



**HUMAN RIGHTS DEFENDER
OF THE REPUBLIC OF ARMENIA**

AD HOC PUBLIC REPORT

**ON ENSURING RIGHTS OF PERSONS WITH MENTAL HEALTH PROBLEMS IN
PSYCHIATRIC ORGANIZATIONS**

YEREVAN 2018

Contents

INTRODUCTION	4
METHODOLOGY	6
CHAPTER 1. SYSTEMIC PROBLEMS OF ORGANIZATION OF MENTAL HEALTH PRESERVATION.....	10
1.1. Absence of a unified policy in the field of mental health preservation and problems connected with the paid psychiatric services.....	10
1.2. Deinstitutionalization, rehabilitation and social inclusion.....	19
in the mental health sphere	19
CHAPTER 2. MEDICAL AID AND SERVICES OF PERSONS WITH MENTAL HEALTH PROBLEMS	24
2.1. Application of Compulsory Medical Measures in Criminal Procedure:	25
2.2. Exposing a Person to a Voluntary or Compulsory Treatment in a Psychiatric Organization	30
2.3. Means of Restraint	36
2.4. Medical Personnel	46
2.5. Drugs.....	51
2.6. Laboratory and other Studies	55
2.7. Recording the Disease Histories.....	58
2.8. Ambulance Service and Dispensary Control.....	60
2.9. Screening Tests and Possibility of Making Use of other Medical Services	61
2.10. Non-medication Treatment and Psychological Assistance.....	66

CHAPTER 3. THE KEEPING CONDITIONS OF PERSONS WITH MENTAL HEALTH PROBLEMS, ATTITUDE TOWARDS THEM.....	71
3.1. Overcrowding	71
3.2. Living Conditions.....	74
3.3. Organization of Bathing	80
3.4. Ensuring Proper Nutrition	81
3.6. Non-unified Practice of Notification the Law Enforcement Agencies on Injuries	87
3.7. Outdoor Walk	89
3.8. Occupation	92
3.9. Connection with the Outside World.....	93
3.10. Passports and Pensions	97

INTRODUCTION

The Constitutional Law of the RA (hereinafter the Constitutional Law) “On the Human Rights Defender” of December 16, 2016 has rendered the status of the National Preventive Mechanism to the RA Human Rights Defender defined by the Optional Protocol of the UN Convention of 1984 “Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment” adopted on December 18, 2002.

Article 28 of the Constitutional Law defines the authorities of the Defender in the status of a National Preventive Mechanism, establishes the possibility of the Human Rights Defender to visit psychiatric organizations periodically, as well as, out of necessity.

The existence of psychiatric organizations in the sphere of jurisdiction of the National Preventive Mechanism is conditioned by the necessity of carrying out a consistent work in accordance with internationally accepted principles in the field of ensuring the rights of persons with mental health problems from the aspect of guaranteeing the rights of persons with mental health problems and prevention of violations.

The question is especially sensitive in respect to the fact that it concerns persons who can be held in psychiatric organizations against their will or cannot make public the problems troubling them, cases of violation or disdain of their rights conditioned by their state of health. Therefore, the sphere needs a thorough study, revelation of the systemic problems and accentuation the concrete directions for their solution.

The ad hoc public report is aimed just to promote the solution of all these problems.

It is particularly emphasized that the report does not aim to assess the professional activities of the medical personnel of the psychiatric organizations. The high humanitarian mission of the physician is always appreciated in the Human Rights Defender’s activity system, and the condition of ensuring the rights of specialists of the medical sphere is under the prior attention.

The report exclusively discusses problems that are related to the imperfections in management, control, legislative regulation and so on. These are the problems that affect negatively the condition of the mental health preservation and the quality of services rendered, irrespective of the professional skills of the medical staff, devotion and conscientiousness towards the mission committed.

METHODOLOGY

This report is based on the results of monitoring visits during 2017 to the organizations¹ subordinate to the Ministry of Health of RA, regional administrations as well as the Ministry of Labor and Social Affairs of RA. These visits were conducted by the specialists of Department for Prevention of Torture and Ill-Treatment of the Human Rights Defender's staff and the independent experts (lawyers, a psychologist, a sociologist, doctors, including a psychiatrist) of the National Preventive Mechanism.

The visits were unannounced and had a clear methodology. During the visits to the psychiatric organizations, particularly, the material conditions of persons with mental health problems, the state of their rights and freedom, treatment and care, as well as other documents related to the ensuring of their rights have been studied. Private interviews with the employees of the organizations and persons with mental health problems were held. And while recording problems in private interviews with the latter, they were checked several times by a special method, including verification of the same question in private talks with other patients.

During the visits, technical facilities were used, particularly, photographic, distance, temperature and humidity measuring devices.

¹ During 2017, monitoring visits were made to the following organizations: "Republican Clinical Hospital of Neuroses and other Borderline States" CJSC of the Ministry of Health, "Avan" Mental Health Center" CJSC of the Ministry of Health, "Vardenis Neuropsychiatric Social Care Home" SNCO of the Ministry of Labor and Social Affairs, "Gyumri Center for Mental Health" CJSC of Shirak Regional Administration, "Syunik Regional Neuropsychiatric Dispensary" CJSC of Syunik Regional Administration, "Lori Regional Psychoneurological Dispensary" SNCO of Lori Regional Administration, "Nubarashen" Psychiatric Center" CJSC of the Ministry of Health, "Armash Health Center after Academician A. Hayriyan" CJSC of Ararat Regional Administration.

In the statement of this report, the names of the mentioned organizations are used without mentioning the departmental subordination and organizational-legal form for the reason of ensuring simplicity.

At the end of the visit, the raised problems were discussed with the management of the organization and the competent medical staff, the problems and the needs raised by the management of the organizations were also recorded.

The staff of the psychiatric organizations willingly cooperated and supported the activities of the subdivision realizing the functions of the National Preventive Mechanism for ensuring the rights of persons with mental health problems.

As a result of comparison and analysis of information, documents and legislative regulations of the sphere obtained during the visits, both practical problems as well as gaps and imperfections in the legislative regulation have been raised.

In connection with the recorded problems and their solutions, the Human Rights Defender's staff conducted discussions, demanded clarifications on the visits from the competent authorities by presenting them analyzes summarizing the results of each visit. They not only described the raised problems, but based on the professional analysis also suggested legal and practical mechanisms for solution, contained suggestions on making changes and additions in the legal acts of the sphere.

The received clarifications and information were reflected in this report.

The sources of information for the National Preventive Mechanism were also the individual complaints submitted to the Human Rights Defender, as well as the published materials and studies by the international organizations, NGOs and mass media.

In the course of the visits, as well as in the preparation of this report, the reports on the visits to Armenia of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter the CPT) also have been assumed as a basis, particularly paying attention to the continuous problems recorded in the psychiatric organizations, the proposals directed to the government for their solution and the steps undertaken by the state in that regard.

During 2017 the state of ensuring the rights of persons with mental health problems, the sphere problems and the main directions of their solution were discussed at the meetings of the Advisory Council for the Prevention of Torture adjunct to the Human Rights Defender of RA consisting of the representatives of non-governmental organizations and independent experts.

During 2017, just before the visits, training courses were organized on the principles and methodology of studying the human rights in the psychiatric organizations. Both the Human Rights Defender's staff employees and the members of the Advisory Council for the Prevention of Torture and the representatives of non-governmental organizations participated there.

Besides, an experience exchange seminar of connected with the introduction of the international criteria for the monitoring of psychiatric organizations was held with the participation of the representatives of the Human Rights Defender's staff jointly with the representatives of a number of foreign countries' National Preventive Mechanisms together with the international experts. Moreover, a working manual² for the National Preventive Mechanism for carrying out monitoring in the psychiatric organizations has been developed at the Defender's Staff with the participation of an international expert and the representatives from other countries, which was also used during the monitoring.

The mentioned courses, the experience exchange program and the manual pursued the goal of increasing the effectiveness of monitoring activities in psychiatric organizations by the representatives and experts of the subdivisions of the National Preventive Mechanism during 2017.

The problems raised during the monitoring, the professional analyzes in connection with them and proposals directed for their solution are systematized in this report. At the same

² See http://www.ombuds.am/images/Uxecuyc_hogebuzharanner_15.03.2018.pdf website

time, the report is divided into 3 chapters, each of which in its turn contains paragraphs concretizing the general problem.

The first chapter of the report is devoted to the systemic problems of organization of preservation of mental health. This chapter deals with the absence of providing unified approaches to psychiatric services, the problems connected with the paid services, as well as the deinstitutionalization, rehabilitation and social inclusion in the sphere of mental health.

The second chapter presents the problems raised in connection with the medical aid and service of people with mental health problems, referring to the use of medical nature compulsory measures against insane persons, exposing a person to undergo a compulsory treatment in a psychiatric organization, means of restraint, medical staff of the institutions, medicines and a number of other issues.

The third chapter reflects the problems related to the material conditions of the persons with mental health problems and the attitude towards them. Here such problems as the overcrowding of the institutions, daily living conditions of persons with mental health problems, organization of bathing and laundering, proper nutrition ensuring, as well as other important problems are presented.

CHAPTER 1. SYSTEMIC PROBLEMS OF ORGANIZATION OF MENTAL HEALTH PRESERVATION

1.1. Absence of a unified policy in the field of mental health preservation and problems connected with the paid psychiatric services

According to Article 85 of the Constitution of RA, everyone (...) has the right of health preservation. This constitutional right also concerns to the preservation of a person's mental health, which, in accordance with Article 5 of the RA Law "On the Psychiatric Aid", includes both *the mental health improvement and mental disorders prevention, as well as ensuring the necessary comprehensive and affordable medical aid, care and other forms of assistance for persons with mental disorders.*

According to part 1 of Article 4 of the same Law, *the mental health preservation process is organized by the Authorized Bodies of the Government of the Republic of Armenia, and is realized by the psychiatric organizations established for that purpose.*

In this regard, it should be noted that the psychiatric organizations in Armenia function under the subordination of various bodies. So, "Nubarashen" Psychiatric Center³, the Sevan Psychiatric Hospital, "Avan" Mental Health Center, the Republican Clinical Hospital of Neuroses and other borderline states function at the Ministry of Health, the Gyumri Mental Health Center, the Syunik Regional Neurological Psychiatric Dispensary, the Lori Regional Psycho-Neurological Dispensary, Armash Health Center function under the Regional Administration subordination and in the field of jurisdiction of the Ministry of Territorial Administration and Development. The "Vardenis Neuropsychiatric Social Care Home" SNCO "Dzorak" Center for the care of the persons with mental problems, where, besides the care,

³ Based on the Decision No.1165-A of September 22, 2017 of the Government of the Republic of Armenia on the fusion and reorganization of "Nork" Psychiatric Center and "Nubarashen" Psychiatric Center Closed Joint-Stock Companies and formation of the "National Center for Mental Health Preservation" Closed Joint Stock Company "Nubarashen" Psychiatric Center was reorganized. However, in this report, the name "Nubarashen Psychiatric Center" is used for the reason that the above mentioned reorganization process was not completed at the time of the monitoring visit

psychiatric medical aid and services are implemented, are functioning under the subordination of the Ministry of Labor and Social Affairs.

The monitoring and the study of the activities in all these organizations have shown that such a decentralized departmental subordination has led to the absence of a proper supervision by each of the Authorized Bodies in the sphere of its jurisdiction.

After each visit to a psychiatric organization, the results were sent to several bodies simultaneously aiming to draw the attention of each of them to the existing problems in the sphere of its jurisdiction.

For example, numerous psychiatric aid and service problems discussed in this report, including rough violations of the instructions defined by the Orders of the Minister of Health, were recorded during the visits to psychiatric organizations under the jurisdiction of the Regional Administrations. Therefore, the analyses reflecting the results of the visits were sent to the Ministry of Territorial Administration and Development, which, in its turn, sent them to the Regional Administrations and psychiatric hospitals as well as to the Ministry of Health.

The absence of the centralized departmental subordination in the sphere of psychiatric aid may not be problematic itself if it did not have a negative impact on the unity of the principles and standards of psychiatric services, ensuring the proper cooperation between various bodies on the problem of social integration of the persons with mental health problems as well as the effectiveness of state supervision over the sphere.

It is also due to such facts that at the system level sufficient steps are not undertaken by these bodies in the direction of solution of the problems recorded during the monitoring.

In the field of psychiatric aid there is no systematic and interconnected work of different bodies from the standpoint of separation of the functions of each of them, ensuring proper supervision over the jurisdiction field of each body and proper implementation of coordinated and co-agreed work on separate problems.

The Ministry of Health of RA, as the Competent Body in the field of public health, has not properly touched upon the problems connected with its competence. The latter provided similar clarifications of general nature, mainly simply referring to “The Strategy of Ensuring Medical Services Quality of the Republic of Armenia” approved by the Protocol Decree No 8 of the Government session dated February 26, 2015, and to the list of measures that it provides. The Ministry noted that they will be used in psychiatric organizations and will contribute to the improvement of the quality of the work without touching upon the numerous problems raised concerning its jurisdiction. **The Ministry has basically avoided the raised issues ignoring the problems concerning just its own jurisdiction.**

The Ministry of Territorial Administration and Development of RA, in its turn, instead of studying the raised problems and undertaking respective steps within its competence, has presented the clarifications compiled on the basis of discussions of the directors of the corresponding psychiatric organizations with the heads of the Regional Administrations.

Under these circumstances, the detailed clarifications of the Ministry of Labor and Social Affairs on the problems registered at the Vardenis Neuropsychiatric Social Care Home, functioning under the subordination of the Ministry, with an indication of the works done and the foreseen upcoming steps should be especially appreciated.

The package⁴ of manuals on the mental health policy and services related to the proper organization of psychiatric services of the World Health Organization predetermined the directions of the state policy in the field of mental health preservation based on the advanced international experience study and summarizing results. In particular, according to this international organization, the services for the persons with mental health problems should be provided in a mutually agreed manner, ensuring their social, psychological and medical needs.

⁴ See http://www.who.int/mental_health/policy/essentialpackage1/en/ website

The psychiatric services should work jointly together with the non-psychiatric, general health, social services, home support, day centers, psychological and rehabilitation programs.⁵

The absence of united approaches has also brought to the problem of affordability of psychiatric services **in connection with the paid psychiatric services guaranteed by the state.**

Thus, Article 85 of the Constitution of the Republic of Armenia not only defines the right of health preservation for everybody but also states that *the list of the free basic medical services and the provision procedure is defined by the law.*

According to part 1 of Article 7 of the Law of the RA “On Psychiatric Aid”, **the psychiatric aid for persons with mental disorders is implemented at the expense of the state resources within the framework of targeted programs guaranteed by the state.** At the same time, part 2 of the same Article obliges the state to guarantee psychiatric aid connected with advisory, diagnosis, treatment and social rehabilitation in hospital and outpatient conditions and so on. In accordance with part 2 of Article 4 of the same Law, the Government Decree No. 1686-N of December 9, 2004 has approved the list of types of psychiatric aid and services that includes psychotherapeutic medical aid, care of the chronic psychiatric patients as well as their rehabilitative treatment.

According to point 2 of the Supplement of Decree No 350-N of April 1, 2010 of the Government of the RA “On Approval of Procedure for Providing Outpatient and Hospital Psychiatric Medical Aid” **the outpatient psychiatric medical aid (e.g. examination to verify the diagnosis, provision of consultative medical assistance to persons with mental disorders) as well as hospital psychiatric medical aid stated in paragraph 27 (e.g. examination and treatment of patients regardless of the part of the day, daytime or twenty-four-hour) is provided for free.**

At the same time, according to paragraph “c” of subparagraph 1 of point 12 of Supplement 2 of Decree No 318-N of March 4, 2004 of the Government of the RA **the mental health medical**

⁵ See https://ec.europa.eu/health/sites/health/files/mental_health/docs/healthcare_mental_disorders_en.pdf website, page 5.

aid services were defined as a type of free hospital medical aid and service guaranteed by the state for all the groups of population.

Moreover, based on the above-mentioned Decree No 318-N of the Government, the Minister of Health, by the Order No 49-N of September 18, 2013, approved the standard for organizing the psychiatric aid within the frames of the free medical aid and service guaranteed by the state. According to Point 7 of the Supplement of the mentioned Order ***“Psychiatric service in ambulatory-polyclinic medical organizations is free for all the groups of population, at all levels of the service organized within the frames of free medical aid and service guaranteed by state”***.

In this regard, the current policy being implemented in connection with the legislative changes is worrisome. The point is that the Ministry of Health has developed and put into circulation a draft law that envisages amendments and supplements to the RA Law “On Medical Aid and Services of Population” which defines a comprehensive list of basic free medical services not foreseeing psychiatric aid and service.

In spite of guaranteed by the state and by currently in force legislative requirement for psychiatric aid and service to be free the psychiatric organizations have defined the list of the psychiatric paid services and their tariffs (e.g. “Avan” Mental Health Center, “Nubarashen” Psychiatric Center, the Gyumri Mental Health Center, the Syunik Regional Neurological Psychiatric Dispensary, the Lori Regional Psycho-Neurological Dispensary).

At the same time, in the psychiatric organizations functioning under the subordination of the Ministry of Health of the RA, these tariffs are defined by the internal legal acts of the organization, and those under the subordination of the Regional Administrations - by the individual legal acts of the Head of the Administration (except for the Gyumri Mental Health Center where the tariffs are defined by the Executive Director).

The establishment of paid services and their tariffs in psychiatric organizations at different departmental levels, in other words, regulating similar legal relations with legal acts

having different juridical force is problematic from the point of view of logic of legal acts system and legislative requirements submitted to legal acts.

Thus, in accordance with part 5 of Article 2 of the Law of RA “On Legal Acts”, “*individual act is the legal act of the bodies, referred to in the first part of this Article, adopted within the frames of their powers, which has a temporary or permanent nature, is foreseen for a single or multiple application, does not contain a legal norm and establishes the rules of conduct for directly individually mentioned (foreseen) only there physical or juridical persons or state or local self-governing bodies or state or community institutions (hereinafter Person)*”.

According to the parts 5 and 6 of the mentioned Article of the same Law, ***individual and internal legal acts are adopted only in accordance with the normative legal act and in the frames established by it.***

The above-mentioned legislative regulations proceed from the fact that the individual legal act must directly affirm the addressees of the application of the act, based on a normative legal act not exceeding the limits established by it.

Meanwhile, from the study of legal acts defining psychiatric paid services it becomes clear that these are either individual legal acts (for example, Head of the Lori Administration’s Decision No. 131-A of May 3, 2016) or internal (local) legal acts (for example, Order L-20 of September 1, 2017 of the Director of “Nubarashen” Psychiatric Center).

The solution of the mentioned problems by the individual legal act directly contradicts the requirement of legislation that such a legal act should have an addressee (addressees) envisaged in the act. Besides that, both in cases of individual or local legal acts, the Law requires the existence of a normative legal basis, which should predetermine the volume of regulation of those acts. With regard to the latter, it should be underlined that, in such a “legal basis”, not normative legal regulations are underlying in the acts of the competent authorities, but the approximate prices of the staff of the Ministry of Health of RA of N1/3457-15 of March 30, 2015 for the paid services of Psychiatric medical aid and services.

This unacceptable position of defining psychiatric paid services causes problems not only in terms of discrepancy with the general requirements for the formation of legal acts, but as a result generates formation of practice in the field of mental health principally contradicting the state policy and, in particular, the will of the legislator. This also causes inadmissible contradictions connected with the guarantees of the rights of addressees-individuals of those acts.

Thus, psychiatric services are not actually ensured by the state with the guaranteed volume in **the sense that as services not included in the free psychiatric aid and services that is services rendered on a paid basis**, are defined, for example, by the Decision 350-N of the Government is directly defined: consultative medical aid with a psychiatrist and psychologist or examination for the purpose of diagnostics.

According to the official clarification of the competent body developing and implementing the Government's policy in the field of public health of the Ministry of Health, *"it doesn't possess information on paid basis aid and service in the organizations implementing psychiatric aid and service"*. Moreover, it is interesting that the psychiatric organizations refer to the same approximate prices defined by the staff of the Ministry of Health as a legal basis for rendering paid psychiatric services in case of non-possession of such information by an Authorized Body.

One of the consequences of the departmental such unjustified discretion on defining the scope of paid psychiatric services and their tariffs is that a differentiated approach has been displayed in the discussed legal acts connected with having or not the Armenian citizenship the person in need of psychiatric aid.

By the force of Article 2 of the RA Law "On Psychiatric Aid", *the Law is applied both to RA citizens and foreign citizens and stateless persons that are in the territory of the Republic of Armenia*. Therefore, foreigners should make use of the state-guaranteed psychiatric services, in general order.

Whereas, for example, in the Syunik Regional Neuropsychiatric Dispensary, according to the approved price list, services rendered free of charge to RA citizens, such as examination for verifying diagnosis in outpatient or hospital conditions, consultation of a psychiatrist are provided on a paid basis to the persons not having the Armenian citizenship (it's just enough to note that the cost of one day treatment in hospital conditions is defined 15,000 AMD). The Yerevan and other regional psychiatric organizations work with the same differentiated approach. The mentioned data for paid services are based on the study of the official documents hanging in the receptions of psychiatric organizations or the price lists provided by the Ministry of Territorial Administration and Development in cases of psychiatric organizations functioning under the subordination of the Regional Administrations.

Though in these price lists there is foreseen an exception from the principle of rendering paid services for persons included in the socially poor and separate groups of population for receiving free and privileged terms of medical aid and services guaranteed by state, nevertheless, this is not a solution of the problem in the sense that free psychiatric aid is guaranteed irrespective of the social status of a person or belonging to a particular category.

Moreover, the advisory services in the Lori and Shirak psychiatric organizations are rendered to the citizens of Armenia on a paid basis, based on the fact of the latter's living outside that medical institution service area or being a resident of another region.

In this regard, not in all the regions of the Republic of Armenia psychiatric organizations operate and, in such circumstances, it turns out that not only the physical accessibility of receiving psychiatric aid is not ensured for the residents of these regions, but also they have to pay for the guaranteed by law psychiatric services only because they are not residents of the "service area" of the psychiatric organization. **This directly contravenes the state's international commitment to ensure availability and accessibility of psychiatric aid for all the layers of the society. Such practice is immediately subject to elimination.**

Summarizing the above, one can emphasize the following problems connected with psychiatric paid services.

- ✓ not proper public supervision over the unity of the policy principles of the sphere, conditioned with different subordination or jurisdiction sphere of the psychiatric organizations;
- ✓ defining the lists of paid services in guaranteed conditions of ensuring free psychiatric aid and service envisaged by Law, moreover, by legal acts having lower juridical force;
- ✓ baseless differentiation of types and tariffs of paid services by psychiatric organizations;
- ✓ establishing discriminatory and unjustified high tariffs for persons not having the Armenian citizenship in the conditions of legislative regulation of granting free psychiatric aid irrespective of citizenship.

One of the priorities of public policy in the field of mental health should be the accessibility of psychiatric services, taking into account the social situation of the population. It should be remembered that the mental health is one of the most sensitive spheres of human health preservation.

The reasons for refusing the current system for transition from psychiatric free services to the paid system and in case of transition to another system its advantages should be reasonable.

Of course, the public obligations towards a person with mental health problems inevitably generate the problem of financial burden. However, changes can be justified only when their non-fulfillment will significantly worsen the sphere's beneficiaries', patients' rights and interests' protection system as well as will be based on the fair balance of the state's financial condition and the social policy in a concrete period of time. At the same time, regardless of the degree of substantiation of the change, the state in accordance with its functions proceeding from the concept of social state should envisage state interference question in cases of social insecurity and financial accessibility of psychiatric organizations, especially taking into consideration the fact that there are also patients from socially poor families in psychiatric organizations. Therefore, the financial policy of the sphere should be carried out in such a way that it does not violate the right of the patient to make use of the accessibility of psychiatric services.

1.2. Deinstitutionalization, rehabilitation and social inclusion in the mental health sphere

The international fundamental documents guaranteeing a person's right of health preservation determine the state obligations to undertake comprehensive measures for ensuring the highest possible level in the direction of physical and mental health of a person.

Thus, in the "Mental Health and Human Rights" report of 2017 of the UN High Commissioner for Human Rights the following directions are predetermined as an advanced experience of the state policy in the field of mental health preservation:

1. Preservation of Mental Health Rehabilitation

The main accentuation of the community-based mental health services should be the support of people with mental health problems to achieve their own aspirations and aims. Such a rehabilitation approach implies the necessity for "listening and responding to people" taking into consideration their condition, which, in its turn, contributes to the work with a person with mental health problems as equals and to his rehabilitation. In this respect, it is extremely important that working with the person staff being well-informed about the latter's psychological traumas is competent enough to avoid the person's double suffering of the trauma, social isolation and alienation, as well as to contribute to their reintegration in the society.

2. Ensuring of Community-Based Services

The international progressive experience testifies that the preservation of health of separate groups of population, in particular, the persons with mental health problems, is effective when the accessibility of inter-branch and de-medicalization services are ensured. The state should ensure rehabilitation medical aid in communities and in the primary unit of the health system.

3. Deinstitutionalization

Effective deinstitutionalization requires, first of all, the implementation of consciousness that the right to live in the community is more than just the physical existence of a person in the community. The social support system for persons with psycho-social problems should be fully accessible (e.g. contribution to the person's education, having job, his social contacts, etc.).

In the European program on 2013-2020 mental health actions it is mentioned that there is a commitment to the development of deinstitutionalization and community-based mental health care services in the region. There is an agreement that care and treatment should be carried out at the local level, as large psychiatric organizations often lead to a neglect and institutionalization. Thus, the increase of the role of cooperation of primary care in the community institutions and multidisciplinary specialists in the mental health sphere has become fundamental⁶.

According to the World Health Organization, manual for organizing Mental Health Services, deinstitutionalization is an important part of reformation of the mental health services system. It's more than freeing people from long-term treatment in hospitals.

Significant changes are required for the implementation of services, including mainly the alternative rather than hospital services in the community. The provision of services in the community should be directed to the reduction of the number of patients in psychiatric organizations. Deinstitutionalization can pass by stages when the community alternatives will be already available. Its implementation requires strict obligations from the developers, organizers and doctors⁷.

Besides, in the report, worked out with the support of the European Commission, on the long-term care of persons with severe mental illnesses, it is mentioned that one of the

⁶ See http://www.euro.who.int/data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf. website

⁷ See http://www.who.int/mental_health/policy/services/4_organisation%20services_WEB_07.pdf?ua=1 website

directions of mental health care implementation strategy is the improvement of the quality of the provided care in psychiatric organizations and deinstitutionalization in the community. These measures are especially important in those countries where psychiatric organizations are still responsible for a considerable part of the care provided to persons with mental health problems. National programs on mental health should include a strategy aimed at the improvement of the living conditions of patients and the quality of the latter's care, including the promotion of human rights and the strengthening of respect towards them. At the same time, the rehabilitation programs should be developed and implemented both inside and outside the organizations aimed at preparing patients to live inside the society and their social integration, regardless of the fact at what stage of deinstitutionalization is their country of residence.

At present, there is a wide agreement in the international community that it is necessary to pass from the traditional care model implemented in big psychiatric organizations to a community-based mental health care contemporary model. The main reasons for this change are:

- ✓ for people with chronic mental health problems community-based services are more accessible than services provided in traditional psychiatric organizations;
- ✓ community-based services ensure a greater satisfaction and compliance with the persons' requirements. They also promote the continuity of care and the flexibility of services making possible the early diagnosis and treatment of the recurrence of the disease, its consistency;
- ✓ community-based services contribute to more protection of the rights of persons with mental health problems and prevent those persons from stigmatization;
- ✓ compared to other models of ensuring mental health the community-based services ensure better results connected with the consistency of treatment programs, clinical symptoms, persons' quality of life and professional rehabilitation;

- ✓ community-based services are less costly than hospital care;
- ✓ in case of correct deinstitutionalization, the majority of patients moved from hospital to community are more satisfied, have fewer negative symptoms and conduct a better social life⁸.

At present the psychiatric service system in the Republic of Armenia is mostly concentrated on the psychiatric organizations around outpatient and hospital care services, hospital medical aid and service. Mental health preservation and support of alternative services at community level generally is not accessible for people with mental health problems without isolation from their residence and public life. Under insufficient conditions of social rehabilitation and care institutions, a full recovery of persons with mental health problems cannot be ensured.

According to the World Health Organization, mental health is a state of welfare where each individual realizes his potential, is capable to overcome the natural stresses of life, work efficiently and contribute to his community⁹. Hence, mental health rehabilitation measures should be directed to the above-mentioned, which, however, is practically impossible in the current psychiatric system conditions.

Therefore, one of the prior directions of the mental health preservation state policy should be the formation and development of care and social services system as an alternative just to psychiatric medical services.

Connected with this, it should be noted that the existing problems in the sphere and the priorities of their solution have been recorded by the Government of Armenia since 2013, with the confirmation of “The concept of providing alternative services for the care and social services of persons with mental health problems”¹⁰, as well as with the adoption of the RA

⁸ See https://ec.europa.eu/health/sites/health/files/mental_health/docs/healthcare_mental_disorders_en.pdf website

⁹ See http://www.who.int/features/factfiles/mental_health/en/ website

¹⁰ See https://www.e-gov.am/u_files/file/decrees/arc_voroshum/2013/05/qax17-7.pdf website

Government Decree “On approval of the strategy of mental health care preservation and improvement for 2014-2019 in the Republic of Armenia and the list of measures of ensuring the implementation of the strategy”¹¹. The legislative bases for the introduction of care and social services system have been fixed by the Decision N 1533-N of the RA Government of December 17, 2015 “On approval of the procedure for providing alternative services for care and social services of persons with mental health problems at twenty-four-hour care homes”¹².

As to the practical steps taken in that direction, it should be noted that, according to the official clarifications of the competent state authorities, “Dzorak” Center of Care for Persons with Mental Health Problems” SNCO was established in Yerevan in 2015 where twenty-four-hour care is provided to persons having mental health problems with comparatively preserved abilities. In Spitak, the Spitak Care House for the persons with mental health problems began to function in 2016 for 16 persons having mental health problems.

The results of monitoring testify that a significant part of persons kept in psychiatric organizations are in the institution not for a provision of medical care, but for a care necessity, which cannot be ensured outside of the psychiatric organization because of not sufficiency of care implementation specialized institutions.

Moreover, it should be noted that alternative services in the sphere of mental health preservation imply not only care ensuring but also social-psychological rehabilitation of persons with mental health problems, restoration of the latter’s ability to be engaged in work activities and their social status, support of the entire realization and assistance to social engagement right of living with other persons in the community on equal bases¹³.

Therefore, it is necessary to ensure the alternative services of mental health preservation aimed at the continuity and consistency of the measures for the full introduction of the initiated system through the way of the establishment of care homes, ensuring sufficient material and

¹¹ See <http://www.arlis.am/DocumentView.aspx?DocID=90364> website

¹² See <http://www.arlis.am/DocumentView.aspx?DocID=102747> website

¹³ See <http://www.arlis.am/DocumentView.aspx?DocID=102747> website

everyday life conditions, taking practical steps towards the professional training of specialists of the sphere.

CHAPTER 2. MEDICAL AID AND SERVICES OF PERSONS WITH MENTAL HEALTH PROBLEMS

2.1. Application of Compulsory Medical Measures in Criminal Procedure:

In case a person commits a socially dangerous act envisaged by the Criminal Code of the Republic of Armenia, it becomes necessary to find out if he was capable to give account of his actions and control them at the time of the crime. That is, in such cases it is necessary to find out the sanity of the person, who committed a socially dangerous act, by conducting an appropriate expertise and beginning the proceedings¹⁴ with the application of compulsory medical measures against the psychiatric patients in accordance with the procedure prescribed by the Criminal Procedure Code of the RA.

Thus, according to Article 451 of the Criminal Procedure Code of the RA, the proceedings on application of compulsory medical measures are instituted at the pre-trial stage and, according to Article 464, the court decides on the application of compulsory medical measures against the person who committed an act in the state of insenity not authorized by criminal law.

This procedure practically requires a long time. In case when a person who has committed an act not authorized by criminal law needs a psychiatric aid and is dangerous for himself or for the society, the only legislative solution towards a person is the application of a security measure¹⁵ by placing him in a psychiatric hospital prior to the decision of applying compulsory medical measures against the latter. However, **Article 459 of the Criminal Procedure Code of the Republic of Armenia** relating to the placement in a psychiatric

¹⁴ Here it is not about the proceedings on the application of compulsory medical measures against persons who fell sick with mental illness after the case which is regulated by a separate chapter of the Criminal Procedure Code of the Republic of Armenia.

¹⁵ According to Article 457 of the Criminal Procedure Code of RA, the security measures, in case of necessity, applied against the person who committed an act in an insane state not authorized by the Criminal Code are two: handing the patient to relatives, trustees, guardians and placing in a psychiatric hospital.

organization does not touch upon the problem of the possibility of a person's treatment or care during the application of the security measure at all.

In practice such situation causes problems. Thus, in the 7th medical ward of "Nubarashen" Psychiatric Center, seven people with mental health problems were kept, towards whom the court has applied a security measure by placing them in a special psychiatric ward. Although there is no indication about treatment in the judicial act, however, the psychiatric organization carries out treatment. **According to the medical staff assertions the latter's consent is not required for the treatment, since the expertise conclusion always contains a record which recommends to implement compulsory treatment against a person under special control in the psychiatric ward.**

Actually, the corresponding judicial act but not the expertise conclusion should be the basis for the compulsory treatment, however, in the studied judicial acts on the application of a security measure by placing in a psychiatric hospital the issue of the necessity of treatment is not touched upon, perhaps because of the absence of appropriate legislative regulations. **As a result, compulsory treatment is implemented against a person, that is, a treatment without his informed consent and (or) a corresponding judicial act.**

It should be noted that in this situation compulsion formally concerns only the placement in a psychiatric hospital rather than the treatment according to the law of our country. In fact, the placement of a person in a psychiatric hospital should follow the aim of either treating him or ensuring a care. As a result, there may appear an issue of consent with regard to the compulsory treatment not mentioned in the judicial act but implemented in practice as it is not always that compulsion may refer just to the treatment. Moreover, the Law "On Psychiatric Aid" of the RA in itself does not consider the consent of the person mandatory if there is a compulsion and it concerns just the treatment. According to part 3 of Article 15 of this Law, *the treatment of a person suffering from mental disorder can be carried out without his consent or his legal representative, in cases of application of statutory compulsive medical measures and not voluntarily (compulsory) hospitalization.*

The question is that Article 457 of the Criminal Procedure Code of RA does not regulate the question of treatment or organizing hospital care in connection with the application of a security measure by the placement in a psychiatric hospital towards persons who have committed acts, unauthorized by the Criminal Code, in the state of insanity. Whereas it is evident that the placement in a psychiatric hospital cannot be an end in itself, but should pursue the aim of treating a person or providing a hospital care.

With this regard the new Criminal Procedure Code draft justly defines that medical control, as means of security, is keeping a person representing danger for the society in a psychiatric institution for **the aim of providing hospital care or ensuring treatment** when touching upon the types of compulsion measures applied to persons with mental illness or mental disorders.

In accordance with point 3 of part 1 of Article 17 of Rec (2004) 10 of the Committee of Ministers of the Council of Europe, *a person may be subject to a compulsory hospitalization only if the hospitalization pursues treatment purpose.*¹⁶

It follows from the mentioned that the placement of a person in a psychiatric hospital cannot be justified only by the necessity for isolation. It should mandatory pursue the purpose for hospital treatment or care about which the regulations of the new Criminal Procedure Code draft and the international standards testify.

Consequently, this issue should have a clear legislative regulation.

Apart from the above-mentioned, in practice a person with mental health problems can be kept in a psychiatric organization for a long time before the court makes a decision on applying a medical nature compulsion treatment based on the court decision of applying a security measure. During that period, a person, after receiving treatment, can recover and be of no danger for himself or the society, but continue to be kept in a psychiatric organization, receiving a conservative treatment (without judicial supervision). In such a case, the

¹⁶See [https://www.coe.int/t/dg3/healthbioethic/Activities/08_Psychiatry_and_human_rights_en/Rec\(2004\)10%20EM%20E.pdf](https://www.coe.int/t/dg3/healthbioethic/Activities/08_Psychiatry_and_human_rights_en/Rec(2004)10%20EM%20E.pdf) Website

proceedings on the application of a medical nature compulsory measure by the court may be an outdated and an end in itself process in terms that with the interim measure the aim pursued by the proceedings is already ensured.

At the same time, the present Criminal Procedure Code does not envisage proceedings dates for applying medical nature compulsory measures. Similarly, there are no timeframes also for the application of security measures in a psychiatric hospital. Not even a minimum is envisaged that is the requirement for periodic judicial review of the lawfulness of the security measure. Such shortcomings of the legislative regulation lead to keeping persons in a psychiatric organization for a long time based on this security measure without the court respective supervision over the treatment.

Therefore, it is necessary to establish a clear legislative mechanism for a periodic review of the security measure in the form of placement in a psychiatric hospital.

The situation does not become clearer in conditions of availability of the court judicial act on applying a medical nature compulsion measure. The legislation does not envisage mechanisms for the ex officio judicial review of the mentioned act. According to the formed practice, only the head of the psychiatric organization raises the issue of the review of the compulsion measure in cases of submitting intermediation to court on eliminating or substituting it. The psychiatric organization submits such an intermediation only when the commission on reviewing medical nature compulsion measures, consisting of the doctors of the same organization examining a person's health condition once in six months, gives a conclusion that either he does no longer need compulsory treatment or it can be done in another general or outpatient conditions.

As a result, in practice, there are cases when a person is kept in a psychiatric organization without a judicial review of an act of compulsory treatment. For example, during the monitoring it turned out that one of the patients at "Nubarashen" Psychiatric Center was in the center since March 2012 on the basis of the court judicial act on psychiatric hospital compulsory treatment. It should be noted that according to the studied documents

“Nubarashen” Psychiatric Center has not submitted any intermediation to court since 2012 to stop or substitute compulsory treatment applied against the latter which raises doubts about the effectiveness of implementation of the compulsory treatment for 5 years continually.

In the result of studies, problems of judicial practice related to compulsory treatment also have been raised.

Thus, during the monitoring of “Nubarashen” Psychiatric Center it turned out that one of the patients is kept in the organization since May 2016 and receives compulsory treatment based on the juridical act. In November 2016, the psychiatric organization, based on the corresponding medical conclusion, submitted an intermediation to the Court of General Jurisdiction to terminate the compulsory treatment applied against that person at the psychiatric ward of the general supervision of psychiatric organizations and to substitute it with outpatient control and compulsory treatment at a psychiatrist. The court rejected the intermediation. The judicial act clearly testifies that court, listening to the psychiatrist (without the presence of a person with mental health problems at the court sitting) and finding that he was not constrained by the conclusion of the medical institution, without repeated psychological expertise in court concluded that “the patient’s condition is still unstable and he needs hospital treatment, care and control, and psychiatric and psychotherapeutic aid and services can be implemented only in hospital”. After that, six months later, the court again with the same substantiation rejected the intermediation submitted by “Nubarashen” Psychiatric Center based on the conclusion of the Commission of reviewing medical nature compulsion measures for termination of compulsory treatment against a person and substitution with outpatient control and compulsory treatment. The two juridical acts on rejecting the intermediations, apart from the above-mentioned, have no other substantiation.

Thus, the court not only disagreed with the conclusion of the medical organization without repeated psychological expertise in court, but also did not ensure the participation in the proceedings of a person towards whom the compulsory measure was reviewed. There are no necessary substantiations in the juridical acts. Such a practice is unacceptable.

Psychiatric organizations also do not pay due attention to the submission of intermediations for reviewing compulsory medical nature measures. This testifies, for example, the literally reiterative contents of the intermediations on the same person. Thus, the conclusion of the commission on the review of compulsory medical nature measures with the signatures of the members of the commission, first, is recorded in the disease history, then immediately is drawn up in the form of a separate document, is signed by the members of the commission and submitted to court. Unlike the conclusion submitted to court, the signatures of the members of the commission were missing in the disease histories of the observed cases (for example, “Nubarashen” Psychiatric Center).

Therefore, based on the above stated, it is necessary:

- ✓ *To clarify legislatively the issue of treatment or hospital care when applying a security measure in the form of placement in a psychiatric hospital against persons committed act in the state of insanity unauthorized by the Criminal Code in accordance with Article 457 of the Criminal Procedure Code of RA;*
- ✓ *To establish a mechanism in the Criminal Procedure Code of RA for a periodic review of a security measure in the form of placement in a psychiatric hospital;*
- ✓ *To envisage mechanisms in the Criminal Procedure Code of RA for an ex officio judicial review of the mentioned act, at regular intervals, in case of applying a medical nature compulsion measure;*
- ✓ *To study the proceedings of judicial practice on the application of medical nature compulsion measure for summarizing the judicial practice of judiciary for the purpose of rising the existing problems, ensuring the unified application of the law and excluding judicial violations;*
- ✓ *To display the necessary consistency towards the submission of intermediations by the psychiatric organizations for the review of medical nature compulsion measures as well as to carry out proper supervision over it.*

2.2. Exposing a Person to a Voluntary or Compulsory Treatment in a Psychiatric Organization

In case of psychiatric medical aid and service, the issue of separation of voluntary and compulsory or non-voluntary treatment is a priority. The study of the documents provided in the psychiatric organizations testifies that the number of persons exposed to compulsory treatment by case of the Civil Procedure of RA is considerably smaller in psychiatric organizations. For example, only 23 out of 236 patients in “Nubarashen” Psychiatric Center were treated on a non-voluntary basis based on a judicial act.

In all the voluntarily treated persons’ disease histories there are their consent on hospitalization and treatment, but the private talks with them show that practically many of them do not want to be in a psychiatric organization and are unaware of their right to refuse from the treatment at any time as well.

In this regard, in the 2016 report on Armenia, the CPT emphasized that *persons receiving voluntary treatment in psychiatric organizations should be provided with complete, accurate and precise information, including their right to give a consent or not on hospitalization and to refuse their consent later on, as well as to leave the institution at any moment.*

Moreover, the CPT has emphasized that *giving a consent on hospitalization and giving a consent on treatment are separate issues and patients should be asked to express their position on each of these issues.*¹⁷

Studies showed that the mentioned issues haven’t got solution either practically or at the legislative level.

Moreover, the problem exists especially in case of juveniles as only the consent of the legal representative is required for their treatment, and the hospitalization of a juvenile is not subject to judicial supervision, regardless of the latter’s age, the ability to express his opinion and the legal representative operating in the interests of a juvenile. In a result, only the consent of the legal representative of a juvenile is enough for a hospital examination and treatment.

¹⁷ See <https://rm.coe.int/16806bf46f> Website, points 133,134

Part 2 of Article 29 of Rec (2004) 10 of the Committee of Ministers of the Council of Europe defines that when *making a decision on the hospitalization and treatment of a juvenile (compulsory or non-compulsory), the opinion of the juvenile should be taken into consideration which depending on the age and maturity extent of the juvenile is going to be considered a more decisive factor.*¹⁸

Therefore, it is necessary to revise the internal legislation, fixing the possibility of a juvenile (based on his age and maturity extent) to express his opinion and give an informed consent during the implementation of psychiatric aid and service. It should be noted that compulsory treatment may be carried on only on the basis of the respective judicial act.

The same problem exists in case of compulsory (non-voluntary) treatment of persons recognized as incapable, where also the consent of a legal representative is enough and judicial act is not required for the compulsory treatment.

The European Court of Human Rights in the decision of the case *Shtukaturov v. Russia* has recorded that *the treatment of the persons recognized as incapable is to begin only based on the respective decision of court and establish a judicial supervision over the treatment process (see the decision of the mentioned case of March 27, 2008, appeal number 44009/05, points 121-125).*

Consequently, it is necessary to envisage the procedure of implementation of mental health aid and service of a person recognized as incapable by the internal state legislation establishing preliminary and further judicial supervision over the appointment and the process of compulsory (non-voluntary) treatment.

Non-voluntary treatment problems do not end with the initiation of proceedings envisaged by the Civil Procedure Code of RA on exposing the citizen to a compulsory treatment in a psychiatric organization as the latter, in its turn, has a number of practical and

¹⁸ See

[https://www.coe.int/t/dg3/healthbioethic/Activities/08_Psychiatry_and_human_rights_en/Rec\(2004\)10%20EM%20E.pdf](https://www.coe.int/t/dg3/healthbioethic/Activities/08_Psychiatry_and_human_rights_en/Rec(2004)10%20EM%20E.pdf) Website

legislative shortcomings. According to current requirements, in case of necessity of non-voluntary treatment a judicial act on such a treatment of a person may be made after a long time.

Thus, according to part 2 of Article 22 of Law of RA “On Psychiatric Aid” (...) *the head of the psychiatric organization within 72 hours after the submission of a request from a person with mental disorders to refuse treatment or terminate the treatment, applies to court in accordance to Chapter 30 of the Civil Procedure Code of the Republic of Armenia to expose a person to a non-voluntary (compulsory) treatment in a psychiatric hospital.*

According to Article 90 of the Civil Procedure Code of RA, within three days from the date of receipt of the writ, the judge in case of not rejecting the writ or not returning the writ makes a decision to accept it and in accordance with part 1 of Article 176 of the same Code, *the judge examines the citizen’s application for a compulsory treatment in the psychiatric hospital within five days after instituting the proceedings.*

As a result, a person can be kept in a psychiatric organization without a judicial act up to 11 days.

By the individual complaints submitted to the Human Rights Defender there have been recorded cases when a person with mental health problems after being transferred to a psychiatric hospital by the emergency aid service is hospitalized without his or his legal representative consent only by the decision of the duty psychiatrist of a psychiatric organization without being examined by the psychiatric commission (for example, “Avan” mental Health Center).

The necessity for a commissioning study is one of the requirements of part 1 on the procedure of non-voluntary (compulsory) hospitalization of Article 22 of the Law “On Psychiatric Aid” of RA, however, examination of the psychiatric commission cannot be organized out of the working hours and on weekends, as in the psychiatric organizations, as a rule, there is only one psychiatrist on duty. Thus, according to the mentioned Article, a person

suffering from mental disorders can be hospitalized without his or his legal representative's consent after being mandatory examined by the psychiatric commission.

At the same time, according to point 34 of Decree No. 350-N of April 1, 2010 “On Approval of Procedure for Provision of Outpatient and Hospital Psychiatric Medical Aid” of the Government of RA, *the non-voluntary admitted patients are examined by the psychiatric commission within 72 hours.* It follows from the comparison of these two provisions that Article 22 of the Law “On Psychiatric Aid” of RA considers mandatory the examination by the psychiatric commission when admitted to a psychiatric organization, and according to point 34 of the Government’s abovementioned Decree, the examination of the psychiatric commission is implemented within 72 hours after the admission. Therefore, the discrepancy between these two acts also needs rectification.

Such a regulation of the Government Decree contradicts to the fact that a person may be hospitalized only after a mandatory examination by the psychiatric commission.

Studies of the corresponding documents have raised cases when **a treatment was implemented** towards a person with mental health problems, admitted to a psychiatric institution and who hasn’t given his consent to hospital treatment, **before the court pronounces judgment on being subjected to a compulsory treatment** (for example, in “Avan” Mental Health Center). Even if the prescriptions of a physician were, for example, a medication sedation method, there were no respective records and justifications in the register on the application of a medication sedation method or its termination. Moreover, the implemented drug interference cannot be considered as a sedation medication method as the prescribed medicines are not included in the Order No. 1781-A of May 30, 2017 of the Minister of Health of RA, as a medication sedation means.¹⁹

The same problem has also been recorded in the Lori regional Psycho-Neurological Dispensary when the person has refused to receive a treatment in the hospital, however, before

¹⁹ In the context of this report, medication sedation means are considered the medicines injected for the purpose of sedation approved by Order No. 1781-A of May 30, 2017 of the Minister of Health of RA on the procedure of application of the sedation medical method.

the court pronounces judgment on the latter's compulsory treatment, medication treatment was prescribed and implemented, including injections of vitamins which cannot be considered as medication sedation means.²⁰

Such a practice is unacceptable taking into account the fact that according to Article 177 of the Civil Procedure Code of RA, *only the verdict of the court on the compulsory treatment is a basis for subjecting a citizen to a compulsory treatment in a psychiatric institution.*

At the same time, the Civil Procedure Code of RA does not regulate the judicial supervision mechanism over it after the verdict. In particular, the Law does not fix both the compulsory treatment dates and the procedure of reviewing the extension of these dates as well.

In point 132 of the 2016 report on Armenia, the CPT emphasized that, *despite the recommendations made in its previous reports, provisions on periodical review of the non-voluntary hospitalization are still missing in the Law "On Psychiatric Aid". The CPT has urged the Armenian authorities to make complete the Law "On Psychiatric Aid" of RA, envisaging that a person's non-voluntary hospitalization should be periodically reviewed at least once in six months.*²¹

Therefore, it is necessary to define dates of compulsory treatment by the Civil Procedure Code of RA, indicating its maximum threshold and envisage a requirement for an ex officio mandatory discussion of the issue of the court on continuing the person's non-voluntary treatment in the psychiatric organization till the end of the defined date.

In order to solve the above problems, it is necessary:

- ✓ ***To take steps in the direction of providing precise information on the right of giving or non-giving a consent on hospitalization and treatment in a psychiatric organization, to revise the consent in the future, to refuse from the treatment, as***

²⁰ The problem was recorded in a result of comparative analysis of disease histories and judicial documents during the visits.

²¹ See <https://rm.coe.int/16806bf46f> website

well as the possibility of leaving that organization by a person admitted to the psychiatric organization voluntarily;

- ✓ *To get informed consent of persons with mental health problems on hospitalization and treatment, moreover, the person should express his position on each of these issues based on accessible explanations;*
- ✓ *To define by law, the possibility of expressing opinion and giving an informed consent by the juvenile (based on his age and maturity extent) while implementing a psychiatric aid and service, and subdue to a compulsory treatment only on the basis of a judicial act;*
- ✓ *To envisage by law, the procedure for providing psychiatric aid and service for a person recognized as incapable, establishing judicial supervision over the treatment prescriptions and its progress;*
- ✓ *To exclude compulsory hospitalization in case of the absence of consent of the person or his legal representative, without the examination of the psychiatric commission;*
- ✓ *To exclude all the cases of non-voluntary (compulsory) treatment of a person with mental health problems till the court pronounces judgment; as it is mentioned in the present report in urgent cases medication sedation means can be used;*
- ✓ *To define by the Civil Procedure Code of RA dates of compulsory treatment, indicating its maximum threshold and envisage a requirement by the court of an ex officio discussion on continuing the person's non-voluntary treatment in the psychiatric organization till the end of the defined date.*

2.3. Means of Restraint

Persons with mental health problems, due to their psychological instability, form a special group of the society. The criteria for the use of restraint means are an important guarantee against any form of ill-treatment or baseless interference with their rights. They are

essentially compulsory means and require special regulations. According to the Order of the Minister of Health of RA, restraint means are applied in case of a real threat of causing harm to the environment or a physical harm to themselves by persons receiving treatment and care in the psychiatric organizations.

As a means of restraint, the Armenian legislation envisages physical restraint, medication sedation and isolation. During the implementation of studies in psychiatric organizations, problems with the application of restraint means and their legal regulation were recorded.

2.3.1. Physical Restraint

Mechanical means are used in psychiatric organizations as a physical restraint. Their complete list is defined by point 6 of Order²² 2636-A of August 23, 2016 of the Minister of Health of RA which includes *only leather straps, Pozy belts and special clothing*.

Practically, cases have been recorded, for example in the Armash Health Center or in some other wards of other organizations (for example, in the 7th ward of “Nubarashen” Psychiatric Center, “Avan” Mental Health Center) **when there were no any mechanical means of physical restraint envisaged by the mentioned order.**

During the studies, it turned out that in various psychiatric organizations there are used **mechanical means not envisaged by the abovementioned Order.** For example, in “Nubarashen” Psychiatric Center **rubber bandages**²³ are used, in the same institution and at the Vardenis Neuropsychiatric Social Care Home **pieces of sheets, belts made of solid fabric (not leather)** are used, in the Syunik Regional Neuropsychiatric Dispensary, “Avan” Mental Health Center, in the Lori Regional Psycho-Neurological Dispensary are used **belts made of synthetic fabric** for that purpose. **The use of these means is not defined in the abovementioned Order and therefore**

²² Order 2636-A of August 23, 2016 of the Minister of Health of RA “On Declaring Invalid Order No. 691-A of May 3, 2010 of the Minister of Health of the Republic of Armenia and Approval of the Procedure of Application of Physical Restraint, Isolation Means and Sedation Methods against Persons with Mental Disorders in the Psychiatric Medical Aid and Service Implementing Organizations”.

²³ In medical science, they are called Esmarch bandages.

is illegal. And in some cases, their use may endanger the patient's health. It should be noted that the use of Esmarch rubber bandages (braid used to stop bleeding) as a mechanical means of restraint is inadmissible because their long-term application (the physical restraint can be used one-time up to two hours according to the above-mentioned Order of the Minister of Health) may cause blood circulation disorder in the limbs with the further tissue infection.

Therefore, physical means applied against patients not envisaged by law should be excluded. Its application is illegal and must cause serious responsibility.

In addition to the types of restraint mechanical means, **in some cases the mechanisms for their application are also unacceptable.** Cases were recorded when leather belts with complicated structure were used for the purpose of physical restraint (the Gyumri Mental Health Center).

According to procedure envisaged by point 7 of Order No. 2636-A of August 23, 2016 of the Minister of Health of RA, *the mechanical means of physical restraint should be easily disentangled and should not cause pain to the patient.*

According to the jurisdiction of the CPT, for the purpose of mechanical restraint only such means can be used that restrict the harmful effects to minimize the continuous pain or suffering of persons with mental health problems.²⁴ According to paragraph 3 of point 48 of the 16th General Report on the activities of the CPT, *when using restraint means it is necessary to do it skillfully and carefully so that not to cause threats for the health of the patient and not to hurt him. The patient's vital functions such as breathing, speaking, eating and drinking abilities should not be violated.*²⁵

There are no separated rooms for physical restraint in the psychiatric organizations (the Vardenis Neuropsychiatric Social Care Home, the Gyumri Mental Health Center, the Armash Health Center, the 7th, the 6th wards of "Nubarashen" Psychiatric Center).

²⁴ See <https://rm.coe.int/16807001c3> website. Revised criteria of the CPT of March 21, 2017 on the restraint means for adults in psychiatric institutions.

²⁵ See <https://rm.coe.int/1680696a83> website

During the monitoring it turned out that physical restraint is carried out mainly in the hospital rooms, **in the presence of other patients, sometimes employees of the security services implementing guard service also participate in it** (e.g. “Avan” Mental Health Center). **Such a practice is unacceptable and contradicts the legislation.**

In particular, according to point 11 of the Appendix of Order No. 2636-A of August 23, 2016 of the Minister of Health of RA, *physical restraint or isolation means or sedation methods cannot be used in the presence of other patients.*

Moreover, in accordance with point 166 of the 2002 CPT report on Georgia, *the application of restraint means is the responsibility of the medical personnel of the psychiatric organization, and the security employees may participate in restraint only in exceptional circumstances at the request of the medical personnel and within the scope²⁶ of the instructions given by the medical staff.*

It should be noted that in the wards of “Avan” Mental Health Center the security service employee who carries out the guard service wears a special uniform. In this regard, in point 124 of the 2012 CPT report on Serbia there is a concern on the fact that *the security employees of the psychiatric organization wear a military special uniform, it causes an atmosphere of fear among patients, in connection with which the CPT has noted that it is necessary to take urgent steps in the direction of eliminating such practice.²⁷*

Moreover, in accordance with point 1.7 on 2017 CPT criteria of application of restraint means against the adults in psychiatric organizations, *each psychiatric organization should have a comprehensive and detailed formed policy on the application of restraint means. Such a policy should be aimed at minimizing the application of restraint means, the clarification of the permitted restraint means in case of their application, the regulation of the undertaken actions in case of terminating their application conditions, methods, the necessary supervision and restraint means. The policy should include regulations also on other important issues, such*

²⁶ See <https://rm.coe.int/1680696085> Website

²⁷ See <https://rm.coe.int/1680697c4e> Website

*as personnel training, drawing up protocols, formation of internal and external accountability mechanisms and elaboration of appeal procedure.*²⁸

Therefore, it is necessary to observe strictly the criteria of the physical restraint application prescribed by the legislation, exclude their application in the presence of other patients, as well as unjustified interference of non-medical personnel, use targeted the isolation rooms and organize the service of the security employees outside the ward.

There are envisaged mechanisms on keeping **registers** on the application of physical restraint means and medication sedation methods or termination of application in psychiatric organizations by the two Orders of the Minister of Health of RA.

At the same time, the psychiatric organizations mainly keep registers envisaged by Order No. 2636-A of August 23, 2016 of the Ministry of Health of RA “On Registration of Justified Decision on the Application of Physical Restraint or Isolation Means or Sedation Methods or Termination of Application”, but in some cases they are kept inappropriately.

In a number of cases, the above mentioned register is not filed and sealed (“Nubarashen” Psychiatric Center), is filled in carelessly, with erasures and omissions (the 6th ward of “Nubarashen” Psychiatric Center, “Avan” Mental Health Center). The register of “physical restraint” kept in the Vardenis Neuropsychiatric Social Care Home does not correspond to the requirements of Order No. 1781-A²⁹ of May 30, 2017 or Order No. 2636-A of August 23, 2016 of the Ministry of Health of RA. Thus, in the register there not fixed any grounds for the application of restraint means, their effectiveness, information on the received injuries of a patient or medical personnel, and so on.

The improper record of the restraint means also causes concern connected with non-observation of the prescribed procedure on their application. The regulation of the means of

²⁸ See <https://rm.coe.int/16807001c3> Website

²⁹ Order No. 1781-A of May 30, 2017 of the Minister of Health of RA “On Approval of the Procedure of Application of the Sedation Medical Method for the Treatment of Persons with Mental Health Disorders in Psychiatric Medical Aid and Service Implementing Organizations of the Republic of Armenia”

restraint by Order No. 2636-A of August 23, 2016 of the Minister of Health of RA (this is detailed in subtitle 2.3.3 of this Report) is problematic.

Thus, in order to solve the problems related with the application of physical restraint means it is necessary:

- ✓ *To ensure the requirements of Order 2636-A of August 23, 2016 of the Ministry of Health of RA on the procedure of application of the physical restraint, isolation means and sedation methods in practice;*
- ✓ *To exclude the application of the means and mechanisms of physical restraint not envisaged by Order 2636-A of August 23, 2016 of the Minister of Health of RA;*
- ✓ *To use targeted the isolation rooms available in the psychiatric organizations;*
- ✓ *To exclude the application of restraint means against persons with mental health problems in the hospital rooms or in places not foreseen for their application in the presence of other patients or the cared;*
- ✓ *To exclude the participation of the security employees in the organization of the patient's treatment or care in a psychiatric organization;*
- ✓ *To exclude the participation of the security employees in the application of restraint means without appropriate medical directives and training;*
- ✓ *To organize the service of the security employees outside the ward;*
- ✓ *To exclude the wearing of a special uniform of the security employees when implementing the service in the psychiatric organization.*

2.3.2. Medication Sedation

The application of physical restraint towards persons with mental health problems in psychiatric organizations is mainly combined with the use of medication sedation method.

The types of methods of medication sedation and the application procedure are defined by Order No. 1781-A of May 30, 2017 of the Minister of Health of RA. But, almost in all the

psychiatric organizations the employees (are informed in “Avan” Mental Health Center) are not informed about the mentioned Order, about the methods of medication sedation and the procedure of their application defined by it. Nevertheless, medication sedation is applied in the institutions which, in some cases, is implemented without the observation of the requirements of the above-mentioned Order of the Minister of Health.

Thus, during the monitoring, it turned out that in the 1st ward of “Nubarashen” Psychiatric Center pills of “Levomepramazine” are used as a medication sedation means³⁰, which are not included in the comprehensive list of the medication sedation means envisaged by Order 1781-A of May 30, 2017 of the Minister of Health of RA.

Therefore, it is necessary to exclude the administration of medicines not envisaged by the abovementioned Order as a method of medication sedation. This is a rough violation of legislation.

It should be noted that in psychiatric organizations they do not generally keep registers on record of substantiation of the decision of application of medication sedation method or the termination of application in accordance to the prescribed by Order No. 1781- A of May 30, 2017 of the Minister of Health of RA procedure.

According to the written clarifications of the Syunik Regional Neuro-Psychiatric Dispensary, the required medication sedation register is already made up and put into use, and the staff of the psychiatric organization is informed.

In “Avan” Mental Health Center, in the registers on record of substantiation of the decision of application of medical sedation method or the termination of application, records are missing in cases when there are indications in the disease histories on the application of medication sedation method towards the patients.

2.3.3. Gaps and Shortcomings of the Legislative Regulation of Restraint Means

³⁰ See the 19th reference

Since August 24, 2016, the legislative regulations of physical restraint means and their application against the persons with mental health problems in the psychiatric organizations of Armenia have been defined by Order No. 2636-A of August 23, 2016 of the Minister of Health of RA. The **procedure of application of physical restraint, isolation means and sedation methods** against persons with mental disorders is established by the Appendix of the mentioned Order.

The procedure of **application of medical sedation method** against persons with mental disorders has been approved by Order No. 1781-A of May 30, 2017 of the Minister of Health of RA.

In relation to the two mentioned Orders of the Minister of Health, it is necessary to single out the following two legislative issues:

- 1) reiteration in Orders in respect of the medical sedation method;
- 2) the nature of those legislative acts.

Thus, Order No 2636-A of August 23, 2016 of the Minister of Health of RA establishes the procedure of physical restraint, isolation means as well as sedation methods. Order of May 30, 2017 establishes only the procedure of medical sedation method, which is also envisaged by the above-mentioned Order of 2016.

Consequently, there are simultaneously two Orders of the Minister of Health of RA currently in force related with the sedation method.

According to point 14 of Order No. 2636-A of August 23, 2016 of the Minister of Health, the decision on the application as well as on the termination of physical restraint or isolation means, **sedation methods** as well, is substantiated and recorded in the register approved by the Appendix of the Order. According to point 11 of Order No. 1781-A of May 30, 2017 of the Minister, the decision on the application as well as on the termination of the medication **sedation method** is substantiated and recorded in the register approved by the Appendix of that Order.

Consequently, in case of keeping the register envisaged by Order No. 1781-A of May 30, 2017 of the Minister of Health, there will be also included the identical information on the **medication sedation** of the register on record of the substantiation of the decision on application or termination of physical restraint or isolation means or sedation methods envisaged by Order No 2636-A of August 23, 2016 of the Minister.

According to part 1 of Article 45 of the Law “On Legal Acts” of RA, the normative provisions contained in the legal acts currently in force, as a rule, should not be reiterated in the same type of normative legal acts adopted by the same body.

This situation can also cause additional complications for the employees of psychiatric organizations.

Therefore, it is necessary to make the respective changes and eliminate the two contextual reiterations concerning the same subject.

The second problem relates to the types of above-mentioned Orders. The both are individual legal acts as type “A” is mentioned in the titles.

The nature of legal acts and the essence of each of them are defined by the Law “On Legal Acts” of RA. Part 2 of Article 2 of this Law differentiates normative, individual (non-normative) and internal (local) legal acts. In accordance with part 3 of the same Article, *the legal act is considered to be normative if it contains at least one legal norm*. According to part 4 of Article 2 of the Law “On Legal Acts” of RA, *the legal norm in cases prescribed by Law and by the Order prescribed by the same Law is the rule of conduct adopted by the people of the Republic of Armenia, the state or local self-governing bodies of the Republic of Armenia within their powers which have a temporary or permanent nature, is envisaged for one-time or multiple use and is mandatory for indefinite or definite (but not individual) persons*.

Unlike a normative legal act, *an individual act is the legal act adopted by the bodies, referred to in part 1 of Article 2 of the Law “On Legal Acts” of RA, within their powers which have a temporary or permanent nature, is envisaged for one-time or multiple use, does not contain a legal norm and defines the rules of conduct only for those individually directly*

mentioned (envisaged) individuals or legal entities or state or local self-governing bodies or state or community institutions.

The Orders No. 1781-A of May 30, 2017 and No. 2636-A of August 23, 2016 of the Minister of Health of RA define rules of conduct for **an indefinite circle of persons** and, apparently, have **a normative nature**, but have been adopted as individual legal acts. As a result, the procedures prescribed by Law for the registration and publication of normative legal acts have not been ensured, thereby restricting the accessibility to the mentioned acts, including those persons whom they are applied to.

The issue is especially problematic in the sense that we speak about such compulsory means that are applied against persons of vulnerable, and in some cases also of helpless status. Therefore, the guarantees here should be much stronger and more stable. From this point of view, it is impermissible to regulate them by the Minister's, moreover, individual act and not by a normative act.

Moreover, in accordance with Article 75 of the Constitution of RA, amended in 2015, the laws define the organizational structures and procedures necessary for the effective implementation of the fundamental rights and freedoms when regulating those rights and freedoms. Consequently, the restrictions of the rights of persons with mental health problems, such as the application of restraint means, in no case can be fixed at the level of a sub-legal act.

Therefore, it is necessary to make respective urgent legislative changes, envisaging the application of restraint means against persons with mental health problems and the procedure of its implementation exclusively by law.

2.3.4. Application of Physical Force

In general, in the psychiatric organizations when on the part of a person with mental health problems there is a real threat of causing physical damage to the surroundings and to himself, **physical force** can be applied against that person **for the purpose of restraining or immobilizing him**. Sometimes, it can precede the application of physical restraint mean or

medication sedation method. It may also be applied for the purpose of, let's say, removing the patient from the “impermissible” area, ensuring the safety of persons with other mental health problems, visitors or medical personnel, preventing from causing a real physical danger.

However, the legislation of RA doesn't consider the application of physical force as a **physical restraint mean** and, consequently, no mechanism and procedure is envisaged for its application. In practice, for example, there may be cases of disproportionate application of physical force, included, depending on the level of preparedness of those implementing it. Therefore, these issues should receive distinct legal regulation.

As the CPT has recorded, in the majority of the European countries as a restraint means can be used also the physical restraint which includes the application of physical force by the medical personnel to immobilize or keep the person with mental health problems.

According to the CPT *when applying physical force as a restraint means, the psychiatric organization personnel should pass training on application of physical force technics to minimize the risk of harming the patients. Besides that, holding of the neck and the application of other means, which will hinder the breathing or will cause pain to the patient, should be prohibited.*³¹

Based on the above it is necessary:

- ✓ *To elaborate methodology and procedure of application of physical force taking into consideration the international experience and standards;*
- ✓ *To arrange the respective training of the medical personnel.*

2.4. Medical Personnel

For a proper and effective arrangement of care and treatment of persons with mental health problems in psychiatric organizations, the number and professional preparedness level of the medical and service personnel is fundamental.

³¹ See <https://rm.coe.int/16807001c3> website

The study of the staff lists of psychiatric organizations revealed that the staff of medical, administrative and technical-economic service implemented in the organizations providing psychological hospital medical aid and services are established by the heads of the regional administrations, and in the organizations functioning under the subordination of the Ministry of Health, by the director of the organization, which is coordinated with the Minister of Health.

There is no such a legal act regulating the envisaging and approval of the staff that comprehensively defines the volume of work of psychiatrists, hospital nurses, supervisor-technicians, psychotherapists, psychologists and other service staff employees according to the proportion of persons with mental health problems and the volume of work.

It should be noted that the number of the middle and junior medical staff for the control and care of the registered cared in the home-asylums is defined by Appendix 2 of the Decree³² No. 1292-N of October 29, 2015 of the Government of RA.

In the Vardenis Neuropsychiatric Social Care Home, middle and junior medical staff is ensured according to the number of the cared.

There is almost the same volume of services in the psychiatric organizations, but there is no unified approach in the selection of the staff. In the selection of the staff, organizations are mainly directed based on the availability of financial means or already approved types and quantities of the staff. Formation of the medical personnel is also influenced by the fact as to how many qualified specialists (physician, psychologist, etc.) there are in the concrete region or the city.

It is obvious, that in different psychiatric organizations the patient-psychiatric correlation is different.

³² The Decision No 1292-N of October 29, 2015 of the Government of RA “On Approval of the Standards for the Staff Units of State Non-Commercial Organizations Providing Care and Service under the Subordination of the Ministry of Labor and Social Affairs of RA and Making Amendments to the Decisions No 730-N and No 815-N of May 31, 2007 of the Government of RA”

In some organizations such psychiatric services are provided for which particular specialists are not envisaged in the staff, but such services can be needed.

For example, in the Syunik Regional Neurological Psychiatric Dispensary, which serves the whole region, including children under the age of 18 years old, the staff for a pediatric psychiatrist is not envisaged.

The Syunik Regional Neuropsychiatric Dispensary reverted to the issue of the particular specialists, raised by the Human Rights Defender, noting that the psychiatric organization needs a pediatric psychiatrist, a clinical psychologist and a social worker, and suggestions on it have been submitted to the competent state bodies.

In psychiatric organizations the correlation between the middle and junior medical personnel and the number of patients is also different. For example, in the Syunik Regional Neuropsychiatric Dispensary having 70 beds (envisaged for psychiatric hospital care) with 10 shift hospital nurses, 8 shift nurses and 10 shift technicians and in the Armash Health Center having 108 beds with 5 shift hospital nurses, 10 shift nurses and 5 shift technicians, while the services provided by them are the same. Moreover, in the Gyumri Mental Health Center the staff of sick-nurses it is not envisaged in the psychiatric hospital, and that work obligation is put on the supervisor-technicians.³³

There have been registered vacancies both in technical-economic as well as medical service spheres (neurologist, epidemiologist, pulmonologist, working therapy instructor, hospital nurse, technician) in the psychiatric organizations. In this regard, the availability of vacancies of a psychiatrist is problematic. The vacancies of the psychiatrist are available at “Nubarashen” Psychiatric Center and the Vardenis Neuropsychiatric Social Care Home.

Even when the medical personnel are with a complete staff, there is a need to review the regulations related to the psychiatrists, middle and junior medical personnel staff, because, besides the psychiatric organizations located in Yerevan, in the regional psychiatric

³³ The above-mentioned data on the medical personnel of psychiatric institutions is based on the analysis of the staff lists provided during the visits.

organizations there are no psychiatrists on duty at night hours and the nursing staff personnel on duty is not enough.

For example, in “Nubarashen” Psychiatric Center (by the assertion of the management the number of beds is 350) only one psychiatrist is involved in the night shift duty, and a staff for a doctor at the reception is not envisaged for the proper organization of reception of patients. Namely, the applicant is to wait in the reception until the doctor on duty approaches. Moreover, during the evening hours when one psychiatrist is on duty in the whole institution, after the end of the working day and the reception is closed (“Nubarashen” Psychiatric Center) the reception of the applicants takes place at the ward where the doctor is on duty that day. In the regional psychiatric organizations in case of urgent necessity at non-working hours the doctor is invited from home.

Contrary to this situation, according to the 1st subparagraph on the complete staff of point 33 of Appendix 2 of Decree³⁴ No. 1936-N of December 5, 2002 of the Government of RA, the staff of a reception physician is a mandatory condition.

As for the middle and junior medical staff, there are recorded cases when in a ward where 60 people with mental health problems receive treatment, 1 hospital nurse and 2 technicians are on a shift duty (the 7th ward of “Nubarashen” Psychiatric Center), in a ward with 35-45 beds - 1 nurse and 1 technician (the Syunik Regional Neuropsychiatric Dispensary and the Gyumri Mental Health Center) or 1 hospital nurse and 2 technicians (the Lori Regional Psycho-Neurological Dispensary and “Nubarashen” Psychiatric Center).

It’s obvious, that not only the correlation between the medical personnel and the patients is different, but also different number of medical personnel serve the same number of persons with mental health problems in different psychiatric organizations.

³⁴ Decree No 1936-N of December 5, 2002 of the Government of RA, “On Approval of Requirements and Conditions of Technical and Professional Qualification Necessary for Polyclinics (mixed, adults and infants), Separate Specialized Cabinets, Family Doctor’s Offices, Medical Ambulatories, Rural Health Centers, Medical-obstetric Points, Antenatal Clinics and Hospital (specialized) Medical Aid and Service”.

Especially in the wards of the psychiatric organizations, where persons with special care needs are kept, the number of the middle and junior medical personnel is insufficient.

Cases have been recorded when male supervisor-technicians are on duty in women's wards, which in some cases may be viewed as a degrading treatment. In other situations, not on all days, a male technician is involved in men's wards which can cause real difficulties in cases of ensuring the safety of the patients and application of restraint means in the ward.

Moreover, despite the fact that people with mental health problems need social protection and reintegration into society, social workers and psychological services are not envisaged in the organizations (e.g. there is no staff of psychologists in the Syunik Regional Neuropsychiatric Dispensary). As a result, the organization of the social and psychological support of patients is incomplete.

Therefore, it is necessary to expose to a complete assessment the needs of psychiatric organizations, the results of which will help to define the optimal correlation between the patients and the medical or service personnel as well as clarify the volume of work of each of them.

This issue also has been touched upon in the 8th General Report of CPT, in accordance with point 42 of which, *the personnel resources should be equivalent to the quantity, composition (psychiatrist, therapist, hospital nurse, psychologist, occupational therapist, social worker, etc.), as well as from the point of view of professional experience and preparedness*³⁵.

As regards to the professional training of the medical staff, then the representatives of the medical staff, not all of the psychiatric organizations regularly undergo training. Meanwhile, they should bear a regular nature and refer to the arrangement of the patients' care within the framework of medical aid for the persons with mental health problems, including international standards. Special need of training of the medical staff is on hand from

³⁵ See <https://rm.coe.int/1680696a72> website

the aspects of application of effective developed communication skills in the association with patients and person-centered (patient-centered) approach, as well as awareness and application of the modern principles of medical ethics (deontology).

Therefore, for the solution of all the above-mentioned problems it is necessary:

- ✓ *To expose the needs of medical and technical-economic personnel of the psychiatric organizations to a complete assessment;*
- ✓ *To envisage the necessary specialists staffs for the psychiatric aid, rehabilitation treatment and protection of social contacts and reintegration of persons with mental health problems;*
- ✓ *To define the optimal correlation between the patient and the medical or service personnel, as well as clarify the work volume and functions of each of them;*
- ✓ *To review the need of duty of psychiatrists in the regional psychiatric organizations;*
- ✓ *To envisage at least one psychiatrist staff for the receptions of the psychiatric organizations according to the 1st subparagraph on the complete staff of point 33 of Appendix 2 of the Decree No. 1936-N of December 5, 2002 of the Government of RA;*
- ✓ *To organize twenty-four-hour and effective reception of the citizens;*
- ✓ *To replenish the vacancies of the psychiatric organizations, as well as involve the necessary specialists and sufficient extent of staff in the works;*
- ✓ *To review the medical personnel training respective programs, including their duration, frequency and content accordant to the international requirements.*

2.5. Drugs

With respect to the implementation of the medication treatment of persons with mental health problems in psychiatric organizations the violation of the drugs storage regime and conditions, as well as the availability of the expired drugs in other organizations are strictly impermissible.

During the monitoring works, expired drugs have been found in “Nubarashen” Psychiatric Center (the reception, the 1st, the 6th, the 7th and the 9th wards, the room envisaged for dental service), the Lori Regional Psycho-Neurological Dispensary, the Vardenis Neuropsychiatric Social Care Home, the Gyumri Mental Health Center. Most of the drugs have been found in the sterilizing drums³⁶ of the procedure rooms of the wards and are used as a main medicament for the treatment of the patients or are envisaged for the first aid provision.

Particularly, there were found expired drugs provided both with prescription and without it in “Nubarashen” Psychiatric Center (in the reception, the women’s, as well as the procedure rooms at the 7th and the 6th wards, the room envisaged for dental service), in the pharmacy of the Vardenis Neuropsychiatric Social Care Home, in the Lori Regional Psycho-Neurological Dispensary procedure room.

In this regard, for the violation the pharmacologist of the Vardenis Neuropsychiatric Social Care Home has incurred disciplinary penalty in the form of a reprimand, according to the clarifications of the Ministry of Labor and Social Affairs of RA.

According to the written clarifications on the results of the visit to the Gyumri Mental Health Center, the existence of expired medications found in the psychiatric organization was due to the negligence of the hospital nurse, for which the latter received a written reprimand.

During the monitoring, cases were also discovered when the drug tins were cut in such a way that the segment fixing the date was missing (“Nubarashen” Psychiatric Center, the Vardenis Neuropsychiatric Social Care Home), and because of which even the medical staff was unable to indicate the expiration date.

An improper arrangement of rejecting the expired drugs and medical supplies is also problematic, which can be dangerous not only for the persons kept in psychiatric organizations, but also for the environment. For example, in the Vardenis Neuropsychiatric

³⁶ A metal box for disinfection which has been used for drug storage purposes in the monitored cases

Social Care Home the provisions approved by Decree No 03-N of March 4, 2008 of the Minister of Health of RA “On the Approval of Sanitary Rules and Norms No. 2.1.3-3 “Hygienic and Anti-Epidemiological Requirements for Medical Wastes” are not adhered and the medical wastes are being burnt nearby³⁷ the morgue of the Home Asylum, which is impermissible.

Problems have been recorded with the procedure of organizing drug procurement. Thus, it is implemented on a centralized competitive basis, with preliminary predictable drugs and dosages. When the necessary medication is over or appears the necessity of such drugs that is not possible to plan in advance (e.g. hormonal preparations, anti-inflammatory liniments, etc.), the organization is unable to obtain it in time and arrange the effective treatment of the patients and the cared.

During the monitoring in some psychiatric organizations need of medical supplies has been recorded: bandage, cotton (Women’s ward of “Nubarashen” Psychiatric Center). Cases were recorded when in the psychiatric organizations the employees of the institution bought themselves the drugs necessary for the treatment of a person with mental health problems suffering from somatic illness (the 7th ward of “Nubarashen” Psychiatric Center).

In separate organizations some persons with mental health problems have a free access to pharmacies outside the psychiatric organization to obtain different drugs which are not controlled. For example, in “Avan” Mental Health Center, the medical staff of the ward has not been informed about the presence of “Analgin”, “Activated Coal” and one more drug of unknown origin at one of the persons with mental health problems. Taking into consideration that the persons with mental health problems may also have suicidal predispositions, taking medicine without the proper control can have irreversible consequences for health or endanger their lives.

³⁷ During the visit, there was recorded a burnt ash heap of wastes at the site

In order to prevent similar cases, it is necessary to elaborate the rules of proper and safe storage and use of the medication obtained by the patient's own means and to establish necessary control mechanisms in the wards.

During the monitoring, cases of violation of the regime and conditions of storage of drugs were also recorded. Thus, in the Armash Health Center, in the box intended for liquid medicine of the procedure room, besides the above-mentioned, there were also empty, crumpled boxes of other drugs, empty boxes of cigarettes, that is, the box also served as a temporary dustbin.

In the medical documents there are also problems with the proper registration of the provision of necessary medicines to the patients. Thus, as a result of study of register of "Quantitative Registration of the Drugs of the Duty Nurse and Medical Products in the Medical Wards" in the 5th male ward of "Nubarashen" Psychiatric Center it was found out that the numbers in the column "Quantity of the total daily consumption" of drugs were filled in with a pencil in front of which there was the signature of the duty responsible nurse signed with a pen. In the mentioned register the column for medication entered and the balance column also were not filled in. The study of the above-mentioned register of the 5th male ward of the Center revealed that the columns of the entry of the medication were not filled in at all, as a result of which the balance column also was not filled in. Conducting of the records with a pencil and omissions in the mentioned registers can entail to abuses, taking into account that there are psychotropic medicines registered in the register that are part of narcotic drugs, psychotropic (psycho-potent) substances and their precursors which are subject to control in RA approved by Decree³⁸ No. 1129-N of August 21, 2003 of the Government of RA.

Based on the above stated, it is necessary:

- ✓ *To establish proper control in the psychiatric organizations over the circulation of unknown, as well as expired drugs, included their use, to exclude any such practice;*

³⁸ Decree No 1129-N of August 21, 2003 of the Government of RA "On Approval of Composition (List) of Narcotic Drugs, Psychotropic Substances (Psycho-potent) and their Precursors Subject to Control in the Republic of Armenia"

- ✓ *To ensure the availability of drugs necessary for the treatment of somatic illnesses;*
- ✓ *To elaborate rules for the storage of drugs that are with persons with mental health problems and mechanisms of active control over their preservation;*
- ✓ *To develop mechanisms aimed at more effective arrangement of the procedure of procurement of drugs and other necessary supplies and equipments in psychiatric organizations;*
- ✓ *To ensure proper storage conditions of drugs in psychiatric organizations;*
- ✓ *To reject the expired drugs and medical supplies in psychiatric organizations according to the standards defined by the Ministry of Health of RA.*

2.6. Laboratory and other Studies

During the monitoring works in psychiatric organizations, the arrangement of laboratory examinations of persons with mental health problems during their hospital treatment and care also has been studied. It turned out that not the same approach is displayed to examinations. In some organizations, mandatory monthly body weight control is carried out for persons with mental health problems, and the laboratory examinations are implemented according to the indication. In a number of other psychiatric organizations mandatory monthly or quarterly laboratory examination is implemented, and the weight tests are carried out of necessity.

The requirements for the mandatory conduct of laboratory examinations are also not the same. The practice testifies that each psychiatric organization itself approves the volume of the examinations, due to which a unified approach is missing.

Thus, according to the study, general blood test and urinalysis are carried out at different length of time at almost every psychiatric organization, for example, at the Armash Health Center, once in 15 days, in the Gyumri Mental Health Center, in case of provision of “Azaleptin” (“Clozapine”) medication, once a month, in the Syunik Regional Neuropsychiatric Dispensary – once in six months, in “Nubarashen” Psychiatric Center - once a month, and in

The Armash Health Center	When admitted	+	+	+					+	
	Chronic patients	+ Once in 15 days	+ Once in 15 days						+ Once in 6 months	
The Gyumri Mental Health Center	When admitted	+	+		+					
	Chronic patients	Once a month	Once a month		+ Of necessity					
The Syunik Regional Neuropsychiatric Dispensary	When admitted	+	+	+	+					
	Chronic patients	+ Once in 6 months	+ Once in 6 months							
The "Nubarashen" Psychiatric Center	When admitted	+	+	+		+				
	Chronic patients	Once a month	Once a month							
The Lori Regional Psycho-Neurological Dispensary	When admitted	+	+	+			+	+		+
	During 24 days	+ Twice	+ Twice							
	During 36 days	+ Thrice	+ Thrice							

	Chronic patients	+ Once a month	+ Once a month							
The Vardenis Neuropsychological Social Care Home		+ Once in 3 months	+ Once in 3 months	+ Of necessity					+ Twice for the last 3 years	

The above stated testifies that manuals should be elaborated on the management of diseases that will also include laboratory-instrumental examinations.

It is also important for the discussion the concern fixed in point 124 of 2016 Report of the CPT on Armenia, according to which *in the “Gyumri Mental Health Center” CJSC when the “Clozapine” type of drug was prescribed for the persons with mental health problems official instructions were not given for conducting a periodical blood test. As a side effect, “Clozapine” can entail to the possible deadly deficiency of white blood cells (granulocytopenia). Thus, blood tests should compulsory bear a periodical nature.*³⁹

Based on the above stated, it is necessary to define appropriate standards and manuals for the implementation of a unified approach to the examinations of persons with mental health problems in the psychiatric all organizations.

2.7. Recording the Disease Histories

Information on the treatment of persons with mental health problems, the course of the treatment and its efficacy, as well as the bases for the restriction of the rights of those persons are recorded in the disease histories.

There isn't a unified approach to the filling in disease histories in the psychiatric organizations. For example, a dynamic control over the patients is carried out according to the respective additions of the disease histories once in 10 days (the Lori Regional Psycho-

³⁹ See <https://rm.coe.int/16806bf46f> website

Neurological Dispensary, the Syunik Regional Neuropsychiatric Dispensary) or, if a person has an acute psychiatric diagnosis, twice a month (the Armash Health Center) and once a month in cases of chronic diseases. Disease histories of persons being in psychiatric organizations for care are filled in once in 2 months.

There have been recorded cases of non-proper recording of disease histories. For example, the disease histories were not filled up in the context of 1-2 months (“Nubarashen” Psychiatric Center) or were filled in with omissions (primary examination of the patient in the Armash Health Center, records on the prescribed medication treatment in the Syunik Regional Neuropsychiatric Dispensary). In another example, in case of discharging a person from the institution even the disease history on him was not filled in for a long time or the person was exposed to a physical restraint, but any record on that, including its substantiation, was not found in the disease history (the Gyumri Mental Health Center). Besides the mentioned schedule, records are made in the disease histories when it is necessary to change the prescribed medication for a person with mental health problems.

Such a situation causes difficulties for the assessment of substantiation of the person’s proper treatment or restriction of rights, as well as concern from the point of view of effective treatment of the patients and ensuring their rights.

At the same time, in the case of keeping persons with mental health problems in psychiatric organizations for a long time, the pages of the disease histories usually do not suffice, as a result of which additional pages are added in the disease histories, but there are no unified rules or practice in this issue either.

According to the Statute of the Vardenis Neuropsychiatric Social Care Home, **the Home Asylum arranges the provision of primary medical aid and service for the cared persons, the referral to the organization implementing hospital medical aid and service.** Chapter 8 of Appendix 2 of the Decree⁴⁰ No. 1292-N of October 29, 2015 of the Government of RA defines

⁴⁰ Decree No. 1292-N of October 29, 2015 “On Approval of the Standards of the Staff Units of the State Non-Commercial Organizations Providing Care and Service under the Subordination of the Ministry of Labor and

that **primary medical aid and service** should be provided in the special type (specialized) institutions. In order to get medical hospital aid, according to the above Decree, the cared persons are permitted or directed to other medical institutions, but from the day of admission to the institution, a patient's **medical hospital card is kept and an inpatient treatment is provided** for the each cared. Moreover, at the general wards of the Home Asylum there are kept patients receiving inpatient treatment. The forms of medical documents and the procedure of recording them in the Home Asylum are not defined by any legal act.

Taking into consideration the above-mentioned, it is necessary to ensure the proper recording the disease histories and to define unified standards for their recording.

2.8. Ambulance Service and Dispensary Control

The provision of psychiatric aid also includes the transfer of persons with mental health problems to inpatient psychiatric organization in cases of requiring urgent psychiatric hospital medical aid and service.

According to the standard approved by point 13 of Order⁴¹ No. 49-N of September 18, 2013 of the Minister of Health of RA patients suffering from mental disorders are hospitalized in cases requiring urgent hospital medical aid and services by the permit of the psychiatric brigades of the emergency medical aid service or the conclusion of the (on duty) doctor of the reception of the medical organization implementing hospital aid.

In the Republic of Armenia, a psychiatric brigade⁴² works only in the Yerevan ambulance service and the psychiatrists implement duty only in the psychiatric organizations located in Yerevan.

Social Affairs of the Republic of Armenia and on Making Amendments in the Decrees No. 730-N and No. 815-N of May 31, 2007 of the Government of the Republic of Armenia”

⁴¹ Order No. 49-N of September 18, 2013 of the Minister of Health of RA “On Approval of the Standard of Arranging Psychiatric Aid within the Frames of Free Medical Aid and Service Guaranteed by the State”

⁴² Point 2.2.4 of Appendix 1 of Decree No. 1939-N of December 5, 2002 of the Government of RA “On Approval of the Optimization Program of Health Institutions of Yerevan”

There are no psychiatric brigades or psychiatrists in the emergency medical aid service in cases requiring urgent psychiatric hospital medical care and services amongst the residents of the regions in respect of which the authorities of the psychiatric organizations also expressed their concern. Moreover, according to the study of the doctors' duty schedules, in the psychiatric organizations duty psychiatrists are not included among the duty medical staff on non-working days and hours.

It's obvious, that difficulties arise in cases requiring urgent psychiatric hospital medical aid and service.

Therefore, there is a need of mechanisms for the implementation of transfer of a person to psychiatric organizations and providing proper medical aid and service in cases of urgent psychiatric hospital medical aid and service amongst the whole population.

According to point 4.2.2.1 of Decree No.1939-N of December 5, 2002 of the Government of RA "On Approval of the Optimization Program of Health Institutions of Yerevan" ambulatory psychiatric aid within the frames of the state order implements "Avan" Mental Health Center in Yerevan, but persons with mental health problems are unable to make use of an institution located far from their place of residence conditioned with the peculiarities of receiving medical aid and services (many of them do not want or cannot follow the assigned treatment regime, receive the necessary psychotropic medication in time) as well as because of their social status.

They are also unable to apply freely to their district psychiatrist because the home visit is a paid service according to the service list defined by the organization. Therefore, the procedure of arranging a proper dispensary control of people with mental health problems causes concern.

2.9. Screening Tests and Possibility of Making Use of other Medical Services

Within the frame of the screening program, financed by the World Bank, started from January 1, 2015, screening tests were implemented for the detection and prevention of uterus cervix cancer, hypertension and diabetes.

In psychiatric organizations and home asylum persons of different age groups are receiving a long-term (up to 15 years and more) treatment and care towards whom screening tests are not being implemented according to the data provided by the authorities of these institutions.

Therefore, the persons receiving treatment and care in psychiatric organizations should also be included in the screening tests programs implemented in the country.

Persons receiving treatment and care in psychiatric organizations in the case of somatic symptoms, of necessity, can make use of services of other specialists. There are therapists, clinical laboratories, and, sometimes, dental services in those organizations (“Nubarashen” Psychiatric Center, the Vardenis Neuropsychiatric Social Care Home). For the purpose of making use of the service of other physician-specialists or to undergo another volume of laboratory-instrumental test the persons with mental health problems are to be transferred to regional or specialized medical centers or physician-specialists are to be invited to receive the necessary consultation.

However, problems arise in practice when making use of services of other physician-specialists and arranging laboratory-instrumental tests.

As a result of study, in particular, it has been recorded that most of those receiving treatment and care in psychiatric organizations have a dental and prosthetic dentistry problem, in the direction of solution of which sufficient steps are not taken.

According to point 20 of Appendix 1 of Decree No. 318-N of March 4, 2004 of the Government of RA “On Free and Privileged Medical Care and Service Guaranteed by State” *persons cared in old people’s homes make use of the right of receiving state-guaranteed free and privileged medical aid and service*, and according to subparagraph 3 of point 10 of

Appendix 1 of Order⁴³ No. 45-N of September 11, 2013 of the Minister of Health of RA, *the dental care and treatment (...) involves orthopedic dental medical care and service, including the preparation of new dentures and repair of dentures according to the medical instructions, without limiting the number of cases.*

There have been recorded difficulties connected with the transfer of persons with mental health problems to civil specialized medical institutions and organizing their treatment there. Thus, in the ward of forensic psychiatric expertise of “Nubarashen” Psychiatric Center arise difficulties connected with persons’ use of services of narrow specialists in other medical centers if needed. It is especially felt during the arrangement of their transportation in the evening hours. The transfer of the mentioned persons is carried out by the RA Police specialized guard subdivision based on the appropriate application. However, in emergency cases, in practice, it is not possible for the staff of the same center to obtain a written permission, which can serve as a basis for taking out a person from the ward of forensic psychiatric expertise, because of which a proper medical care may not be implemented or may be delayed causing heavy consequences.

Therefore, it is necessary to arrange properly and in time with a clear regulated mechanism the use of the services of narrow specialists of persons with mental health problems in other medical centers.

Some psychiatric institutions (the Syunik Regional Neuropsychiatric Dispensary, “Avan” Mental Health Center, the Lori Regional Psycho-Neurological Dispensary) have signed contracts with the ambulatory services of the regional medical centers and their patients

⁴³ Order No. 45-N of September 11, 2013 of the Ministry of Health of RA “On Approval of the Standard of Provision of Dental Medical Care and Service within the Frames of Display of Free Medical Care and Service Guaranteed by State, the Procedure of Organization of Dental Care and Service for Children of the Respective Age Group within the Frames of the Program on “Children’s Dental Primary Prevention Services” and Free Dental Consultation and/or Treatment Permit Form within the Frames of Free Medical Care and Service Guaranteed by State”

receive the necessary specialized consultations there. However, not all the organizations have the same possibilities and the medical specialized aid is provided in the extreme cases.

There are no appropriate vehicles for transferring persons with mental health problems to another medical institution. For example, the administration of the Vardenis Neuropsychiatric Social Care Home has specially emphasized this problem. Moreover, though the persons with mental health problems need a special care and being in a civil medical institution can cause discomfort to other patients receiving treatment there, are being hospitalized in the extreme cases, or are offered to make use of a separate hospital room on paid bases.

In order to avoid such problems, it is necessary to develop mechanisms for a proper arrangement of examination or treatment of persons with mental health problems in other medical and specialized institutions, and, within the range of possibility and if necessary to provide separate hospital rooms on free bases.

A specialized tuberculosis ward for persons with mental health problems is allotted only in the Abovyan “National Center for Tuberculosis Control” SNCO. Nevertheless, in the psychiatric organizations there are not carried out examinations with clear prescribed procedure and periodicity in the direction of preventing tuberculosis, even in cases of detection of tuberculosis.

Thus, according to the datum provided by the Vardenis Neuropsychiatric Social Care Home, the last fluorography test was organized in 2015, however, 52 cared patients didn't take part in it due to health problems (bedridden patients), although cases of tuberculosis were detected in the psychiatric organization during the mentioned period.

In fact, those cared in the Home Asylum did not undergo tuberculosis preventive tests for a long time in the event of the infection risk.

Approved by Order No. 21-N of October 20, 2008 of the Minister of Health of RA envisaged by Appendix “On No. 3.1.1-010-08 Sanitary-Epidemiological Rules and Hygienic Norms of Sanitary and Epidemiological Control of Tuberculosis in the Republic of Armenia”

measures are not properly arranged, though the risk groups for the spread of tuberculosis infection are considered to be the residents of old people's homes, orphanages and social aid organizations who do not have a definite place of residence or occupation (see paragraph 14 of point 10 of the Appendix of the Order). According to point 61 of the mentioned Appendix, *the examinations of persons having communicated with sick persons are to be arranged within 7 days after the confirmation of the patient's diagnosis.*

It turns out that the requirements of the above-mentioned Order of the Minister of Health of RA are not adhered.

There are not envisaged gynecological services in the studied psychiatric organizations, and the persons receiving long-term treatment and care are deprived of the possibility of using gynecological services. Moreover, during private talks it turned out, for example, that some of the women cared in the Vardenis Neuropsychiatric Social Care Home, as far back as in the 1990s, have placed contraceptive spirals in order to prevent unwanted pregnancies, but the women haven't undergone gynecological examinations for years.

The sphere has also a need for additional legislative regulation. Thus, according to paragraph 2 of point 20 of the Appendix of Decree No. 1292-N of October 29, 2015 of the Government of RA "*provision of medical aid and service in a general-type home asylum envisages periodic medical examination of the cared in accordance with the defined procedure and periodicity*". However, this Decree does not define both the medical examination clear mechanisms and the frequency of their implementation as well.

Summarizing the above stated, it is necessary:

- ✓ *To arrange, in case of need, the transfer of persons with mental health problems to a civil medical institution by an adapted vehicle;*
- ✓ *To implement respective examinations on preventing the spread of tuberculosis infection in cases of detection of tuberculosis amongst the cared in the home asylum and early detection of similar cases by the established procedure;*

- ✓ *To arrange the necessary dental prosthetics of cared kept in the home asylums in case of a medical indication;*
- ✓ *To define the procedure and frequency of periodic medical examination of the cared in a special-type home asylum within the frames of primary aid and service envisaged by paragraph 2 of point 20 of Appendix 2 of Decree No. 1292-N of October 29, 2015 of the Government of RA;*
- ✓ *To elaborate mechanisms for periodic examination of persons with mental health problems in other medical and specialized institutions, and, if necessary, a proper treatment, within the limits of possibility allot a free separate hospital room.*

2.10. Non-medication Treatment and Psychological Assistance

Studies, conducted within the frames of preparation of this report, testify that except the medication treatment alternative treatment methods are not applied in a number of psychiatric organizations (the Armash Health Center, the Gyumri Mental Health Center, “Nubarashen” Psychiatric Center). In some psychiatric organizations, where alternative treatment is implemented, it is accessible to not all the persons with mental health problems. In particular, in “Avan” Mental Health Center the services of art therapy and sand therapy are not accessible to persons with mental health problems receiving inpatient treatment. In the Syunik Regional Neuropsychiatric Dispensary, a limited number of persons with mental health problems are making use of auxiliary therapy (sports bike and workshop).

At the same time, it is welcomed that the patients in the Syunik Regional Neuropsychiatric Dispensary also keep vegetable and melons and gourds house, as well as are engaged in viniculture and bee-keeping.

Besides the medication treatment tailoring is used as an alternative treatment method in the Lori Regional Psycho-Neurological Dispensary. In order to ensure that, there is a sewing workshop in the organization, but only those under the dispensary control are involved in the work.

However, in these types of activities, patients should not be involved simply by “eye”, they should be applied pre-arranged and combined with medication treatment as a curative protocol means. For the application of such means, there should be formed a clinical-based curative strategy (for which group of patients? at which stage of disease? with what frequency and duration? which type of activity? etc.).

In any case, in the 2016 Report on Armenia, the CPT has noted that *psychiatric organizations are almost entirely based on the pharmacotherapy and the prevention of spread of diseases (...)*⁴⁴

The non-application of alternative treatment methods can have a negative impact on the psychiatric aid and reintegration of persons with mental health problems.

The correct and effective arrangement and provision of psychological works play a special role from the point of view of rehabilitation and social integration of persons with mental health problems. According to the World Health Organization’s updated manual on the Mental Health Action Plan, the overwhelming majority of recommendations for the mental disorders include psychological (cognitive-behavioral therapy, interpersonal psychotherapy, motivation enhancement therapy, and so on) and psychosocial (couples and family therapy, life skills training, communicative training, etc.) clear instructions⁴⁵ of interference. At the same time, the above-mentioned support methods are an indissoluble and integrated part of the patient’s complete curative and rehabilitation program. Meanwhile, the current situation in the Republic of Armenia allows to make a well-founded conclusion that the psychosocial part of the support of persons with mental health problems is clearly secondary and is not honored to a proper attention. The below given observations testify about it.

⁴⁴ See <https://rm.coe.int/16806bf46f> website, point 124

⁴⁵ See http://apps.who.int/iris/bitstream/10665/204132/1/9789241549417_eng.pdf?ua=1 website

First of all, there aren't enough number of particular specialized trained and professional psychologists in the psychiatric organizations. That's the reason why the efficiency of their work remains low.

There are no facilities in the wards of the psychiatric organizations envisaged for psychological individual and group activities. The psychologist is often obliged to carry out his work in the procedure or nursing rooms, which technically strictly restricts the possibility of a professional and consistent psychological work, does not allow to ensure the confidentiality. Besides, the psychological work with persons with mental health problems requires special conditions (furnishing, layout, interior decoration, etc.) which are one of the important therapeutic factors for the improvement of the patient's state of mind.

In the administrative buildings of some psychiatric organizations psychologist's offices are located where the work with the patients is also implemented with difficulty because from the wards to the psychologist's offices the patient is accompanied by the technicians and in each ward there are only two technicians ("Nubarashen" Psychiatric Center).

It turns out that if one of the two technicians accompanies the patient to the psychologist's office, then there remains one technician in the whole ward, which leads to the arrangement of the psychologist's work mainly in the wards.

Moreover, when there is a need to involve a psychologist in the expertise, he can't work with the patients because the combining of functions is impossible during the same working hours. At the same time, the psychological work with patients is possible to arrange only at specific hours of the working day, from 11:00 to 15:00 based on the order of the day ("Nubarashen" Psychiatric Center).

Because of the abovementioned, only maximum 4-5 patients weekly have a chance to make use of the psychological services (at the time of the visit, 306 patients were kept in the organization according to the data provided by "Nubarashen" Psychiatric Center management), which is extremely insufficient to satisfy the psychological and rehabilitation requirements of persons with mental health problems.

There is no legally fixed procedure for the arrangement of psychological works in psychiatric organizations. The psychologist does not carry out systematic visits to wards, does not have a clear list of responsibilities, there isn't any formal mechanism of cooperation with psychiatrists. There is no document reflecting the essence and dynamics of psychological work with the patient ("Nubarashen" Psychiatric Center, the Armash Health Center, the Gyumri Mental Health Center).

For example, a psychologist of "Nubarashen" Psychiatric Center fills in only the register called "Book of Psychological Analyses" in which, however, no analysis is made: there is neither a section nor a column envisaged in the register for the psychological analysis.

Only the date of the meeting, the name, surname of the patient are filled up in the register as well as copied the diagnosis from the disease history. Besides this register, the psychologist, on his own initiative, keeps a register concerning the content of the psychological meetings, which is welcomed.

Actually, it turns out that in psychiatric organizations there is implemented a curative interference against the person, that is, a psychological work, which, however, is not reflected or proved in the patient's medical documents.

As a result of studies in psychiatric organizations, it turned out that there are no regulating norms of the separation and the volume of work of a psychiatrist, psychologist, and psychotherapist, and the complex curative strategy of the patient does not include psychological and socio-psychological interference.

In the psychiatric organizations there also arises the necessity of training of the psychologists, but there are financial and time problems connected with the arrangement of training (the Gyumri Mental Health Center).

Taking into consideration the above, it is necessary:

- ✓ *To increase the staff of respective particular specialty or retrained psychologists in the psychiatric organizations;*

- ✓ *To envisage necessary rooms for psychologists for arranging work (including group);*
- ✓ *To arrange respective professional training for the staff;*
- ✓ *To include the psychological and psychosocial interference in the curative strategy of the persons with mental health problems, elaborate a form document cooperation system of psychiatrist-psychologist-social worker and other particular specialists;*
- ✓ *To arrange alternative therapy for persons with mental health problems in the psychiatric organizations, make them accessible to all the persons receiving treatment and care in the psychiatric organizations.*

CHAPTER 3. THE KEEPING CONDITIONS OF PERSONS WITH MENTAL HEALTH PROBLEMS, ATTITUDE TOWARDS THEM

3.1. Overcrowding

Overcrowding in the psychiatric organizations of the Republic of Armenia is the issue of the day. Due to overcrowding those having mental health problems are not ensured with the necessary or minimum living space and have no possibility of personal area. In the result, they appear in an impermissible condition beginning from an unfavorable health environment up to the possibility of violence.

From the point of view of overcrowding of psychiatric organizations, it is particularly problematic that the area of the hospital rooms greatly differs in comparison with the number of beds and a personal area is not ensured for the persons with mental health problems (the Vardenis Neuropsychiatric Social Care Home, the Gyumri Mental Health Center, the Armash Health Center, the Syunik Regional Neuropsychiatric Dispensary, the Lori Regional Psycho-Neurological Dispensary). There have been recorded cases when only 3.3-3.5 sq. m of living space was ensured for each person with mental health problems.

According to the 2016 CPT Report on Macedonia, *in the result of the study of the level of habitability in the psychiatric organization it turned out that eight persons⁴⁶ with mental health problems were kept in a room having 36 sq. m area.*

In relation to the abovementioned, the CPT urged *to make efforts to improve the living conditions of persons kept in the psychiatric organization, in particular, in the direction of increasing the accessible living space of each person with mental health problems, ensuring at least 6 sq. m of personal area for each person in multi-dwelling rooms.*

While assessing the overcrowding in psychiatric organizations, the living space accessible to each patient, but not the number of beds of each organization and the actual number of treated patients was taken into consideration. Thus, the bed capacity of the psychiatric

⁴⁶ See <https://rm.coe.int/16806974f0> website, points 143 and 145

organizations functioning under the regional subordination is defined by Decree No. 1911-N of November 2, 2006 of the Government of RA “On Approval of Programs on Optimization of Health Systems of the Regions of the Republic of Armenia” and in case of subordination to the Ministry of Health of RA by Order No. 3801 of December 29, 2017 of the Minister of Health. Although all the observed psychiatric organizations do not apparently violate the requirements of the acts defining the number of beds, and the number of patients does not exceed the capacity of the bed fund, nevertheless, the minimum living space for each person with mental health problems fixed by the abovementioned international standards is not ensured in the hospital rooms.

In principle, the clarifications of the Ministry of Health are unacceptable that in the basis of the planning of the number of beds lies only the annual index of the beds occupancy, the morbidity and illness, as well as indices of the average duration of the treatment.

While assessing the overcrowding of psychiatric organizations, the size of accessible living space for each patient, but not the number of beds and the index of their occupancy should be taken as a basis for the standard.

There are tightly arranged, closely put, even united beds in the hospital rooms as a result of overcrowding in the psychiatric organizations (the Armash Health Center, the Vardenis Neuropsychiatric Social Care Home, the Gyumri Mental Health Center). Beds are also placed at the door of the hospital rooms, partly blocking the entrance of the rooms (“Avan” Mental Health Center, the Gyumri Mental Health Center, the Syunik Regional Neuropsychiatric Dispensary).

The fact that beds are placed in the activity rooms also testifies about the overcrowding (the Gyumri Mental Health Center, the Syunik Regional Neuropsychiatric Dispensary). **This means that the treatment and care of persons with mental health problems is arranged in the general usage room, that is in the room envisaged for use by all the persons kept in the corresponding wards of the organization. Such practice is impermissible.**

For example, as a result of a studies in “Avan” Mental Health Center it also turned out that the bed of a person with a mental health problems was placed in the corridor of the ward with the argumentation of being under constant control of the technician. However, according to the observations of the subdivision representatives of the National Preventive Mechanism, there were still several persons with mental health problems requiring constant control whose beds were in the hospital rooms. Other persons with mental health problems freely walk in the corridor. **That is, those whose beds are placed in the corridor are deprived of the opportunity to be isolated and to have a rest. Such a situation is unacceptable. Therefore, the constant control of persons with mental health problems requiring constant control should be established in the hospital rooms.**

The duty hospital nurse has received a severe reprimand in connection with the above stated according to the written clarifications of “Avan” Mental Health Center with respect to the results of the visit.

During the monitoring, it turned out that there are hospital rooms so large in sizes that do not correspond to the required standards and are subject to change. Therefore, when constructing or repairing the hospital rooms of the wards of psychiatric organizations, it is necessary to pay attention to their structure and furnishing, as the hospital rooms are of a therapeutic significance and exert influence on the behavior of persons with mental health problems. In case of keeping a great number of persons with mental health problems in oversized hospital rooms, the opportunity for personal space is diminished, negatively influencing the behavior of the patient and the effectiveness of the treatment. There have been recorded such kind of rooms with 53-55 sq. m which are envisaged for keeping 8-11 persons (“Nubarashen” Psychiatric Center).

According to point 108 of the 2017 CPT Report on Latvia, *by the study of a psychiatric organization it turned out that in the rooms of one of the wards of the mentioned organization 8-10 persons with mental health problems were kept with beds placed too close to each other.*

As a result, the persons kept in the mentioned ward had a limited living space and were deprived of the opportunity of having a private space. The CPT emphasized that the existence of such conditions can have a negative impact on the persons kept there, by violating their right of having a personal space. The CPT urged to take measures in the direction⁴⁷ of gradually altering the large rooms into smaller rooms in the psychiatric organizations.

Thus, in order to exclude overcrowding in psychiatric organizations and ensure the right of having a personal space for the persons with mental health problems, it is necessary:

- ✓ *To review the number of beds of each psychiatric organization, ensuring individual living space for each person with mental health problems;*
- ✓ *To arrange improvement works to ensure well-to-do conditions in the hospital rooms;*
- ✓ *Exclude the availability of beds in the rooms envisaged for rest;*
- ✓ *To exclude keeping persons with mental health problems in the corridors, and establish control over the persons with mental health problems requiring constant control only in the hospital rooms;*
- ✓ *To alter gradually the large hospital rooms to smaller rooms.*

3.2. Living Conditions

Every person with mental health problems has the right to be kept and should be kept under such conditions that are necessary and sufficient for his normal daily living activities. At the same time, these conditions should proceed from the requirements of his health state.

In the observed psychiatric organizations, however, problems with living conditions have been recorded, which can be classified into the following groups:

1. the women and men joint wards;

⁴⁷ See <https://rm.coe.int/pdf/168072ce4f> website

2. discriminatory approach;
3. security problems;
4. sanitary and hygienic conditions;
5. ensuring with bedside-lockers;
6. state of repair.

1) It should be noted that the availability of the women and men joint wards and, in this respect, the absence of separate, sheltered areas is problematic. The CPT in its 2016 Report on Armenia has touched upon this issue.

In the result of the study of living conditions in psychiatric organizations it turned out that in some of them the women and men wards are not separated. It refers to the 6th and the 7th wards of “Nubarashen” Psychiatric Center. In the Gyumri Mental Health Center, the women ward is not separated from the narcological ward.

The absence of the separated sheltered sector is impermissible: in order to ensure sufficient and decent conditions for persons with mental health problems, it is necessary to keep women separately from men.

2) All the persons with mental health problems are equal before the law and must equally make use of their rights and freedoms granted to them, and the employees of a psychiatric organization should respect their rights without displaying a discriminational approach.

In this respect, it causes concernment the differentiated approach of keeping people with mental health problems in different hospital rooms related to the comparatively decent conditions of the hospital rooms (the 7th ward of “Nubarashen” Psychiatric Center).

Thus, bad conditions, including: it was cold and wet in the hospital rooms having heating problem, for example, in the hospital rooms located at the end of the corridor of the general ward of “Nubarashen” Psychiatric Center persons with heavy mental health problems or those who displayed improper, including aggressive behavior are kept, as a means of punishment. Such a practice has a negative impact on their state of mind.

According to the data provided to the Defender's staff, the employees in some psychiatric organizations differentiate patients according to the degree of consciousness of their actions, classifying them into so-called "understanding" and "non-understanding" persons. Accordingly, individual clothing is provided only to "understanding" persons who can differentiate their clothing. The clothing of the others is not individualized after being washed and is distributed randomly. Moreover, it is also recorded in "Nubarashen" Psychiatric Center that the clothing of those having mental health problems, who do not have a possibility to wash them through the relatives, is not individualized and is distributed mixed.

According to the clarifications provided by the Ministry of Labor and Social Affairs of RA, the attention of the Management of the Vardenis Neuropsychiatric Social Care Home has been drawn to the fact that separating the cared into "understanding" and "non-understanding" is not acceptable, the classification of the cared is done according to their needs and the rendered services which must not contain such a definition and required to refrain from labeling people.

Therefore, it is necessary to exclude any discriminatory approach manifested towards the persons with mental health problems.

3) Open power distribution boxes and cables, defective and semi-open current sockets were recorded in the hospital rooms of the Armash Health Center ("Avan" Mental Health Center, the Armash Health Center).

The open current cables available in the wards, recorded during the visit, were closed according to the written clarification of "Avan" Mental Health Center in respect of the above-mentioned problem.

Any such situation threatening the safety of the persons with mental health problems should be excluded.

4) The issue of the sanitary-hygienic conditions is first of all connected with the air pollution in some hospital rooms of the psychiatric organizations ("Nubarashen" Psychiatric

Center, the Gyumri Mental Health Center, the Armash Health Center, the Syunik Regional Neuropsychiatric Dispensary).

It is mainly conditioned with the fact that patients suffering from night-time diuresis are kept in those hospital wards for whom sanitary towels are unavailable. The mentioned is conditioned with the non-sufficient financing according to the argumentation of the Management of the psychiatric organizations.

The problems of the sanitary-hygienic conditions are related also with the arrangement of laundering in connection with which the working conditions of the employees of the institutions are extremely significant which are not always satisfactory. For example, in some wards of the Vardenis Neuropsychiatric Social Care Home a space for drying clothes is adjusted to the closed roof where also the clothing and the linen are ironed. The employees are not ensured with sufficient working conditions there. A problem has been recorded also in the Armash Health Center connected with the drying of the laundering which is done near the wood stove of a separated room on the first floor of the institution. There is no possibility of drying the laundering in another place during the cold and rainy weather.

The CPT in its 2004 Report on Armenia has also touched upon the issues of arrangement of laundering and the cleanness of the clothing and linen of the persons with mental health problems emphasizing *the necessity of periodic arrangement of laundering of the clothing and linen of the persons with mental health problems*⁴⁸.

The next issue is conditioned with the absence of information on the sanitary-hygienic including disinfection works done last time in the psychiatric organizations during the monitoring visits.

As a result of not ensuring sanitary-hygienic satisfactory conditions there arise improper and unacceptable keeping conditions, for the exclusion of which it is necessary:

⁴⁸ See <https://rm.coe.int/1680667a9e> website, point 173

- ✓ *To ensure the persons with mental health problems with sufficient quantity of hygienic accessories, including sanitary towels;*
- ✓ *To ensure the proper arrangement of frequent laundering and the disinfection of the linen of the persons with mental health problems including the sufficient conditions for the employees in this connection;*
- ✓ *To implement periodic sanitary-hygienic works, including disinfection, ensuring their proper registration.*

5) Ensuring the persons with mental health problems with bedside-lockers and giving an opportunity to keep the things separately is one of the main preconditions of individual space and, consequently, of private life. In the result of studies, however, it turned out that not all the persons with mental health problems are ensured with bedside-lockers. Despite of the availability of a definite number of bedside-lockers, they are shabby, damaged or broken. As a result, the persons not ensured with bedside-lockers are obliged to keep their things on the floor under the bed or on chairs.

In the light of the above-mentioned, it is welcomed that, for example, almost everybody is ensured with good condition bedside-lockers in the 2nd ward of “Nubarashen” Psychiatric Center.

The CPT in its 2016 Report on Armenia has mentioned that *there was not ensured an individual space both in the women and the men wards of the “Gyumri Mental Health Center” Joint-Stock Company, particularly, the persons with mental health problems did not have an individual space enabling to lock. The CPT offered the Armenian authorities to take necessary steps in the direction of ensuring all the persons with mental health problems, kept in the “Gyumri Mental Health Center” Joint-stock Company, with a lockable individual space, where they can keep their things.*⁴⁹

Based on the above it is necessary to provide all the persons, kept in psychiatric organizations, with lockable wardrobes envisaged for keeping the personal things.

⁴⁹ See <https://rm.coe.int/16806bf46f> website, points 121,122

6) The unfavorable keeping conditions in the psychiatric organizations mainly are conditioned with the problems of state of repair and renovation.

Almost all the psychiatric organizations need repair and cleaning. The floors are wooden and threadbare (the Syunik Regional Neuropsychiatric Dispensary) or concrete (“Nubarashen” Psychiatric Center).

The plaster of the walls has come off in some places, there are cracks and traces of rain on the ceiling. The windows are old which are covered with polyethylene from the inside to preserve the thermal regime (the Armash Health Center).

In some psychiatric organizations the hospital rooms do not have doors, and in case of their availability the glasses are missing or are replaced by polyethylene (“Nubarashen” Psychiatric Center, “Avan” Mental Health Center).

Non-sufficient conditions of artificial illumination in the hospital rooms were recorded during the visits. In almost every room, only one bulb of small capacity worked at the time of the visit (“Nubarashen” Psychiatric Center, the Armash Health Center, the Gyumri Mental Health Center).

The lavatories of the psychiatric organizations need restoration, including those envisaged for the employees of the institutions which are in not a good sanitary-hygienic condition (the Armash Health Center, the Syunik Regional Neuropsychiatric Dispensary, “Avan” Mental Health Center, the Lori Regional Psycho-Neurological Dispensary, “Nubarashen” Psychiatric Center).

During the monitoring visits to psychiatric organizations, it was also recorded that in the lavatories of the wards three or two Asian toilets are installed, which are not separated from each other by partition. At the same time, the toilets are located at a height of one stair above the general floor, which can cause additional difficulties for the patients taking psychotropic medications which affects their movement and the balance maintenance (the Syunik Regional Neuropsychiatric Dispensary, “Avan” Mental Health Center, “Nubarashen” Psychiatric Center). There is also lack of toilets for the patients with special needs to ensure the possibility

of their use of the lavatory (the Syunik Regional Neuropsychiatric Dispensary, “Nubarashen” Psychiatric Center).

There is also a joint lavatory and bathroom. In this case, the lavatory and the bathing section are divided from each other by one stair but are not separated, the possibility of isolation is not ensured (the 6th ward of “Nubarashen” Psychiatric Center).

The Armash Health Center is not ensured with permanent drinking water. Honestly, there are installed water tanks in the psychiatric organization, but they are obviously not enough to meet the requirements of persons with mental health problems.

The walls of the kitchen of the women No. 1 ward of “Nubarashen” Psychiatric Center are dilapidated in some places and there is a need for restoration.

The guard-post of the police officers implementing the control of the security zone of the 6th ward of “Nubarashen” Psychiatric Center is in an unacceptable state. The minimal working conditions are not ensured there (with about 2 sq. m of area, covered with tin, walls of shabby cardboard, the door and the window broken).

For the solution of the above-mentioned problems, it is necessary:

- ✓ *To implement necessary restoration and improvement works in the psychiatric organizations, including lavatories and bathrooms;*
- ✓ *To establish proper working conditions for employees.*

3.3. Organization of Bathing

The periodic bathing is the obligatory condition for ensuring hygiene. Its importance is greater when a person is kept in a psychiatric organization for a certain period of time conditioned with health problems. Ensuring such a person with clean clothing and beddings is important just from the point of view of preserving his right of health and hygiene.

Problems connected with the organization of bathing of the persons with mental health problems, as well as their clothing and laundering have been recorded almost in all the

psychiatric organizations. Thus, the possibility of bathing is mainly limited and is organized by a definite schedule. For example, in the women ward of the Gyumri Mental Health Center and the Syunik Regional Neuropsychiatric Dispensary, the bathing is organized once in 10 days, and at the Armash Health Center once a week. The bathing in “Avan” Mental Health Center is organized on Tuesdays and Fridays from 11:00 to 15:00.

There is also a problem of hot water supply in psychiatric organizations. In some cases, hot water is available for a limited period of time, such as in “Nubarashen” Psychiatric Center.

At the same time, in the studied institutions, problems with the provision of hygienic supplies necessary for the bathing of persons with mental health problems also have been recorded.

The presented situation is unacceptable. It is necessary to provide sufficient amount of hygienic supplies for the bathing of persons with mental health problems.

The CPT has repeatedly urged *to increase the bathing frequency of those kept in non-freedom* during the visits to Armenia as well as to a number of other countries connected with the organization of bathing of the persons with mental health problems.

In the 2007 Report on Georgia the CPT has emphasized *that it is necessary to carry out restoration works in the bathrooms of psychiatric organizations, ensure their cleanliness, hot water supply, as well as the possibility⁵⁰ to take bath more frequently for the kept persons.*

Therefore, for the solution of the above problems, it is necessary to create a possibility of a proper use of bathing for persons with mental problems, ensuring the possibility of taking bath more frequently based on the hygienic requirements, but not less than twice a week.

3.4. Ensuring Proper Nutrition

Each person with mental health problems must receive necessary and sufficient nutrition for his life activity.

⁵⁰ See <https://rm.coe.int/16806961c1> website, point 115

This includes the proper arrangement of the food storage, preparation as well as its provision. The problems recorded in this regard mostly comes to the following.

Firstly, the arrangement of the preparation and provision of food starts from where the foodstuffs are stored. Obviously, the food quality cannot be preserved if the food is stored in improper conditions. In the studied warehouses there were cases when the foodstuffs were stored in insufficient and non-sanitary conditions (for example, “Nubarashen” Psychiatric Center).

Persons with mental health problems also receive food from the relatives or other visitors. There also have been recorded insufficient conditions of storage of food brought by the relatives in psychiatric organizations. They are mainly kept in the wards. For example, in the 6th ward of “Nubarashen” Psychiatric Center, the handed in food is stored in a shabby wardrobe placed in the corridor. There is no refrigerator in the ward because of which in winter the perishables are stored outside the window between the lattice frame space.

Employees of some psychiatric organizations have informed that in order to wash the dishes they are obliged to heat water in pots on gas stoves (the Gyumri Mental Health Center, “Nubarashen” Psychiatric Center). In this regard, a water heater is installed in the kitchen of the psychiatric organization according to the clarifications of the Gyumri Mental Health Center.

In the Armash Health Center, in warm weather conditions, the dinner is cooked not in the kitchen but on the fire in the yard because of the lack of gasification.

Along with the mentioned, the kitchens of some psychiatric organizations are ensured with sufficient conditions. For example, in the kitchen of the Lori Regional Psychoneurologic Dispensary there is a gas stove, ventilation pipe, refrigerator, and appropriate furniture. The kitchen is also supplied with hot water and the dishes were clean at the time of the visit. In spite of this, the same kitchen is extremely small and is in the basement, the windows of which are also small, as a result of which the level of the daylight is low in the kitchen.

Unlike the others, the kitchen of “Avan” Mental Health Center does not operate any more. Three-time nutrition is ensured by another organization on a contract basis and the supplied food is of a sufficient quality.

The other problem of the provision of nutrition concerns the quantity of the food and the menu. The daily minimum portions of food provided to the persons with mental health problems in the psychiatric organizations functioning in the Republic of Armenia are established by Appendix No. 1 approved by Decree No. 711-N of May 26, 2011 of the Government of RA “On Defining the Daily Average Food Portions, Outfit Portions and the Period of Their Exploitation, Beddings and Hygienic Supplies Portions and the Period of Their Exploitation for the Persons Kept in the Psychiatric Organizations”.

In the result of the study of the menus of the psychiatric organizations, it turned out that the nutrition of some institutions do not correspond to the minimum daily portion of food approved by the mentioned Decree.

Thus, the situation recorded on the non-conformity of the food portion provided in “Nubarashen” Psychiatric Center, the Syunik Regional Neuropsychiatric Dispensary, the Lori Regional Psycho-Neurological Dispensary, the Armash Health Center to the minimum portion defined by Decree No 711-N of May 26, 2011 of the Government of RA, is depicted in the below table which has been made up in a result of a two-week studies of menus in the mentioned organizations.

Foodstuffs	Minimum portion approved by legislation	Frequency and portion of provision of nutrition			
		The Armash Health Center	The Syunik Regional Neuropsychiatric “Nubarashen” Psychiatric Center	The Lori Regional Psycho-Neurological Dispensary	
Egg	2 eggs (weekly)	1 egg (weekly)	0	1 egg (weekly)	2 eggs (weekly)

Milk	200 g (daily)	Once (weekly)	0	199.2 g (in 2 weeks)	0
Sour cream	30 g (daily)	2-3 times (weekly)	0	33 g (in 2 weeks)	100 g (only on Saturdays/Sundays)
Curd	35 g (daily)	2-3 times (weekly)	0	33 g (in 2 weeks)	100 g (only on Saturdays/Sundays)

In addition to the foodstuffs listed in the above-mentioned table, cases of providing other foodstuffs with insufficient quantity and frequency also have been recorded. For example, in the Armash Health Center, fresh fruit was provided once during a week (200 grams daily is envisaged according to the above-mentioned Decree of the Government of RA), and in “Nubarashen” Psychiatric Center (in the context of two weeks) fruit was not provided at all.

According to point 14 of part 3 of Article 6 of the Law of RA “On Psychiatric Aid”, *persons with mental disorders being treated in a psychiatric organization, in particular, have the right to make use (...) of the right of health preservation, including receiving sufficient nutrition (...)*. It follows directly from this rule that persons with mental health problems have the right to receive sufficient quantity and proper quality nutrition with necessary periodicity.

In regard of this issue, in the 2016 Report on Moldova, the CPT *offered to ensure necessary financing for providing⁵¹ the persons with mental health problems with sufficient portion of various nutrition, including meat, seafood, fresh vegetable and fruit, as well as dairy products*. In this way, the necessity of provision of sufficient quantity of nutrition, as well as its variety for a definite period of time, has been underlined.

From the comparison of the described situations and the presented legal standards, it becomes clear that in the psychiatric organizations the provision of nutrition of the persons with mental health problems is implemented improperly, inconsistent with domestic and

⁵¹ See <https://rm.coe.int/16806975da> website, point 152

international legal standards. In the result, the ensuring of improper nutrition is connected with the provision of the unvaried and insufficient food.

Nevertheless, the food quality and the kitchen conditions have improved as compared with the previous visits in some psychiatric organizations (for example, in the Syunik Regional Neuropsychiatric Dispensary and “Nubarashen” Psychiatric Center).

The next problem is the insufficiency of quantity of tables and chairs in the dining halls: the placed tables and chairs do not correspond to the number of the patients. A similar problem has been recorded in “Nubarashen” Psychiatric Center, the Armash Health Center, “Avan” Mental Health Center, the Gyumri Mental Health Center, the Syunik Regional Neuropsychiatric Dispensary and the Vardenis Neuropsychiatric Social Care Home. It should be also mentioned that in the basement corridor of the Armash Health Center additional tables and chairs are placed, which are used by the persons with mental health problems, if necessary. **It is impermissible to use a corridor as a dining hall, especially when it is not heated.**

In this respect, according to the written clarifications of the Ministry of Labor and Social Affairs of RA, the mentioned problem has been solved in the Vardenis Neuropsychiatric Social Care Home.

The limited period of time envisaged for taking meal is also unacceptable. For example, in the Armash Health Center one hour is envisaged per breakfast, lunch and dinner. According to the assurances of the employees and the patients, women use the dining hall first for a limited period of time with the duration of 20 minutes and then men do.

According to point 35 of the 8th General Report of CPT, *the nutrition of persons with mental health problems should not only be equivalent from the point of view of quantity and quality, but also should be served to patients in sufficient conditions. Normal conditions should be ensured for having meal: from this point of view, it should be underlined that an inseparable part of the social and psychological rehabilitation program of the patients is the*

provision of the opportunity to meet their vital significant necessities, including having meal at the table.⁵²

All the presented adverse conditions, of course, have their negative impact on the health and the state of mind of the persons with mental health problems. To exclude this impermissible situation, it is necessary to take the following steps:

- ✓ *To ensure proper foodstuff storage, including sanitary-hygienic conditions in the foodstuff storage warehouses as well as in all the places where foodstuffs are stored (e.g. in wards);*
- ✓ *To establish proper conditions for the employees working in the kitchens, including ensuring the possibility of hot water;*
- ✓ *To provide persons, kept in psychiatric organizations, with the food assortment and the daily minimum portions defined by Decree No. 711-N of May 26, 2011 of the Government of RA;*
- ✓ *To ensure the variety of food, excluding the provision of the same food;*
- ✓ *To improve the dining halls of the psychiatric organizations, ensuring furnishing corresponding to the number of persons kept in the wards, which will exclude the practice of having meal by shift or standing of people with mental health problems.*

3.5. Care of People with Movement Problems

Some of the patients in psychiatric organizations have problems with movement. Special appliances making the environment accessible, including wheelchairs, are necessary for the normal vital activity of such persons. Not ensuring them has a negative impact both on their health in general as well as on their state of mind.

In some organizations, toilets are located at the height of one or several steps above the general floor of the lavatories (“Nubarashen” Psychiatric Center, the Syunik Regional

⁵² See <https://rm.coe.int/1680696a72> website

Neuropsychiatric Dispensary). The capability of a patient with a wheelchair does not allow to make use of it on his own because of the availability of only Asian toilets in the lavatories.

The issues of keeping persons with movement problems in psychiatric organizations are not limited only to the lack of possibility of making use of lavatories. Complications also arise when using dining halls. For example, in the Armash Health Center the patients with similar problems do not use the dining hall as it is in the basement and the staircase is not ensured with a wheelchair ramp.

Due to the absence of wheelchairs and wheelchair ramps, persons with movement problems are also deprived of the possibility to have a walk, face problems connected with movement.

The number of wheelchairs of some psychiatric organizations does not correspond to the number of persons with movement problems being there (“Nubarashen” Psychiatric Center, the Armash Health Center), so the patients are also obliged to spend the most of the day in bed.

Therefore, in order to improve the described situation, it is necessary:

- ✓ *To ensure the proper possibility of making use of lavatories, dining halls and having a walk for the persons with movement problems;*
- ✓ *To ensure the entrances of the organizations and other places in the building with wheelchair ramps necessary for movement.*

3.6. Non-unified Practice of Notification the Law Enforcement Agencies on Injuries

From the point of view of the rights of persons with mental health problems and ensuring their security, it is of a particular significance to notify the law enforcement agencies about the recorded injuries in time. At the same time, the efficiency of the work requires availability of a single practice. This is also significant in terms of preventing offences.

The monitoring in the psychiatric organizations showed that there are no unified approaches in different institutions and even in different wards of the same institution. This

is the result of a lack of an elaborated by the competent state body unified procedure on registering injuries in the psychiatric organizations and notifying the law enforcement agencies about it.

Thus, there is “Police Calls Record Register” as well as “Patients’ Escape and Injuries Record Register” at the reception of “Nubarashen” Psychiatric Center which are filled in by the duty doctor. In the mentioned registers, the bodily injuries of persons with mental health problems are recorded when admitted to the psychiatric organization, as well as the injuries occurred to persons kept in the center during the duty. A register on injuries and escape is also kept in all the wards. At the same time, the injuries of persons with mental health problems are recorded in their disease histories.

The patients’ injuries are recorded in their disease histories in “Avan” Mental Health Center and, as the employees note, the Police is immediately orally notified about every case.

During the visit, from the study of the disease history of one of the patients it turned out that the latter was admitted to the Center on June 24, 2017. According to the record of the duty doctor “his skin and visible mucous membranes were of physiological coloration”. After this record of the doctor in the disease history in a handwriting different from his handwriting another record is made that there were found bruises on the hands and abdomen of the mentioned patient. At the same time, it should be noted that, according to the corresponding record, on the same day the mentioned person “has displayed aggressive behavior in the ward”, in the result of which a physical restraint was applied.

Afterwards, **the Avan division of the Nor Nork Police Office of RA was notified** about the bruises discovered on the mentioned patient on June 24, 2017, recorded in the disease history in a differed handwriting, **only on June 26, 2017 by an official paper.**

In a number of other psychiatric organizations, the patients’ injuries are recorded in their disease histories and injuries registries, as well as the Police of RA is notified about them (the Gyumri Mental Health Center, the Syunik Regional Neuropsychiatric Dispensary, the

Lori Regional Psycho-Neurological Dispensary, the Vardenis Neuropsychiatric Social Care Home).

It is also remarkable that although the legal respective bases are lacking, the injuries registry in the Lori Regional Psycho-Neurological Dispensary is provided by the Vanadzor Office of the Lori Regional Police Department sealed with the seal of the police office.

Thus, it is necessary to take steps in the direction of elaborating the procedure of the proper records of injuries when admitted to organizations implementing psychiatric medical aid and service and injuries sustained there and notifying the law enforcement agencies about them in order to ensure unified legal rules and practice.

3.7. Outdoor Walk

The monitoring in psychiatric organizations has allowed to record a systemic problem connected with the ensuring of an outdoor walk of persons with mental health problems. The right of having a walk either is not ensured properly or the patients are not taken out for a walk at all. The persons receiving compulsory treatment are prohibited from outdoor walks according to persons with mental problems as well as the employees of the organizations. For example, in “Nubarashen” Psychiatric Center, during a private talk with one of the persons receiving a compulsory treatment, the latter informed that he has not come out for outdoor walk for 5-6 months.

Not everyone has the opportunity to make use of having a walk in “Avan” Mental Health Center, although the wish of persons with mental health problems to have a walk is too great. According to the data provided by the employees of the center, there the walk is arranged only by the permission of the doctor, with groups of about 10 people accompanied by a technician, in the evening, with a duration of 15-40 minutes. According to the corresponding register, in the Syunik Regional Neuropsychiatric Dispensary the outdoor walk is arranged on definite days once in 3, 5 or 7 days at a definite hour which lasts up to 70 minutes. Moreover, at least 12 people, out of the 60 persons with mental health problems, go for an

outdoor walk. It also should be mentioned that women and men go for outdoor walks on different days, and the women make use of outdoor walk at the interval of 3 to 9 days, and the men of 5 to 13 days.

Unlike the mentioned organizations, most of the persons with mental health problems in the Armash Health Center have an outdoor walk and come out to the yard of the organization without any impediment when the weather conditions are satisfactory.

The ensuring of the walk is recorded in the corresponding registers. Thus, in the register on walk kept in one of the women wards of “Nubarashen” Psychiatric Center, in front of each day there is a record that patients of the ward have come out for a walk, except of “weak and compulsory treated patients”. Because of such practice it is impossible to find out which patients have used their right on walk, who are considered “weak patients”, whose right of outdoor walk is limited and on what substantiation.

Such an approach is impermissible against the persons with mental health problems who are receiving compulsory treatment in the general ward because the latter’s right of outdoor walk is limited without substantiation. As to the limitations of the right of walk of the persons with mental health problems, then it is necessary to make substantial and exhaustive record in the corresponding documents (for example, disease histories) in relation to each case of the limitation of right.

The registers in the 5th and the 7th wards of “Nubarashen” Psychiatric Center testify that based on “bad weather conditions”, walk is not arranged, and from October 2016 to March 12, 2017 included the words “have refused”, “rainy weather”, “cold”, “wind”, “snow” are mentioned in the register including the columns containing all the patients’ personal data. It is obvious from these records that the persons with mental health problems have not used outdoor walk for about 6 months.

During the studies, it turned out that not all the psychiatric organizations keep registers on walk. Besides, there are issues related to keeping and filling in the registers. For example, in the register on walk kept in the Syunik Regional Neuropsychological Dispensary, the 9th of

October is filled in earlier than the 6th of October, or the name of the same person is filled in on the same day and at the same time twice. These evidence about the formal filling in the registers, the frivolous attitude towards the right of outdoor walk. In this regard, it is necessary to ensure a proper keeping of registers on records on taking out for an outdoor walk of persons with mental health problems.

The right of an outdoor walk of persons with mental health problems is fixed in the Law “On Psychiatric Aid” of RA, according to point 15 of part 3 of Article 6 of which *the persons with mental disorders treated in a psychiatric organization have the right of rest, including outdoor walk (...).*

According to the CPT Jurisprudence, *“the psychotherapeutic treatment should be based on an individual approach (...). The patients should have the possibility of regular use of the special equipped activity rooms and daily outdoor walk”*⁵³

The procedure of arrangement of outdoor walks is not envisaged in the Law “On Psychiatric Aid” of RA which in practice can also be the reason of causing problems in connection with ensuring outdoor walks.

Based on the studies of the above-mentioned described cases, the international standards and the requirement for the implementation of the right fixed by the domestic legislation, it is necessary:

- ✓ *To ensure the proper implementation of the right of persons with mental health problems on outdoor walk, defined by law, taking into consideration that the mentioned right should not be limited only because of the fact that the person has a mental health problem or has committed an unlawful act some day;*
- ✓ *To ensure the record of each case of limitation of the rights of persons kept in a psychiatric organization, in the particular case, the right on outdoor walk, in the disease histories with appropriate substantiation.*

⁵³ See <https://rm.coe.int/1680696a72> website, point 37

3.8. Occupation

Ensuring occupation of persons with mental health problems is particularly significant from the point of view of their state of mind and treatment.

The occupation of persons with mental health problems has been studied during the monitoring in the psychiatric organizations.

In particular, basically the main means of occupation in psychiatric organizations, actually, is TV-set which is usually placed in the corridors of the wards or in activity rooms (“Nubarashen” Psychiatric Center, “Avan” Mental Health Center, the Gyumri Mental Health Center, the Syunik Regional Neuropsychiatric Dispensary).

Some of the persons with mental health problems have a great desire to read books, but libraries or books are lacking in the organizations. For example, some persons kept in “Avan” Mental Health Center have books that have been transmitted by their relatives.

There are no separated rooms for occupation and rest in some psychiatric organizations (“Nubarashen” Psychiatric Center, “Avan” Mental Health Center). Meanwhile, it is significant that in the Syunik Regional Neuropsychiatric Dispensary, for example, persons with mental health problems are using the newly-built occupation room where they sing, play or exercise. The initiative to build such an occupation room, of course, is welcomed. However, not all the persons with mental health problems have a possibility to use it because they are not granted an opportunity to come out of the ward.

In the 2016 Report on Armenia, the CPT has mentioned that *“the psychiatric organizations are almost entirely based on the pharmacotherapy and restraining the spread of diseases without any physical and social rehabilitation, types of occupation and creative activities (...)*⁵⁴ In the 2006 Report on Slovakia, the CPT has emphasized that *it is necessary to take steps in the direction*⁵⁵ *of ensuring more targeted occupations for the persons with mental health problems”.*

⁵⁴ See <https://rm.coe.int/16806bf46f> website, point 124

⁵⁵ See <https://rm.coe.int/1680697da1> website, point 92

It can be concluded from the above-mentioned that there exists the problem of ensuring occupation for the persons with mental health problems in psychiatric organizations. In order to solve it, it is necessary:

- ✓ *To separate rest and occupation rooms in the psychiatric organizations;*
- ✓ *To add targeted occupation activities or create additional opportunities (e.g. a library) for persons with mental health problems.*

3.9. Connection with the Outside World

Persons with mental health problems kept in psychiatric organizations are in a vulnerable position in terms of maintaining connection with the outside world, as being in the institution for a long period of time, actually, they lose their connection with their relatives and are isolated from the society. In fact, maintaining connection with the outside world is significant for the state of mind of persons with mental health problems and not to feel themselves neglected.

Problems related to the correspondence and meetings have been recorded from the point of view of connection with the outside world.

With regard to the possibility of correspondence of persons with mental health problems, including application-complaints, it should be mentioned that the boxes envisaged for application-complaints and suggestions are lacking almost in all the psychiatric organizations.

According to the written clarifications of the Ministry of Labor and Social Affairs of RA on the mentioned, application-complaints boxes have been installed in all the wards of the Vardenis Neuropsychiatric Social Care Home after the visit and the management has elaborated a procedure for opening the boxes and registering the applications.

According to points 1 and 18 of part 3 of Article 6 of the Law “On Psychiatric Aid” of RA, persons with mental disorders treated in a psychiatric organization have the right to establish correspondence and apply their applications, complaints on the violation of their

rights, prescribed by law, on examination, treatment, discharging, protection and freedoms to the head of the psychiatric organization, its superior body, court, prosecutor's office, the Human Rights Defender, state and local self-governing bodies, public associations and parties, mass media as well as the human rights and freedoms protection international bodies or organizations personally or through an advocate or lawful representative.

The lack of application-complaints and suggestions boxes in psychiatric organizations and the appropriate procedures of their conduct, naturally, hinders the proper implementation of the above-mentioned right.

Along with this, for example, welcomed steps have been taken in the Vardenis Neuropsychiatric Social Care Home after the monitoring visit of the representatives of the Subdivision of the National Preventive Mechanism. Application-complaints boxes have been installed in all the wards, as well as the procedure for opening the boxes and registering the applications have been elaborated by the management.

Issues related to the telephone communication are mainly connected with the absence taxophones or telephones in the psychiatric wards of the psychiatric organizations ("Nubarashen" Psychiatric Center, the Armash Health Center, the Gyumri Mental Health Center) or their disrepair ("Avan" Mental Health Center, "Nubarashen" Psychiatric Center).

Another issue is related to the prohibition of keeping mobile phones with the persons with mental health problems in the psychiatric organizations. They are kept with the employees of the organization. For example, in "Nubarashen" Psychiatric Center and "Avan" Mental Health Center, persons with mental health problems in case of necessity to call their relatives are provided with their personal phones, which are kept with the employees, particularly with the hospital nurses.

In the Gyumri Mental Health Center and the Armash Health Center, persons with mental health problems, in cases of necessity, use the fixed phone installed in the room of the hospital nurse. In the Armash Health Center the employees provide their personal mobile phones to the persons with mental health problems. In one of the wards of the Vardenis

Neuropsychiatric Social Care Home, the cared make the calls to their relatives from the mobile phone of the social worker, as there is no another telephone in the ward envisaged for that purpose.

In all the described cases, the implementation of the right of persons with mental health problems to make use of telephone communication is made dependent upon the employees of the organization as a deprivation from the point of view of ensuring connection with their relatives. This can give cause for abuses, because the sphere has no legal regulation enough as it is.

Other situation is in the Syunik Regional Neuro-psychiatric Dispensary. Here, in the wards a person with mental health problems may have a mobile phone and communicate, for example, with the relatives. The taxophone is installed on the first floor, the accessibility of which is problematic for persons with mental health problems as they do not have the opportunity to come out of the ward on their own and, in fact, to make use of the telephone communication.

In the same organization, the cases of limitation of the right of persons with mental health problems, in case of necessity, to make use of the telephone communication are not recorded in written form. In fact, every case of right limitation should have a substantiated and exhaustive record in the medical documents of the latter.

It should be noted that the right of persons with mental health problems to make use of telephone communication is fixed by the Law “On Psychiatric Aid” of RA, according to point 2 of part 3 of Article 6 of which *persons with mental disorders treated in a psychiatric organization have the right to make use of telephone communication*. Moreover, the same Appendix defines the standards for the implementation of this right, according to which *psychiatric organizations install at least one taxophone on their territory in a place accessible for the persons with mental disorders*.

It becomes clear from the above-mentioned that in practice the implementation of the right to use telephone communication is ensured improperly.

As to the arrangement of meetings, then the problems here are related to the sizes of the rooms envisaged for meeting or the insufficiency of furnishing or the lack of rooms. For example, there is 1 table and 3 chairs in the meeting room of the 7th ward of “Nubarashen” Psychiatric Center, and the artificial illumination is lacking. A meeting room is not envisaged in the Armash Health Center. The meetings are arranged in the yard or in the entertainment room located in the lobby.

The other issue related to meetings refers to the circle of other persons being present during the meetings besides the persons with mental health problems and the visitors. Mainly the meetings are provided in the presence of a technician or a hospital nurse (the Armash Health Center, the Syunik Regional Neuropsychiatric Dispensary), but in the 6th and the 7th wards of “Nubarashen” Psychiatric Center, the security employee, who is a police officer, is also present there. The participation of a security employee or a police officer cannot be considered as justified.

A separate issue is also the limited schedule envisaged for meetings. For example, meetings in “Nubarashen” Psychiatric Center are provided only on working days for an exact period of time, from 10 to 16, and meetings on weekends are not permitted at all. Those who are receiving treatment and forensic psychiatric examinations in the 7th and the 6th wards the mentioned schedule can cause additional difficulties for their relatives who have no possibility to visit their relatives on weekends or even after the working hours.

It should be noted that a right for persons with mental health problems to meet visitors is envisaged by point 3 of part 3 of Article 6 of the Law “On Psychiatric Aid” of RA. By point 2 of Chapter 2 of the Appendix of the mentioned Law it is defined *that in case of medical respective indications, by the doctor’s instruction, the persons recognized as incapable or partially capable as well as juvenile patients are accompanied by the nurse of the given ward during the meetings with the visitors, in connection with which a record is made in the corresponding medical documents.*

Consequently, it turns out that the employees of the organization should not participate in the meetings of the persons with mental health problems, except for the cases prescribed by law.

Thus, in practice, the rights of the persons with mental health problems on correspondence, addressing application-complaints, making use of telephone communication, as well as having meetings are not ensured. Therefore, it is necessary:

- ✓ *To install boxes envisaged for application-complaints in the wards, define a procedure for opening them, registering and sending them to the addressee by ensuring the possibility of writing an application-complaint by keeping the privacy of the cared with mental health problems, as well as stick information about writing application-complaints on the mentioned boxes or in another visible place;*
- ✓ *To ensure the complete implementation of the right of persons with mental health problems to make use of telephone communication;*
- ✓ *To arrange the meetings of the persons with mental health problems in properly furnished, separated and comfortable rooms;*
- ✓ *To elaborate, by an individual approach, a flexible schedule for providing meetings, envisaging their possibility also on non-working days and hours;*
- ✓ *To fix the proper argumentation of limitation of the right on making use of telephone communication in the corresponding document (e.g. disease history) by ensuring possibly short-time and in exceptional cases the limitation of the right of persons with mental health problems on making use of telephone communication;*
- ✓ *To exclude the participation of the employees of the psychiatric organizations during the meetings without substantiated reason.*

3.10. Passports and Pensions

As every citizen of the Republic of Armenia as well as the persons with mental health problems who are citizens of the Republic of Armenia, have the right to receive a passport of

the citizen of the Republic of Armenia. The regulations related to passports are fixed in the Law “On Passports of the Citizen of the Republic of Armenia” of RA. According to Article 4 of the mentioned Law, a citizen receives a passport voluntarily irrespective of age.

In this regard, problems are recorded related to the issuing of passports for persons with mental health problems. Thus, some part of the persons kept in the discussed psychiatric organizations do not have a passport of the citizen of the Republic of Armenia, in the result of which is deprived of the possibility of implementation of a number of rights prescribed by law (“Nubarashen” Psychiatric Center). Persons with mental health problems because of not having a passport, in particular, are deprived of the right to receive pensions, as a consequence of not having a passport it is impossible to establish a disability category towards them. In the result, the above-mentioned persons with mental health problems cannot receive a work, including age and disability pension.

At the same time, in the psychiatric organizations there are lacking mechanisms on granting pensions to persons with mental health problems and possession of it by the latter on their own. In the Armash Health Center, by the assertions of the persons with mental health problems receiving pension they keep some of the received amount with themselves and the rest they give to the employee of the center “for keeping in their institution”.

For example, envisaging corresponding registers and establishing strong control over its conducting, installing ATMs near the psychiatric organizations etc. can contribute to the solution of the mentioned problem.

The lack of mechanisms of granting pensions to persons with mental health problems and possession of it on their own may bring to abuses. For the exclusion of such abuses, as well as for the solution of the passport issue, it is necessary.

- ✓ *To ensure persons with mental health problems with passports;*
- ✓ *To elaborate mechanisms for granting pensions to persons with mental health problems and possession of it on their own, excluding possible abuses.*

