rights**

Rights stipulated by Article 6 of the Law on Psychiatric Care including rights to establish communication through letters, telephone, receiving visitors, having and obtaining personal property and accessories, using personal clothes, communication through printed media, direct referral to the head of the medical institution or the department with questions on treatment, examination, discharge, protection of rights stipulated by the law, giving consent and refusing at any stage from treatment methods if the latter are applied for scientific or experimental purposes and/or are accompanied by photo and video recording, requesting the participation of the selected psychiatrist in the activities of the psychiatric committee stipulated by the present law can be limited. This limitation can be posed by the doctor in charge of the treatment, head of department or medical institution, if exercising the right may result in danger for the patient or the environment.\textsuperscript{90}

As the realization of the rights mentioned above is not full, **there is no need to limit them.**

\textsuperscript{59} MHF interviews materials, files # NG-01, NG-02, NG-03, NG-14

\textsuperscript{90} Law on Psychiatric Care, Article 6, part 6
CONCLUSIONS

The present report addresses the implementation of Law on Psychiatric Care. A number of issues raising serious concerns were revealed during the research. First of all, these are related to the legal practices. Along with that several health, administrative, financial and moral-psychological issues were revealed.

Research shows that although it has been more than one year since adoption of the law, implementation of the law is hindered by the lack of mechanisms ensuring its implementation. One of the main omissions is the low level of awareness on the existence and principles of the law. Even professionals, judges and other stakeholders are not familiar with the law.

There is no legal aid guaranteed by the state. People in psychiatric institutions are deprived of opportunities of legal counseling and protection should such a need arise.

Other important concerns are violations in implementation of the order of involuntary treatment stipulated by the Law as well as violations of procedures of voluntary hospitalization in many institutions. Although involuntary treatment is regulated by both Law on Psychiatric Care and Civil Procedural Code, the absence of traditions, low awareness of rights have created a situation where psychiatric institutions do not implement the requirements of the law in full.

The same factors impede protection of other rights stipulated by the Law on Psychiatric Care – the right to communication, information, personal life and a number of others.

Another issue is the moral-psychological atmosphere in psychiatric institutions. It is natural that the majority of patients feel as they are placed in a “closed” institution. The overloaded hospital wards and departments, placement of patients with various degrees of illness in the same ward, unequal distribution of staff per number of beds, grave material conditions of institutions, prejudice, and intolerant attitude of staff endanger the process of rehabilitation of patients.

Some of these issues can be solved by effective use of financial resources. In general, many legal acts adopted in recent years are not implemented or are implemented partly because of absence of financial resources. Although considerable growth in the funding of the health sector, including the mental health sector, can be evidenced in recent years. Target programs with guaranteed financial resources are necessary conditions for implementation of the legislation.

Another issue is the weak oversight of the activities of state bodies by civil society. Factors influencing this situation it is worth mentioning the low level of awareness of citizens on their rights and legal framework as well as absence of legal culture. The majority of the population is not aware of their rights and freedoms. It is necessary to implement awareness-raising campaigns among people with mental health problems, their families and other beneficiaries. In this sense one of the most important issues of the social sector is the implementation of awareness-raising campaigns and monitoring of activities of state bodies. Only by having high public awareness and activeness will it be possible to implement constitutional and legislative provisions on protection of rights.
Thus it can be stated that implementation of RA Law on Psychiatric Care is generally not adequate and the current practice of ensuring protection of the rights and freedoms of persons with mental problems is not in compliance with the provisions of the Law. In order to improve the situation there have to be joint efforts to adopt and enact sub-legislative acts ensuring implementation of the Law. Those sub-legislative acts should regulate and clarify mechanisms of enactment of the law, which will contribute solving the majority of above-mentioned issues.
RECOMMENDATIONS

Although this report does not include a content analysis of the mental health legislation, it is worth mentioning that this legislation should:

- ensure the implementation of anti-discrimination principles stipulated by Constitution of the Republic of Armenia
- stipulate guarantees for legal and social protection
- reflect ways of integration of people with mental disability in the society and ensure economic and legal bases and mechanisms for such integration.

Dominating principles of the legislation should be the provision and ensuring of equal opportunities and social justice. It is already evident that number of provisions of the Law on Psychiatric Care should be reviewed, particularly those defining the period of involuntary treatment and the procedure of its review.

In order to ensure implementation of the Law on Psychiatric Care it is recommended that:

The Government of Armenia ensures state guarantees for legal support through provision of legal aid by the state.

The Ministry of Health takes necessary measures to ensure implementation of RA Law on Psychiatric Care, in particular stipulating the following:

- adoption of sub-legislative act regulating the procedures of voluntary hospitalization, which will ensure that the hospitalization of a person is carried out only by a written application submitted by person him/herself or his/her legal representative,
- adoption of sub-legislative act regulating the procedures of involuntary hospitalization, which will ensure its compliance with procedures and periods stipulated by the Law, as well as inclusion of statistics of involuntary hospitalization in the overall statistics of psychiatric service,
- adoption of sub-legislative act regulating the procedures of application and recording of physical restriction and isolation, including medical sedative methods,
- adoption of sub-legislative act regulating the disclosure of information on mental health of a person, which will define the list of state bodies to whom this information can be provided as well as the volume of such information.
- adoption of sub-legislative act regulating the provision of legal aid, which will define procedures of provision of legal aid independent from psychiatric service,
- adoption of sub-legislative act ensuring the right to free communication with stipulation of appropriate financial resources and technical solutions, whereby psychiatric institutions will be provided with mail boxes, telephone lines, newspapers and magazines accessible for patients,
- adoption of sub-legislative act ensuring the right to privacy, including, where appropriate, the obligation of psychiatric institutions to provide personal and hygienic accessories to patients as well as possibilities for their storage and acquisition,
- adoption of sub-legislative act ensuring the provision of information to persons in psychiatric institutions about their rights.
The Ministry of Labor and Social Affairs to adopt sub-legislative act ensuring the implementation of RA Law on Psychiatric Care in psychiatric institutions under its supervision.

Non-governmental organizations and donor community
- to implement awareness-raising campaigns on RA Law on Psychiatric Care among professionals, judges and other stakeholders
- to promote advocacy for persons with mental health problems and their families.
Annex A

Chronology of Adoption of Mental Health Law in Armenia

- November, 1998 - Mental Health Foundation (MHF) formed a multi-professional team of experts (Arman Vardanyan, Nikolay Arustamyan, Gagik Manukyan), which elaborated the first draft of Mental Health Law in Armenia.
- January, 1999 – MHF presented this draft to Minister of Health of Armenia Dr Hayk Nikoghosyan.
- January, 1999 - Hayastani Hanrapetutyun daily, main official newspaper of Armenia, published large interview with Chair of the Board of MHF devoted to necessity of legislative reform in Armenia.91
- May, 1999 – Ministry of Health respond officially recognizing the necessity of adoption of mental health law and accepting the law concept elaborated by MHF. Ministry made comments and suggestions to draft Law.
- May 1999 - due to forthcoming Parliamentary elections on May 30 and possible changes in Government activities were frozen
- May 1999 – Parliamentary elections
- June 1999 – round table discussion with participation of newly elected chairman of Health Sub-commission of National Assembly of Armenia Ghukas Ulikhanyan, Member of Parliament Artak Grigoryan, and representatives of Ministry of Health – Head of Department of Specialized Health Care Armen Sarkissyan, Chief Psychiatrist Samvel Soukiassyan. It is agreed that Ministry will form joint Commission to elaborate final draft of the Law.
- September-November 1999 - Ministry elaborates Armenia’s Health Policy and postpone mental health law committee creation
- December 1999 – During his meeting with leading national and international NGO-s working in health sector in Armenia, Minister Nikoghosyan mentioned the process of creation of national draft of Mental Health Law as a good example of collaboration between authorities and NGO-s in Armenia. He also declared June 2000 as a deadline for the Government to enter the Armenian Parliament with the draft.
- January 2000 - Commission for Mental Health Legislation of Ministry of Health of Armenia was created (Samvel Sukiasyan, Arman Vardanyan, Maruqe Eghyan, Alexey Hayrapetyan and Samvel Chshmarityan).
- January – March 2000 – Commission accepts MHF draft as a basis and enriching it with draft of Alexey Hayrapetyan, elaborated on it.
- March 2000 - By request of Ministry of Health, MHF published Mental Health Law draft and presented it for public discussion.
- March 2000 – new Minister of Health appointed
- September 2000 - Board of Ministry of Health held a special meeting on mental health. Minister of Health Ararat Mkrtchyan declared that the adoption of the Mental Health Law is not priority task for his team until the general Public Health Law will be adopted
- October 2000 – MHF invites meeting of civil society groups to discuss the situation. The decision has been taken to freeze lobbying and wait until the Public Health Law will be adopted.

91 Hayastani Hanrapetutyun daily, # 4 (2218), January 12, 1999
April 2001 – Ministry of Health representatives reiterate their position regarding the priority of the Public Health Law after failure of several attempts to develop Public Health Law

November 2001 – Ministry of Health representatives reiterate their position regarding the priority of the Public Health Law after series of scandalous resignations in the Ministry of Health, connected with Public Health Law

October 2001 - As a response to that position, MHF Board decided to mobilize civil society groups to lobby for adoption of the law.

December 2001 - MHF organized an Open space event with the group of 120 activists, including users of mental health services, their family members, professionals and other stakeholders. The Open space call on the authorities to adopt mental health law.

February – June 2002 MHF team upgrade the existing draft with respect to current legislative trends and widely discuss it with different stakeholders groups.

June 2002 - MHF initiated creation of Pro Mental Health Coalition with 25 civil society organizations and mobilization of supporters

June-October 2002 - Coalition presented draft law to the National Assembly’s Health, Social Welfare and Employment Committee.

2002 - principal changes in the position of Ministry of Health. It decided to take the initiative in the process of law adoption. The law draft is discussed with different ministries and after amendments it is presented to WHO expertise. After that, serious amendments and additions are made.

May 2003 - Parliamentary elections

June 2003 – new Minister of Health appointed

June - October 2003 – Coalition continue its efforts, aimed at adoption of new law

August 2003 – Law draft presented by the Ministry of Health is approved by the Government of Armenia.

October 2003 – Health, Social and Environmental Issues Committee gives positive opinion for the draft Law and it is approved for a first reading

2003-2004 – Expertise by Council of Europe and OSCE

2004 – after amendments and additions, draft law is debated at the Health, Social and Environmental Issues Committee, during which, by proposal of MAK faction of the Parliament the draft law is renamed as “Law on Psychiatric Aid”

May 2004 – “Law on Psychiatric Aid” is adopted

September 2004 – Law came into force

Public Health Law is not adopted up to now.
Annex B

Psychiatric institutions where the research has been conducted

- “Academician Hayriyan Armash Health Center” of Ararat marz of Armenia
- Lori marz Neuropsychiatric Dispenser
- Noubarashen Clinic of the Psychiatric Medical Centre of the Ministry of Health of the Republic of Armenia
- Syunik marz Neuropsychiatric Dispenser
- Vardenis Psychiatric Internat (social care home) of the Ministry of Labor and Social Affairs of the Republic of Armenia

Courts where the observations of the court hearings on involuntary placement were conducted

The Court of Appeal on Civil Cases of the Republic of Armenia
The Court of Cassation of the Republic of Armenia
Ararat region first instance court
Erebuni-Nubarashen communities first instance court of Yerevan
Gegharkunik region first instance court
Lori region first instance court
Shirak region first instance court
Syunik region first instance court

Non-governmental organizations interviewed

A.D. Sakharov Armenian Human Rights Protection Center
“Astghik” Union of Parents of disabled children
Armenian Association of Young Lawyers
“Bridge of Hope” NGO
Center of Psychological Services
Foundation Against Violation of Law
Helsinki Committee for Human Rights
Human Rights Helsinki Association
“Kamk ev Korov” Union of disabled young people
“Khnamk” NGO
“Mission Armenia” charitable NGO
“Prkutyun” Center of disabled children
“Pyunik” Armenian Association of disabled people
“Tatev 95” psychological support center
“Unison” NGO
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