



REPORT

HUMAN RIGHTS SITUATION IN MENTAL HEALTH FACILITIES IN THE REPUBLIC OF ARMENIA



Open Society Foundations



Helsinki Citizens' Assembly -
Vanadzor

Monitoring was conducted with the financial support of the Open Society Foundations

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REPORT

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FROM THE INITIATORS

This report represents the results of the human rights monitoring conducted in the RA Mental Health Facilities.

Monitoring was conducted in 2009 with the financial support of the Open Society Foundations.

Helsinki Citizens' Assembly-Vanadzor expresses its gratitude to Agnieszka Klosowska, an expert from the Helsinki Foundation for Human Rights (Poland). The tools necessary for monitoring Mental Health Facilities were developed with her direct participation.

Helsinki Citizens' Assembly-Vanadzor expresses its gratitude to the RA Minister of Healthcare for supporting the implementation of this initiative, as well as to the heads of Mental Health Facilities, medical workers and patients for their active and kind participation in the monitoring process.

During their work, the monitors had some obstacles in the Avan Psychiatric Clinic and in the Kasakh Clinic of Neurosis. In these clinics, the monitors did not have the opportunity to take photos of the territory of the medical institutions. In Avan Psychiatric Clinic, the monitors were not allowed to continue interviews with the heads of departments with the excuse that they couldn't allow the interviews to continue because the working day was over. They also expressed their mistrust towards the monitors' work.

PREFACE

This report represents the results of human rights monitoring held in all of the Mental Health Facilities in Armenia, during the period of July-November, 2009, except for the Lori Regional Neuro-psychiatric Dispensary.

HCA Vanadzor conducted human rights monitoring in the Lori Regional Neuro-Psychiatric Dispensary in 2007. Based on the problems identified at that institution, the organization initiated monitoring of all of the Mental Health Facilities in Armenia.

Before starting monitoring in the mental health facilities, HCA Vanadzor received permission from the RA Minister of Healthcare.

Training was organized for the monitors. The trainer was Agnieszka Klosowska, a member of the Helsinki Foundation for Human Rights (Poland), who is an expert of human rights monitoring in mental health facilities. The participants of the training discussed the national legislation and international norms relating to patients with mental health problems, developed the monitoring methodology, tools, action plan and the principles for summarizing the results.

This report is addressed to:

- RA Ministry of Healthcare
- “Syunik Regional Neuro-psychiatric Dispensary” CJSC
- “Gyumri Mental Health Center” CJSC in the RA Shirak region
- “Sevan Psychiatric Hospital” CJSC of the RA Ministry of Healthcare
- “Psychiatric Medical Center” CJSC of the RA Ministry of Healthcare
- “Armash Health Center after Academician A. Hayriyan” CJSC

METHODOLOGY OF MONITORING IMPLEMENTATION

Human rights monitoring, in the RA Mental Health Facilities, was conducted through individual and focus group interviews, observation of building conditions of the medical institutions, observation of documents and informational inquiries.

In total, 463 interviews were conducted. The number of interviews with the employees and patients is presented in Table 1.

Observations: In each institution, the monitoring started with observation of the building conditions of the medical institutions, in particular; the yard, wards, procedure rooms, dining rooms, buffets, kitchens, places for leisure time, visiting rooms, toilets, bathrooms, smoking rooms, isolation wards and other sections.

Document Analysis: The decisions approving the daily schedule, the menu of the Mental Health Facilities, as well as completed documents about visits were studied.

Legislative Analysis: The legislative analysis included the RA legal acts regulating the activity of the Mental Health Facilities, the international decrees, agreements and conventions relating to psychiatry which were ratified by Armenia.

Written Information Sources: Aiming to complete the monitoring data, HCA Vanadzor received additional information from the RA Police, regarding the death case statistics in the Mental Health Facilities; and from the RA Ministry of Healthcare, Syunik and Ararat Governor's offices (Marzpetarans), Gyumri Psychiatric Health Center, which concerned the list of organizations providing food and medicine to the medical institution.

Table 1

The Number of Interviews with the Employees and Patients in the Mental Health Facilities

Sources of Information	Syunik Regional Neuro-psychiatric Dispensary	Gyumri Mental Health Center	Sevan Psychiatric Hospital	“Psychiatric Medical Center” CJSC of the RA Ministry of Healthcare				Armash Health Center	Total
				Nubarashen Clinic	Nork Clinic	Avan Clinic	Kasakh Clinic		
Patient	23	21	42	49	20	20	3	28	206
Relative	3	-	-	1	2	-	1	-	7
Director	1	1	1	1	1	1	1	-	7
Vice Director	-	-	1	-	-	-	-	-	1
Doctor-Psychiatrist	2	3	6	11	6	6	2	2	38
Chief Nurse	-	-	-	-	1	-	-	1	2
Chief Doctor’s Assistant/Nurse	1	1	2	6	1	2	1	-	14
Nurse on Duty	7	6	13	9	12	8	2	4	61
Nurse’s Assistant	5	6	20	11	11	14	1	5	73
Dietary Nurse	-	-	1	1	-	1	1	1	5
Psychologist	-	-	1	-	1	-	-	-	2
Pharmacist	-	-	1	-	-	-	-	-	1

Housekeeper	1	1	5	4	1	3	1	1	17
WardNurse	-	-	-	-	-	-	-	1	1
Kitchen Worker	1	2	1	1	2	-	1	1	9
Waiter	1	-	3	-	-	-	-	-	4
Buffet Worker	-	1	-	2	-	1	-	-	4
Employee of the Therapy Room	-	-	-	-	1	-	-	-	1
Librarian/Archive Worker	1	-	-	-	-	-	-	-	1
Bathroom worker	-	-	1	-	-	-	-	-	1
Laundry Worker	-	1	2	-	-	-	1	1	5
Workshop Worker	-		1	-	-	-	-	-	1
Head of Supervision Commission	1	-	-	-	-	-	-	-	1
Physiotherapy Worker	-	-	-	-	-	-	1	-	1
Total	47	43	101	96	59	56	16	45	463

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The time frame for monitoring the implementation and the information on the number of implementers according to medical institutions is presented in Table 2.

Table 2

Institution	Visiting Period	Number of Monitors
Syunik Regional Neuro-psychiatric Dispensary	July 23-27, 2009	7
Gyumri Mental Health Center	August 21-25, 2009	5
Sevan Psychiatric Hospital	September 22-27, 2009	7
Nubarashen Psychiatric Clinic	October 20-24, 2009	7
Nork Psychiatric Clinic	October 29 – November 3, 2009	6
Avan Psychiatric Clinic	November 11-13, 2009	7
Armash Health Center	November 19-21, 2009	6
Kasakh Neurosis Clinic	November 24, 27, 2009	4

In 2009 Helsinki Citizens' Assembly-Vanadzor (HCA Vanadzor) conducted monitoring in Mental Health Facilities (Neuro-psychiatric Medical Institutions) in the Republic of Armenia. The monitoring was aimed at exposing human rights violations of the persons with mental health problems.

The monitoring was conducted through observations, individual interviews with patients, medical workers and service providing personnel, as well as through study of documents relating to the activity of those medical institutions. Additional information was gained from the RA Ministry of Healthcare and the RA Police Service.

The seven monitors, who conducted monitoring, attended a special training course before starting their study. The training course was held by a specialist from the Helsinki Foundation for Human Rights (Poland). During this training, fifteen types of observation cards and nine types of interview question lists were developed. The monitors observed the conditions of all the medical institutions, in particular: the kitchens, wards, isolation wards, visiting rooms, toilets, bathrooms, medical procedure rooms, storage rooms, etc. The monitors interviewed 38 doctor-psychiatrists, 61 nurses, 73 nursing assistants and 43 representatives from the service providing personnel: cooks, buffet workers, housekeepers, waiters, and 600 patients.

Based on Articles 1 and 3 of the European Convention of Human Rights and Fundamental Freedoms, which has been ratified by Armenia, as well as on the provisions of the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, the following problems have been studied with relevant tools:

1. the physical conditions of the mental health facilities building
2. the situation of the personal sanitary hygienic conditions of the patients
3. the criteria for food provided for the patients
4. the situation of the patients' right to leisure time
5. the situation of the patients' right to walks/rounds

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6. the situation of the patients' right to phone communication, correspondence and visits, as well as the situation of providing them with newsletters and literature
7. the situation of the patients' right to respect for private and family life
8. the potential for the patients to receive legal assistance and an awareness of their rights and responsibilities
9. the opportunities of organizing the work in the mental health facilities, of discussing complaints and applications, of regulating conflicts and disagreements in those institutions
10. the situation of the personnel's attitude towards the patients
11. patients' involvement in work
12. the procedure of patient admission
13. the methods of delivering psychiatric assistance
14. the use of forced/involuntary treatment and medical forced means
15. the criteria for state ordered patient treatment with state funding in the medical institutions
16. the mental health facilities personnel and the situation of their professional development and working conditions
17. the conditions of studying death cases in the mental health facilities.

As a result of monitoring the abovementioned problems, not only systematic problems but also problems typical of some medical institutions were revealed.

Based on the interviews with the medical and service providing personnel, we may conclude that in Armenia there is no concept or national program to solve the problems of persons with mental health problems. At the present time, the mental health facilities in Armenia mainly carry out a so-called responsive and medicine treatment method.

Over the last ten years, some changes for the better have taken place regarding the attitude towards the patients in the mental health facilities, though this cannot refer to all of them, and it depends on each institution and it is not a result of institutional reforms. The funding of the mental health facilities is based on the logics of keeping the current situation. Issues relating to development, solution of problems, reforms in the system are in no way reflected either in the government programs or in the state budget.

A serious problem is the insufficient number of medical personnel in the mental health facilities, as well as the insufficient level of professionalism, especially between junior medical personnel: nurses and nursing assistants.

Taking into account the average age of doctor-psychiatrists, 5-6 years from now, there will be a lack of specialized medical workers in the mental health facilities if relevant measures are not taken and moreover, non-professional doctors will have to treat persons with mental health problems.

We may insist that the building of the mental health facilities, which is old, needs repair work and reconstruction. Besides, the conditions do not correspond to modern standards.



**One of the toilets in the Sevan Psychiatric
Hospital**



**One of the toilets in the Nubarashen Psychiatric
Clinic**



The Kitchen in the Sevan Psychiatric Hospital



One of the toilets in the Nubarashen Psychiatric Clinic

We may conclude from this study, that chronic patient care should be distinguished from the treating of acute psychiatric cases, as many specialists brought this to our attention. It means that it is necessary to create care centers where the daily care of chronic patients can be organized with greater focus on their social problems.

The patients who have been living in the mental health facilities for many years, as our monitoring revealed, are usually overlooked and forgotten by their relatives and they lose their connection with the outer world. This negatively impacts both their treatment effectiveness and psychological state, which causes suffering. Mental health facilities do not have specialized personnel and methodology to work with such persons. We maintain that the state does very little to help overcoming negative public opinion and prejudice about persons with mental health problems. This once again, negatively impacts overcoming social isolation of persons with mental health problems.

During the monitoring in the mental health facilities, cases of torture, violence, psychological pressure and an inhumane and degrading attitude towards the patients were recorded. This serves as a basis to conclude that there are no professional methodologies used towards the persons with mental health problems among the medical personnel, especially the junior staff.

In the mental health facilities, very often physical restraint is used as a means of restraint without the doctor's permission. Our monitoring also recorded cases of physical restraint of patients with the justification that the person was being restrained because of violations of disciplinary regulations. As a rule, the usage and duration of

restraint means are not recorded in any document.

Lack of professional capabilities of the nursing assistants is very troubling because they are the ones who restrain the patients and make them submit.

The monitoring revealed that the staff members of the mental health facilities examine patients' personal belongings to search for prohibited items in the patients' absence, which is a violation of the patients' personal life.

It was also revealed that patients were involved in jobs inside the medical institution and outside of it. Though the personnel insist that this is work therapy, it is also exploitation of patients' rights taking into consideration that the same patients are involved in such work for which they get very little money or reward. Moreover, the jobs they are assigned are included in the roster of duties of the junior medical personnel and nursing assistants.



Patients are working

In some of the medical institutions, the monitoring revealed that, especially the junior medical personnel used the methodology of controlling patients by using another “senior” patient to make demands on the less “senior” patient. As a result, violence sometimes erupts from this interaction and the medical personnel do not intervene in such cases. There is no procedure for solving interpersonal disagreements and conflicts in any of the institutions. Such situations are resolved by the nurses and nursing assistants through intimidation and threats.

The effectiveness of the treatment of persons with mental health problems is not very

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good due to the fact of the large number of patients under the care of one doctor-psychiatrist, and the nurses' insufficient professional level, as well as insufficient amount of modern, new and effective medication.

Our survey shows that the types of medication in the mental health facilities of Armenia used for the treatment of persons with mental health problems haven't changed over the last twenty years. Newly discovered, effective, foreign produced medication that is already in use is not available to all the patients. Over the years in the mental health facilities in Armenia, medications of foreign production are replaced by similar medications of local production, which is cheaper. However, some specialists are concerned about the insufficient effectiveness of such medication, which might have more negative consequences according to some assessments.

The mental health facilities in Armenia are not provided with the minimal, necessary, medical equipment and in some of the medical institutions the current equipment is not adequate to perform proper medical examinations.

The medical services for patients' with somatic diseases are connected with serious difficulties. In particular, the actions related to taking the patient from the mental health facilities to another medical institution, keeping him/her and providing the patient with medical assistance are connected with some procedural problems, which mostly are not solved and in some cases are solved by the initiative of the head of the mental health facility or through personal connections.

The process of admitting patients to the RA Mental Health Facilities is not regulated in any way. The absence of the possibility to record external injuries while accepting the patient and the absence of examining the reasons for the damages is very disconcerting. Death cases in mental health facilities are not subjected to objective, comprehensive or complete investigation. Moreover, the law enforcement bodies do not have any statistics on death cases in medical institutions.

Another troubling issue is the practice of using forced medical means against patients. Pursuant to the RA law "On Psychiatric Assistance," forced treatment can be used on patients in cases of a disagreement based on a court decision. In practice, in the

mental health facilities of Armenia, we rarely met patients getting forced treatment by the court decision, though most of them find that they get such treatment against their will. In this sense, the formal character of the psychiatric commission is very concerning. According to the abovementioned law, the conclusion on a person's health condition is made by a psychiatric commission composed of three doctors from the medical institution, based on which the court makes a decision whether or not forced treatment should be used on a person. In fact, the psychiatric commission is composed of only the doctors of this or that medical institutions who do not invite either experts or specialists from other medical institutions, nor a neurologist in cases of necessity. This fact keeps the patient mostly dependent on the given medical institution.

Taking into consideration that the funding of the mental health facilities is from the state budget and is allocated according to the number of patients, the medical institution becomes invested in ensuring more patients in the treatment process, which becomes very obvious.

Moreover, again based on the conclusion of the psychiatric commission, according to the law "On Psychiatric Assistance," the patient can be discharged from the medical institution (the patient's treatment can be stopped) only on the desire of the doctor or the psychiatric commission, which is not subject to court oversight according to Law.

It is worth mentioning that we have never recorded any fact when examination of the psychiatric commission has been arranged based on a patient's application. This is the reason why many patients have to stay at a mental health facility against their will.

Another concerning issue is related to forced treatment. According to the law "On Psychiatric Assistance," after the patient's admission to the medical institution, if the patient does not want to get treatment voluntarily, then the psychiatric commission has to make a decision within three days after the patient's admission to the medical institution, which should be submitted to the court by the director of the medical institution. However, as many specialists concluded, this time period, prescribed by law, is impossible to follow if the day of the patient's admission coincides with

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non-working days. At the same time, the law does not clearly define the legal status of the patient during the three days while in the medical institution, or the limits and amount of treatment used. Taking into account that the court should make a decision within five days as prescribed by law, the patient may stay in the mental health facility up to eight days without a relevant status before the court makes the decision on forced treatment. This has risks in it in the sense of uncertainty towards the patient and the medical worker.

Another serious issue is the situation of using forced medical intervention in the special psychiatric department of the Nubarashen psychiatric clinic of “Psychiatric Medical Center” CJSC at the RA Ministry of Healthcare, where police officers are involved in the prevention of patients’ escape. The police officers are on daily duty at the entrance and it is not excluded that they will intervene in the so called establishing discipline in the department.

In spite of #1083-A order made by the RA Minister of Healthcare in 2008 “On Confirming the orders of providing persons with mental health problems in the mental health facilities with phone communication and correspondence, with newsletters and magazines, with legal assistance, awareness raising, information on rights and of the form of the leaflet foreseen for informing the persons with mental health facilities about their rights,” the patients’ right to phone communication is not ensured in the mental health facilities as they do not have telephone booths.

The impression is as if the rights of persons with mental health problems, to make use of the phone, is still perceived as something illogical and unacceptable, as their relatives may be displeased with them for their wish to communicate.

The patients’ right to get legal assistance is not ensured either. Patients with mental health problems, or their relatives, and legal representatives do not have the practice of getting legal assistance even including advocate’s assistance.

Though the law prescribes it, informing the patients during admission to the mental health facility is not practiced. Moreover, sometimes it is of formal character. The patients in the medical institutions perceive themselves as persons only having responsibilities, and are deprived of the chance to apply, appeal or be heard.

From the viewpoint of the right to the outside world, the patients' right to correspondence remains unexercised.

Taking into account that the majority of the RA mental health facilities do not organize walks/rounds for the patients, they basically are absolutely deprived of freedom while being kept in the mental health facilities.

There is no practice of organizing leisure time for the patients in general because of the absence of relevant methods and specialists.



The workshop of the Sevan Psychiatric Hospital, where the patients spend their leisure time

Except for a few cases, as a rule, mental health facilities do not have visitation rooms for patients. The separate rooms defined for visits only, are not furnished properly and are not in relevant condition. Except for a few exceptional cases, the patient's relatives may have a longer visit if they are willing to pay for it.

Health problems and such cases of isolation, deprive the patients of the opportunity to be re-integrated into society.

In the mental health facilities, both the patients and the employees, except for a few medical institutions, are very concerned about the amount and quality of the food provided. In some of the medical institutions, the food variety is provided by the personal initiative of the administration of the medical institution.

The conditions of having meals and the sanitary hygienic conditions (toilets, bathrooms, dining-room, kitchen, etc.) are insufficient because the patients are not served at the same time and the property is worn out or useless.

Many patients refuse to eat because of the poor food variety (pasta and wheat products) and is of bad quality. As a result of the bad food quality, the patients suffer different illnesses.

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The food provided to the patients

After the independence of Armenia, the job descriptions for the medical and service providing personnel have not been established for the RA Mental Health Facilities. There is neither legal documents for the procedure of establishing a work description in the medical institutions, nor a Code of Conduct for medical workers in such institutions.

The level of social protection of employees has an important impact on the effectiveness of the patients' treatment and violation of their rights in the mental health facilities. Low salaries, inappropriate working conditions do not make the profession of a psychiatrist especially attractive for young specialists.

To conclude, we may summarize that there exists a range of problems in RA Mental Health Facilities which can be solved only by the "National Program for Psychiatric Health Care of the Population," which will include medical and educational, public, urbanization, social, financial and legal comprehensive issues.

THE PROBLEMS REVEALED IN THE MENTAL HEALTH FACILITIES AND RECOMMENDATIONS FOR THEIR SOLUTION

• Problems Revealed

Conditions of the Building

1. The size of the wards for patients differs, which causes discrimination in different medical institutions and even inside the same institution. The area for one patient varies from 2 to 20 square meters.

The wards of the mental health facilities



Sevan Psychiatric Hospital

Armash Health Center



Nork Psychiatric Clinic

Gyumri Mental Health Center

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2. During the cold seasons, heating in the departments is not fully ensured especially when the weather gets cold earlier.
3. In the mental health facilities, a list of prohibited food products, items and the menu are not posted in a visible place to be available for the patients and the employees.
4. The visitation rooms, bathrooms and dining rooms in the mental health facilities are not furnished adequately.



**The Dining-room in the Nubarashen
Psychiatric Clinic**

5. Technical problems are not repaired in the mental health facilities as some of the showers, faucets, taps and valves are out of order.



**The Bathroom in the Sevan
Psychiatric Hospital**

6. The buildings of the mental health facilities need not only repairing but also construction of new typical/model buildings.
7. In the mental health facilities necessary entrance conditions for people with mobility problems are not ensured.
8. There are no fire security systems in the mental health facilities.

Use of Phone Communication by Patients

9. The mental health facilities are not provided with phone booths and the patients are deprived of the chance to communicate.

10. In some of the institutions, the patients can make use of the employees phone but this does not ensure confidentiality and a discriminating attitude is displayed towards the patients while using the phone.

11. In some of the institutions, the patients pay for phone communication.

Use of Correspondence by Patients

12. In the mental health facilities the patients' rights to correspondence is not provided – there are no mail-boxes and necessary articles (paper, envelopes, pens).

13. In some cases, the patients' letters do not reach the addressees.

14. The confidentiality of the patients' letters is not ensured.

Patients' Right to Meetings

15. There are no visitation rooms for patients in three of the medical institutions.

16. There is no standard form of registration of patients' meetings.

17. The procedure and time frame of patients' visits are not regulated.

18. There is no defined list of prohibited items during visits in medical institutions except for three of them.

19. The confidentiality of the meetings with patients during the visits is not ensured.

20. In some of the medical institutions the patients pay for meetings and the employees take some food from the deliveries brought in by the relatives for the patients.

Organization of Patients' Leisure Time

21. There is no methodology and procedure of organizing the patients' leisure in medical institutions.
22. The personnel does not have relevant capabilities to organize the patients' leisure.
23. There are no additional therapies in the medical institutions (work therapy, patients' involvement in games or other events).
24. The medical institutions are not provided with books, newsletters, and magazines.



The space for organizing leisure time in Nork Psychiatric Clinic



The room for organizing leisure time in Gyumri Mental Health Center

Organization of Patients' Walks/Rounds

25. The right of patients' to walks is not ensured in medical institutions except in two of them.

- 26. The patients who get forced treatment do not generally go for a walk.
- 27. In bad weather conditions, walks for patients is not organized due to absence of warm clothes.
- 28. The patients' right to walks is restricted if a patient escaped or tried to escape.
- 29. The walking grounds are not equipped with necessary items.

The Right of Patients to Respect for Private and Family Life

- 30. Secret inspection of patients' personal belongings is very common under the justification of discovering prohibited items.

Informing Patients about receiving Legal Assistance, Rights and Responsibilities

- 31. During admission to the medical institutions, patients are not informed about their rights and responsibilities .
- 32. In some medical institutions informing the patients about their rights and responsibilities is of formal character.
- 33. The employees awareness on the patients' rights and responsibilities is at a low level.
- 34. The patients' right to get legal assistance is not ensured in the medical institutions.
- 35. The issues related to passports, obtaining pension and disability benefits, especially for long-term patients, are not regulated in the medical institutions.

Conditions for Psychiatric Hospital Treatment

- 36. In the medical institutions, there is not a sufficient number of beds for the patients in need for treatment.

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37. In the medical institutions, getting psychiatric assistance is not distinguished from the treatment of drug and alcohol addicted individuals.

38. In the medical institutions, getting psychiatric assistance is not distinguished from the treatment of mentally challenged individuals.

39. In a medical institution, the forced treatment, treatment and care for chronic and severe psychiatric cases is realized in the same department.

Procedure of Admission of Patients to Mental Health Facilities

40. Patients' agreement on getting treatment is of formal character and it is also carried out without their agreement or court decision.

41. The issue of making a conclusion for the patients by the psychiatric commission within the three days' period (if it is holidays or free days for 3 days) is not regulated.

42. There are no criteria for urgent medical and sanitary measures during the patients' admission to the medical institution.

Use of Forced/Involuntary Treatment and Forced Medical Measures

43. As a rule, neither the patients nor their representatives are present at the court sessions on issues related to use of medically forced measures.

44. The frequency of once every six months for conducting the patients medical-psychiatric examination for those getting forced treatment is not followed in practice.

45. No case of appealing a court decision on use of forced medical measures has ever been recorded in practice.

Ensuring Funding for Delivery of Psychiatric Assistance

46. There is no explanation on the amount of money provided from the state for the treatment of one patient.

47. In spite of the fact that psychiatric assistance is state funded, some medical institutions have paid medical service which is not understandable.

Delivery of Psychiatric and Somatic Assistance

48. Medicinal treatment is the main methodology for patients' treatment in the medical institutions.

49. There is no methodology of implementing psychological and social work with chronic patients in the medical institutions.

50. The level of involvement of psychologists in the medical institutions and the quality of their service is insufficient.

51. There are no possibilities of psychiatric assistance for juveniles.

52. The quality and effectiveness of the state funded medicine provided to the medical institutions does not meet the patients' treatment needs.

53. The medical institutions are not sufficiently equipped with medical equipment .

54. Minimal sanitary conditions are not maintained in the medical institutions while delivering medicine to the patients.

Medications provided to the patients, which are kept open all day long in the Procedure room



55. In different medical institutions, different dosages of medicinal treatment is used for patients with the same mental health problems.

56. The level of the patients' awareness on the medicine they use is insufficient.

57. There is no procedure of preventing contagious diseases, in particular the procedures of delivering medical assistance to patients in such situations.

58. The criteria for somatic treatment are not defined in the medical institutions.

59. The list of medical measures directed towards the supervision of the patients' health conditions, the procedure of their implementation and the recording is not defined in the mental health facilities.

Organization of Work, Discussion of Complaints and Requests, Regulation of Disagreements and Conflicts in Mental Health Facilities

60. There is no Internal Code of Conduct, as well as any procedure of solving disagreements and arguments between employees and patients or between the patients.

61. There is no procedure of discussing complaints or suggestions brought either by the patients or the employees of the medical institutions.

62. The disciplinary measures in the cases of violation of internal rules, as well as the use of those measures in the cases patients fail to fulfill their responsibilities, are of punishable character and are biased.

63. As a rule, the disagreements between patients are regulated by the nurses and nursing assistants, in some cases even with the involvement of other patients.

64. Medical intervention is widely used as a means to solve disagreements between the patients, which can be accompanied by threats and intimidations against the patient by the employee.

Professional Capacities, Workload and Organization of Workload of the Personnel in the Mental Health Facilities

65. The junior personnel of the medical institutions – nurses and nursing assistants – do not have specialized education and have not been trained.

66. Organization of training courses for the doctor-psychiatrists and nurses and their funding is insufficient.

67. There is insufficient awareness and education in medical institutions on new achievements, methods, and new effective medications, in the sphere of psychiatry.

68. There are no job descriptions for the employees.

69. There is no Code of Conduct for the medical employees of the institutions.

70. The employees in the medical institutions do not know their rights and responsibilities.

71. Insufficient number of nursing assistants in the medical institutions makes it impossible to organize patients' walks/rounds.

72. There are no rules for encouragement and disciplinary punishments for employees in the medical institutions.

73. There are no guarantees for leaves for regular vacation days and social security for the medical employees.

74. The salaries in the medical institutions is not adequate to the workload of the employees.

75. There is no clear division of responsibilities between the employees and the work distribution between the doctor-psychiatrists is unequal.

Regulation of Patients' Distribution and Displacement in the Medical Institutions

76. The decisions on the change of patients' wards are made by different employees, including the junior personnel, and as a rule, they are not justified and are not recorded.

Patients Involvement in Work

77. In some cases, the patients are involved in physical work outside the medical institution, for which they get very little payment.

Death cases

78. There is no comprehensive statistics in the medical institutions for death cases.

79. No criminal cases are initiated on patients' suicides and death cases, no comprehensive, complete, or objective investigation is carried out.

The Criteria of Food Provided for the Patients

80. The quality of food given to the patients in some of the medical institutions is insufficient, which is due to food products of poor quality and ignorance of food preparation technology.

81. The variety of food for the patients in the medical institutions is not ensured.

82. The patients are not provided with restricted dietary food in case of necessity.

83. The dishes for patients are old and inadequate for the patients.

84. There are no appropriate conditions to keep the food delivered for the patients by their relatives.

Maintenance of the Sanitary Conditions and Patients'

Personal Hygiene in the Mental Health Facilities

85. The patients in the medical institutions are not provided with sanitary-hygienic items necessary for personal use.

86. The sanitary-hygienic items of daily use are kept with the employees – housekeepers.

87. There are no dressers near the beds in the wards and the patients do not have the possibility to keep their personal belongings.

88. There is not enough personal clothing and bed-linen for the patients, and what they have is worn out.

89. The clothes and linen are not properly washed and after the patients wash up, the clothes are distributed arbitrarily.

90. The patients are not provided with hot water and cleaning supplies (soap, powder) to wash their personal clothes.

91. Patients' clothes and linen is also given as humanitarian aid, but the patients consider them of poor quality.

92. The personal hygiene of the chronic patients who are bedridden and who are unable to take care of themselves is not properly ensured.

93. The nursing assistants carry out most of their functions with the involvement of patients and usually by the same group of patients and especially in the work for ensuring the sanitary-hygienic conditions.

94. Not all the institutions are provided with necessary items for taking a bath.

95. The possibility for the patients to have a bath at least once a week is not ensured.

96. The average duration of bathing for one patient is short (2-6 minutes).

97. There is no hot water available for the patients in the medical institutions for their daily needs.

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98. Issues relating to personal hygiene (possibilities for shaving) especially of men patients, as well as providing women patients with personal hygiene items are not regulated.

99. Some problems regarding ensuring sanitary-hygienic conditions in the medical institutions are solved by the patients' relatives, as well as by exploitation of patients.

100. There was a specific odor in all the mental health facilities.

The Patients' Treatment Duration and the Period of Stay at the Medical Institution

101. As a rule, the duration of treating serious cases in the mental health facilities is 24 days, which is defined by the state order.

102. Regardless of the patient's health condition, the actual treatment lasts 24 days in the majority of cases. Patients' treatment for a shorter period of time, check out from the medical institution, as well as possibilities for longer treatment in the medical institution are restricted by state order demands and the decisions of the doctor-psychiatrists are of formal character in such cases.

The Personnel's Attitude towards the Patients

103. In all the medical institutions, the employees' treatment/attitude towards the patients is humiliating and degrading, and in some cases it has forms of physical violence, psychological pressure, demeaning words, as well as labor exploitation.

104. There is an insufficient number of doctor-psychiatrists in the medical institutions and one doctor-psychiatrist may have 30-35 patients, which decreases the effectiveness of the psychiatric assistance.

105. Facts of inhuman treatment and physical violence have been recorded against the patients by the police and ambulance employees while bringing them to the medical institutions.

106. Except for a few of them, there are no register books in the medical institutions for the results of external examination of patients while admitting them to the institution, which record injuries, and bruises but do not have a further investigation.

107. The patients who escaped or tried to escape are subjected to physical violence and psychological pressure.

Use of Restraint Methods against Patients

108. The grounds and duration of the use of restraint methods are rather broad and in some cases they are used as punishment as the medical necessity for their use is not understandable.

109. The restraint means can be used also without the decision of the doctor-psychiatrist.

110. The restraint means are used mainly in the wards in the presence of other patients.

111. The care for the patients for whom physical restraint means are used is insufficient and in some cases implemented by other patients.

112. Besides the medical workers, patients take part in the use of restraint methods.

113. Physical restraint of a patient may last several days and in some cases it is longer.

114. The fact that physical restraint is used for the same patient along with injections is not defensible.

115. The duration of a restraint is not recorded.

116. The restraint means are widely used during the night hours.

• Recommendations

Based on the information obtained during monitoring, the following recommendations with the intention of solving the revealed problems and improving the human rights situations in mental health facilities are presented below:

Conditions of the Building

1. To repair the toilets, bathrooms, kitchens, buffets, food and supply storerooms, dining-rooms in all the mental health facilities.
2. To provide all the mental health facilities with relevant building environments necessary for the implementation of treatment and care of persons with mental health problems:
 - To provide interior repairs with relevant colors.
 - To provide free access to and movement in the mental health facilities for persons with mobility problems.
 - To provide patients with a minimal area of 6 square meters in the wards.
 - To replace the windows and metal bars of the doors in the mental health facilities with unbreakable glass.

Windows with metal bars



3. To provide all the buildings of the mental health facilities with fire security systems, especially in the wards and corridors.
4. To provide all the mental health facilities with isolation cells for using restraint means and to isolate persons with contagious diseases and to provide necessary conditions, in particular: bed, dresser, toilet, etc.
5. To create visitation rooms in all the mental health facilities and equip them with necessary furniture and conditions.
6. To provide all the mental health facilities with European style toilets, as well as to separate the toilet stalls from each other and from the hallway with doors.
7. To provide the women's and men's department of all the mental health facilities with space necessary to organize their leisure time and equip with necessary conditions: furniture, TV-set, table games, etc.
8. To create separate women's and men's bathrooms in all the mental health facilities and provide them with necessary conditions and property (showers, sideboards, benches, a hall, etc.
9. To separate the storage of food products from other supplies in the storerooms and create necessary conditions such as shelving for storing them.
10. To provide all the mental health facilities with necessary conditions for the patients to wash, dry, and iron their clothes and to provide with all necessary equipment for doing it.
11. To provide in all the mental health facilities the space in the dining rooms necessary for all the patients to have meals together; to provide the dining-rooms and the kitchens with the relevant number and quality of property (tables, chairs, dishes, furniture) which should correspond to the number of beds.
12. To separate the wards from the corridors with doors, which will ensure the patients' right to privacy of their personal life without hindering the implementation of the necessary control and treatment.
13. To provide the wards in all the mental health facilities with windows which do

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not hinder natural light, as well as to provide all the wards, corridors and other rooms with a relevant level of artificial lighting.

14. To pay particular attention to reducing humidity in the “Sevan” Mental Health Facility

15. To provide all the mental health facilities with a modern technical means of air conditioning and heating so that ongoing air quality of the departments and wards is ensured and a relevant or comfortable temperature is maintained.

Use of Phone Communication by Patients

16. To locate phone booths in all the mental health facilities – one booth per department.

17. To work out a phone use procedure, which defines: how long the calls should be, who decides on the phone usage, and who is the responsible person for this and what their duties are, how patients register to use the phone and what registration form should be used. Privacy of the patient making the call should be ensured.

Use of Correspondence by Patients

18. To locate mail-boxes in all the mental health facilities: to define a relevant order which will ensure receipt of letters from the patients by the employees of the postal service.

19. To provide all the mental health facilities with supplies such as paper, envelopes, pens, stamps, which are necessary for correspondence.

20. To define a clear procedure in the mental health facilities to ensure patients' privacy of correspondence.

21. To define a model journal to register the sending and receipt of letters, messages, requests or claims and to define the duties of the individual responsible for maintaining the journal.

Patients' Right to Meetings

22. To define in all the mental health facilities, a model of a journal for patients' meetings: which should include: a procedure of permitting meetings, including the responsibilities of the individual who ensures the meetings, the rules for the duration of the meetings, frequency of the meetings, permission for decisions and restrictions.

23. To define in the mental health facilities a procedure of accepting deliveries for the patients, including the list of prohibited items, as well as the duties of the responsible individual.

Organization of Patients' Leisure Time

24. To develop a methodology ensuring the patients' right to leisure time in the mental health facilities considering it as a necessary part of psychiatric care and support.

25. To develop a training course intended to ensure organization of the patients' leisure time in the mental health facilities and prepare relevant specialists to implement such functions

26. To create relevant space in all the mental health facilities for organizing the patients' leisure time and equip it with all necessary items.

27. To provide all the mental health facilities with literature, information sources, games, educational and instructive materials, video and media library.

Organization of Patients' Walks/Rounds

28. To organize and ensure the patients' walks in the mental health facilities outside the departments and the building by creating walking grounds, walking places regardless of the patients' status, their health conditions and weather conditions.

29. To provide the mental health facilities with the necessary number of services providing personnel for organizing and ensuring the patients' right to free walks

The Right of Patients to Respect for Private and Family Life

30. To rule out inspection of patients' personal belongings in their absence and to record all inspection cases and their results in a special register book, where the patient can also make notes.

Informing Patients about receiving Legal Assistance, Rights and Responsibilities

31. To develop a procedure of informing the patients about their rights and responsibilities, which will ensure informing the patients, their relatives or legal representatives such as guardians, trustees – about the patients' rights and responsibilities, the procedure of discussing complaints and requests or claims, and the procedure of getting legal assistance in the mental health facilities.

32. To ensure the right of the patients with mental health problems to get legal assistance with state funding through the Institute of Public Defense.

33. To clearly define procedures for the long-term care of patients in the mental health facilities: to obtain a passport, pension, to undergo medical or social evaluation.

Conditions for Psychiatric Hospital Treatment

34. To separate, in all the mental health facilities, the patients receiving psychiatric treatment from the patients receiving treatment for drug and alcohol addiction.

35. To distinguish the treatment of mentally challenged persons from the treatment of persons with mental health problems.

36. To establish a special care center for chronic patients by separating them from the institution for short-term patients with severe psychiatric problems.

Procedure of Admission of Patients to Mental Health Facilities

37. To appoint forensic examination on cases of physical injuries recorded on the patient's admission to the mental health facilities and provide the results to the patient, his/her relative, legal representative or the individual providing them with legal assistance.

38. To define and establish a clear procedure of admitting patients to the mental health facility, including a register book with the results of the external examination and a register book for admitting a patient to the mental health facilities.

39. To develop a procedure of the activity of the psychiatric commission to ensure the participation of the patient, his/her relatives, legal representative, attorney, and if they wish an expert as well.

40. To include a psychologist from another medical institution in the psychiatric commission and ensure all travel, accommodation, food and other expenses for him/her to participate on the commission.

41. To clarify the legal status of the patient, the conditions, the list of allowed medical and other procedures, the rights and responsibilities of patients' relatives and their legal representatives and those of the medical personnel during the three days while in the medical institution before receiving the conclusion of the psychiatric commission.

42. To define the list of medical and health measures while admitting a patient to the mental health facility.

Use of Forced/Involuntary Treatment and Forced Medical Measures

43. In all incidences of using forced/involuntary treatment and forced medical measures: to ensure the participation of the individual providing the patient with

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legal assistance in the psychiatric commission's sessions and in case of the patient's decision to provide the participation of an independent expert.

44. To do the examinations of the psychiatric commission on the person's health who receives forced treatment, no later than once every six months, and to do it earlier based on the request or claim submitted by the patient, his/her legal representative or attorney.

45. To define an effective court procedure over the usage of medical forced measures.

46. To define a special procedure of implementation and control of the court's decisions on using forced medical measures in Nubarashen psychiatric clinic of "Psychiatric Medical Center" CJSC at the RA Ministry of Healthcare and exclude the participation of the police in the process.

Ensuring Funding for Delivery of Psychiatric Assistance

47. To eliminate the restriction of the state ordered treatment within 24 days and consider the necessary funding for patient's treatment in line with necessary duration according to the decision of the psychiatric commission.

48. To develop a justified and understandable methodology for defining the amount of financial means available in order to deliver psychiatric assistance by state order.

49. To define the procedure, terms, and size of payment for delivering paid medical assistance in mental health facilities.

Delivery of Psychiatric and Somatic Assistance

50. To create a separate institution for delivery of psychiatric assistance to juveniles with mental health problems.

51. To develop and contribute social and psychological support programs, methods and technical resources for chronic patients and to train relevant specialists and staff.

52. To ensure the variety and amount of medication provided for by mental health

facilities based on the suggestions made by the medical personnel in accordance with the treatment practice and results.

53. To ensure treatment of patients with somatic diseases and develop relevant criteria and methods.

54. To ensure the access of information for patients, their relatives, legal representatives, and individuals by providing them with legal assistance on the medications prescribed and provided to patients, on possible side effects, as well as existing alternative and more effective medications and provide these persons with a copy of the appropriate document.

55. To develop and contribute clear methods and procedures for the prevention and treatment of contagious diseases in mental health facilities.

56. To define and ensure a minimal standard of medical equipment in mental health facilities.

57. To define a procedure of delivering medicine to the patients to ensure minimal hygienic conditions.

58. To organize patients' individually, not in groups, when they receive their medications or prescriptions.

59. To define a procedure of controlling the methods used against the patients, the variety and amount of medications prescribed for the patients and to hand over this power to the psychiatric commission.

60. To develop and establish the list of medical measures directed towards the control of the patients' health conditions and the procedure of their implementation and recording, as well as the type of the register book.

Organization of Work, Discussion of Complaints or Requests, Regulation of Disagreements and Conflicts in Mental Health Facilities

61. To develop an Internal Code of Conduct and ensure adoption of the Internal

Code of Conduct in each mental health facility.

62. To develop a procedure for discussing complaints or requests brought either by the patients or the employees of the mental health facilities and ensure the patients' security and confidentiality.

Professional Capacities, Workload and Organization of Workload of the Personnel in the Mental Health Facilities

63. To develop a Code of Conduct/Rules of Ethics for the employees in the mental health facilities and ensure their establishment in all the institutions.

64. To develop job descriptions for the employees in the mental health facilities and ensure their establishment in all the institutions.

65. To define the rights and responsibilities of the personnel – director, doctor-psychiatrist, senior nurse, nurse, nursing assistant, service providing personnel and ensure their establishment in all the institutions.

66. To ensure as much as possible, equal involvement of each staff member in the patients' treatment, service provision and other work.

67. To develop criteria related to the behavior, education, age and professionalism of nursing assistants, to organize educational courses and trainings for the current and future nursing assistants.

68. To clearly define rules for disciplinary responsibility and encouragement of the medical workers, which may include raising or reducing salaries, position or vacation leaves.

69. To create conditions for leisure time and meal breaks of the medical workers in the mental health facilities.

70. To organize within state order the preparation and training of new staff for mental health facilities and their further involvement to meet the needs of these institutions.

71. To double the salaries of the medical workers in mental health facilities.

Regulation of Patients' Distribution and Displacement in the Medical Institutions

72. To develop a procedure for accommodations of the patients, changing the wards and the procedure of making use of the property, to ensure contribution of those procedures in all the mental health facilities, which will exclude discriminative approach towards the patients by the employees.

Patients Involvement in Work

73. To develop the procedure of involving the patients in work on a voluntary basis and create relevant working conditions and payments as prescribed by the Labour Code.

Death cases

74. To define a form of a statistics for death cases in the mental health facilities according to the patients' personal data, the reasons for death, etc.

The Criteria of Food Provided for the Patients

75. To ensure a variety of food for the patients in the mental health facilities taking into consideration the following:

- a) the particularities of the biological system of persons with mental health problems
- b) the particularities depending on treatment methods
- c) the particularities depending on somatic diseases of persons with mental health problems

76. To create conditions in all the mental health facilities for keeping food, delivered for the patients by their relatives, sanitary; such as to have a refrigerator available for use.

Maintenance of Sanitary Conditions and Patients' Personal Hygiene in the Mental Health Facilities

77. To define necessary criteria for maintaining the personal hygiene of the patients in the mental health facilities, including:

- the quantity and quality of the personal hygiene items
- the quantity and quality of the linen
- the frequency and duration of the bathing (not less than once a week)
- the provision, maintenance, use and changes in f the above mentioned things

78. To ensure the principle for privacy of the patients' personal hygiene.

79. To have a procedure for care of chronic patients who are bedridden and who are unable to take care of themselves and define the responsible individual for this.

80. To provide all the mental health facilities with a 24-hour hot and cold water supply.

81. To provide all the mental health facilities with relevant bathing conditions.

82. To provide all the wards in the mental health facilities with beds corresponding to the number of patients and to have mechanical standards of the beds in line with the requirements of the persons with mental health problems.

83. To put dressers near the beds in all the mental health facilities.

84. To rule out forced involvement of patients in sanitary work.

85. To implement regular sanitary measures to eliminate the unpleasant odor in the mental health facilities.

Institutional and Organizational Reforms

86. To create a public monitoring group (independent experts, representatives of NGOs) at the RA Ministry of Healthcare to prevent cases of physical, psychological

violence and degrading or humiliating attitude towards the patients by the medical workers in accordance with the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ratified by Armenia. With the principle of public participation to work out the procedure of the activity and affiliation of the monitoring group and to approve by decree of the RA Minister of Healthcare.

87. To bring the RA law “On Psychiatric Assistance,” and other RA legal acts in line with international documents and decrees ratified by Armenia, as well as the approaches and principles of international organizations, in particular:

- UN Convention on the Rights of Persons with Disabilities
- European Convention of Human Rights and Fundamental Freedoms
- European Charter of Patients’ Rights
- The Principles of the protection of persons with mental illness and the improvement of mental health care (UN General Assembly, December 17, 1991; Resolution 16/119)
- Recommendation Rec (2004)10 of the Committee of Ministers to member states concerning the protection of the human rights and dignity of persons with mental disabilities.

88. To expand the powers of the psychiatric commission and its independence from the mental health facility; to exclude inclusion of the director of the mental health facility in the composition of the psychiatric commission.

89. To develop a Model and National Program for mental health care.

90. To work out the minimal standards for the building conditions of the mental health facilities.

91. To create care centers for chronic patients with mental health problems and provide their psychological, social, and medical service.

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ANNEXES



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VANADZOR OFFICE

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To: RA Minister of Healthcare
Mr. Harutyun Kushkyan

Ե/2011- 20/08/226

Dear Mr. Kushkyan,

In July-November 2009 *Helsinki Citizens' Assembly-Vanadzor* NGO implemented the project *Human Rights Monitoring in the RA Mental Health Facilities* with the support of Open Society Institute Assistance Foundation-Armenia and Open Society Institute Assistance Foundation Budapest office.

Within the framework of the project the organization implemented human rights monitoring in eight of the Mental Health Facilities in Armenia aiming to identify and highlight human rights situation in the mental health facilities in Armenia.

The results of the monitoring are presented in a report, which we would like to be discussed in the Ministry. We are planning to publish the report in October of 2011.

Attaching importance to the co-operation of NGOs with the Ministry of Healthcare, as an opportunity for civil society participation in the reforms of healthcare, we expect comments and suggestions on the report from the relevant representatives of the Ministry, which will be published along with the report.

We would kindly ask you to send us your comments and suggestions by September 30, 2011 to the mentioned address.

Thank you for co-operation.

Sincerely,

Artur Sakunts
Coordinator of organization

Contact: M. Temuryan
e-mail mtemuryan@hcav.am

From: Head of Staff of the RA Ministry of Healthcare

To: Coordinator of HCA Vanadzor, Artur Sakunts

Address: 59 Tigran Mets, Vanadzor

Dear Mr. Sakunts,

I am expressing my gratitude for the report "Human Rights Situation in the Mental Health Facilities" enclosed in your letter #E/2011-20/08/226 sent to the Minister of Healthcare on 20.08.2011. At the same time, I am expressing willingness to co-operate for further improvements on psychiatric service.

Non-governmental organizations, including human rights organizations, can play a great role in protecting the rights of vulnerable groups. From this viewpoint, I attach importance to the preparation of such a report and presentation to all interested organizations.

Regarding the contents of the report:

The report did not include the work implemented in 2010 and 2011, as well as the information on the adopted normative documents and their application; in particular, the following legal acts have been adopted and already applied during that time frame:

- May 23, 2011 # HO-203-N RA law "On Making Changes in the RA Law on Psychiatric Assistance"
- May 17, 2010 # HO-89-N RA law "On Making Amendments in the RA Law on Psychiatric Assistance"
- May 26, 2011 # 711-N decision of RA Government
- 01.04.2010 N 350-N decision of the RA Government "On Approving of the Procedure of Delivering Inpatient and Outpatient Psychiatric Medical Assistance"
- 03.05.2010 N 691-A decree of the RA Ministry of Healthcare "On Approving of the Guideline of Applying Physical Restraint against Persons with Mental Disorders in Organizations Providing Psychiatric Medical Assistance and Service."

By adopting the abovementioned legal acts, a number of issues have been regulated and many shortcomings mentioned in the report have been already corrected.

There are numerous examples in the report which do not correspond to the reality of the situation. It will take too long to refer to all of them, therefore, I will mention a few examples by highlighting the paragraphs in the report and stating our explanations below the paragraph:

- Page 140, paragraph 5: *"One of the employees mentions that in the case of forced treatment, after 6 months the conclusion of the commission is determined by the doctor-specialist, the law enforcement representative and other specialists."*

In the RA Ministry of Healthcare "Psychiatric Medical Center" CJSC psychiatric clinics during the forced treatment the examination of patients by the inter-department

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psychiatric commission is done no later than once every 6 months. The records made in the illness journal can prove this.

- Page 183, paragraph 5: *“As some of the employees in the clinic assure the decisions on changing the wards are made by the nurses and nurse’s assistants.”*

During inpatient treatment in the RA Ministry of Healthcare psychiatric clinics, the decisions to change the wards are made only by doctor-psychiatrists.

- Page XXIV point 116-117: *“There is no comprehensive statistics in the medical institutions for death cases; no criminal cases are initiated on patients’ suicides or death cases; no comprehensive, complete, or objective investigation is carried out.”*

In the psychiatric clinics, in cases of patients’ suicides and in cases of suicides or death while getting forced treatment, the management team of the institution immediately informs the law enforcement bodies in a written report. There is comprehensive statistics on all death cases which is submitted to the RA Ministry of Healthcare every month.

There are a number of data and examples in the report, which are based on information provided by uninformed people, who are not objective.

The mentioned shortcomings do not lessen the value of your report and the time consuming work you have done. The relevant departments and specialists of the RA Ministry of Healthcare have been assigned to work on abolishing the shortcomings that correspond to the reality of the situation. Any shortcomings, which are connected with a lot of financial expenses, can be accomplished only if there are relevant means.

I am also informing you that a *Strategic Program of Psychiatric Service Development* has been worked out. As a result of its application, it will be possible to greatly improve the situation of psychiatric service as well as the issue of human rights protection.

It should be noted that, as in any other sphere, mental health protection has a number of problems which need to be solved and there is always a need for ongoing improvements.

We will be happy to cooperate further with you in the mentioned issues and in your work on human rights monitoring.

Sincerely,

S. Krmoyan