THEMATIC REPORT

Transparency in the mental health system

Tirana, September 2018

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Abreviations

ARCT	Albanian Rehabilitation Centre for Trauma and Torture
CDC	Center for Disease Control and Prevention
CoE	Council of Europe
IOM	International Organization on Migration
MHSP	Ministry of Health and Social Protection
MoJ	Ministry of Justice
NPM	National Preventive Mechanism
PA	People's Advocate
WHO	World Health Organization
USAID	United States Agency for International Development

Introduction

In Albania, the system of mental health services faces major challenges in the required changes against the traditional profile focusing on psychiatric and neurological treatments in ambulatory facilities and psychiatric hospitals towards more decentralized services for its patients, followed by a change of service typology and increase for professionals.

With regards to the interpretation of the concepts of transparency in the health care system, one can have in mind the need for data and information related to service costs, medications, infrastructure, staffing, etc. In our report, the concept of transparency related to mental health services will focus on the need for information on the overall system, the functioning mechanisms, and the need for improvements of the regulatory norms (legal and administrative acts) which impact patients and families as direct beneficiaries of the system. It also focuses on the service needs for amendments on the procedures of use of force during the arrest, accompaniment, transportation of the psychiatric emergency cases; the missing cooperation and referrals from the family doctors; the role of the psychiatric emergency treatments close to families and referred to regional emergency hospitals; the lack of an internal complaint mechanism and, the establishment of the ambulatory forensic psychiatry.

If addressed in the contexts of systemic improvements/ developments, all these important indicators guarantee increased transparency in the mental health services, as well as offer concrete opportunities to avoid stigma, discrimination and social exclusion of persons who suffer severe mental disorders.

Data from monitoring processes and reports guide a partial discussion which is based solely on material conditions and needs for an increased number of specialties in the psychiatric services. This report, parallel to the already identified problems, provides also analysis on a new, contemporary and multidisciplinary approach to increase the effectiveness in the mental health services in Albania.

Since the legal amendments of 2012, the mental health service has not been provided with mechanisms or any regulatory acts that address the procedures of “arrest” and “transport” of the mentally ill patients in cases of: a) psychiatric crisis; b) commitment of a criminal act; c) violation of public security.

In its efforts to improve transparency, the mental health system suffers from a lack of internal complaints system. The Action Plan for the Development of Mental Health Services 2013-2022, with its 10-year mandate, makes it difficult to control the implementation. It faces difficulties to follow periodic improvements based on new dynamics emerging from the system (e.g., treatment of the convicted persons under compulsory medical measures).

During the implementation of the program "Transparency in the Mental Health System in Albania", as part of the USAID's "Transparency in HealthCare System" program, on strengthening the monitoring role of the Ombudsperson Institution (NPM), the Albanian Center for Trauma and Torture Rehabilitation has undertaken 13 monitoring visits to psychiatric hospitals in Tirana, Elbasan, Vlora and Shkodra, and in some community centers in Tirana; it has organized 3 meetings in the format of focus groups discussions with the participation of families of patients suffering from mental disorders, field professionals and PA experts.

The role of the family doctor and the role of the psychiatric emergency treatments close to families and referred to regional emergency hospitals remain unaddressed. Due to a new role of the family doctors, there is an identified need for the primary health care professionals to properly engage in identifying, referring and following the chronic or non-chronic cases/ signs of mental disorders.

These dynamics that are noted through an increased number of patients at national level are not reflected in sustainable changes in human and financial resources. In 2017, the budgetary allocations dedicated to psychiatric services was around 201 billion ALL, while during 2018, the budget decreased to 680 million ALL.

Increased attention to staff professional education, considerable number of vocational trainings and new developments on the typology of diseases only reinforces the difficult reality of this service, translating to significant institutional problems experienced by patients.The component of "rehabilitation" should remain focused-driven to institutional and staff interventions: the daily confrontation of the patient with the stigma, discrimination and social exclusion is the most accurate indicator of the urgent need of priority to this service, along with the health-related awareness of the population about services, procedures and structure to refer to, etc. Incorporating new professions into multidisciplinary teams requires change of care patterns. Enhancement of the network of mental health services creates the possibility of engaging mental health professionals towards new dynamics and positive models of change.

Lack of public education on the morbidity, the means of identification, prevention and care for patients suffering from mental illness, information on affected age groups and contemporary forms of mental illness treatment, further deepens the lack of information on this service. Providing practical opportunities for community-based awareness campaigns across the country brings awareness and public sensibility to the role that psychiatrist plays in treating, rehabilitating and preventing mental disorders in the Albanian population.

Methodology

The process of monitoring mental health institutions by non-governmental organizations (external monitoring) has remained a component that was first addressed by the 2nd significant Mental Health Law but left for evaluation and implementation on a case-by-case basis. CSOs involvement in discussions during the process of preparing the new Mental Health Law was considered a good opportunity for continuous recommendations for attracting organizations that can provide expertise in improving quality and human rights standards (standard of compulsory WHO Control Checklist for the process of drafting legislation in the field of mental health).

The program "Transparency in the Mental Health System in Albania", as part of the USAID's Program "Transparency in the Health Care", for strengthening the role of the People's Advocate Institution for Transparency in the Mental Health System, is considered a powerful opportunity to address some of the priority issues[1], such as:

- The mental health system and the relevant mechanisms (procedures that are in place and the need for changes/improvements in issues related to psychiatric emergencies, prohibition of violence and torture, and transportation of mentally ill, the role and cooperation of the service with the institutions and other mechanisms to guarantee basic rights to patients, avoiding discrimination, stigma, neglect and degrading and inhuman treatment;
- The right to complain and complaint systems;
- Privacy and confidentiality;
- The rehabilitation processes.

This identification process is accompanied by the preparation, evaluation and review of the identification / complaint formats, which are considered as documents in assisting the AP staff in identifying, following and providing recommendations following the monitoring practices in mental health institutions in Albania.

In the context of this report, "transparency" refers to the legal and administrative procedures with which mental health institutions perform their functions, and whether these functions are documented, accessible and open to the public. Whereas, "accountability" refers to the relations between the citizen and the public institutions as well as the power of the citizens to make decisions and to force the replacement / removal of employees of state institutions when documenting illegal acts or harm to the public good.

[1]These issues are based on the evaluation of indicators of basic rights and freedoms (referr to the checklist of WHO)

As part of the methodology for assessing the current situation and identifying a future checklist for the AP institution, several focus groups were organized with relevant staff of the PA and with relatives and caregivers of patients suffering from mental illness.

The focus group discussions were oriented through a semi structured format of questions:

- What are some of the collected data and what topics are these issues focused on?
- Can we talk about the type of cases related to mental health within the health and care system? How many cases are they being treated annually by the institution? Are the cases exhaustive or require specific interventions from other institutions? Can we list some examples of each?
- What concrete complaint mechanisms are offered today for the contingent of patients with mental illness? What is the general perception of this contingent: do they use this right? Do the responsible institutions? Do they have a proper structure for following recommendations for improvement? How can this part of the executive be involved in following the recommendations and reporting them?
- Can there be a discussion of a particular form of complaint that can be used specifically for monitoring visits to mental health care institutions? Should we have a special format for family members / guardians of this patient contingent? What may be some of the categories of rights that can be appealed to AP? Can we consider the preparation and functioning of the complaint mechanism as a sufficient instrument to ensure transparency for this sector of health?
- How can elements such as transparency and accountability be better addressed? What can be the instruments that can consolidate the role of the patient / guardian at this stage? What policies can we consider as possible avenues to establish a structured complaint system that produces results and impact?

Institutions involved in the process of monitoring and collecting data:

- Tirana: Psychiatric Hospital “XhavitGjata” and Day Care House for Seniors Who Have Mental Illness
- Elbasan: Psychiatric Hospital “SadikDinçi”
- Vlora: Psychiatric Hospital “Ali Mihali”
- Shkodra: Psychiatric Hospital / Development Center and Day Care Home Mimoza

Psychiatric Emergency Management Mode, Protocols Used:

- Documentation of cases of flagrant violations
- Protocols, and Documentation / Case Management Systems

The closing phase of monitoring visits includes:

- Prepare and record the findings, discuss some recommendations that will be submitted for further follow-up
- Discuss the next visit and the previous calendar, the other participants and the following public activities.

Main findings

Legal and institutional framework

After the year 2000, Albania, supported by the World Health Organization (WHO), initiated a reform process, which was based on the changes in legal framework for mental health, the creation of a policy paper, and subsequently the Action Plans and a series of regulatory documents. The main purpose of Mental Health Reform in Albania is to raise and develop the national level of community mental health care and the only way to achieve community mental health services for all is deinstitutionalization of Psychiatric Hospitals.

The mental health system in Albania is regulated by the law "On mental health" of April 12, 2012 (first adopted in 1996); a separate law from the law on "Health Care in the Republic of Albania". The legal framework on mental health is considered a "step forward" in the field of national mental health protection legislation and, broadly, in the area of legislation on human rights and freedoms. After its approval, the challenge remained to adapt and implement it in Albania. This law brought some innovative approaches on the need for deinstitutionalization of persons suffering from mental illness; created a legal space for monitoring fundamental rights and freedoms by external mechanisms (PA, civil society actors), etc.

Some of the shortcomings of this law which were identified from the beginning were related to the treatment or addressing of outpatient ambulatory psychiatry or the treatment and monitoring of conditions for persons with mental disorders who have committed a criminal offense (persons who are serving a prison sentence or who are under compulsory medical treatment). Other concerns, such as the role of a family doctor in the identification, referral or follow-up of patients who suffer mental health illnesses, the establishment and the guarantee of treatment of psychiatric emergencies by family doctors; the procedures of psychiatric emergencies etc. were ***only*** addressed as measures in the frameworks of the Action Plan for the Development of Mental Health Services in Albania, 2013-2022.

The Action Plan describes the integrated mental health services system, which implies a network of services at the regional level, which responds to the needs of the population covering inclusive services, focusing on community services. For this purpose, under Article 10, Chapter II of the Law on Mental Health, integrated systems of mental health services should consist of:

a) Primary health care services;

b) Community mental health services;

c) Specialized outpatient services;

d) Specialized mental health services with beds;

e) Special medical institutions.

Interpretation with regards to special medical institutions is based on the treatment of chronicly ill patients. The issue of treatment of prisoners with mental disorders was addressed through an agreement between the Ministry of Health and Social Protection (MHSP) and the Ministry of Justice (MoJ), which came in response to the Council of Europe report on the alarming situation in the predetention and detention facilities in Albania, of measures to guarantee and protect human rights, in particular the right to humane treatment and medical care for each prisoner.

The monitoring structures on the implementation of the legal framework are the National Committee for Mental Health, an advisory body of the Minister of HSP and the People's Advocate. The placement of the People's Advocate in the main role of external monitoring of mental health services functions *'de jure'* since January 2008 with the Albanian NPM. This function has been attributed to the PA through a special resolution of the Albanian Parliament as an international obligation stemming from the Optional Protocol to the UN Convention Against Torture (OPCAT), ratified by the Albanian Parliament and part of the domestic legislation by law no.9094, dated July 3, 2003. In addition to these mechanisms, civil society organizations have been given a specific role, which have provided their expertise in the preparation of international standards for the dignified treatment of persons suffering from mental illness such as ARCT[2].

In the position of the Mental Health Reform Monitor, in implementing the legal framework and the Action Plan 2013-2022, the PA has the responsibility to exercise the appropriate pressure to ensure transparency and accountability for any patient suffering from a health illness mental.

Transparency and identified shortcomings

In order to ensure the functionality and effectiveness of transparency principles and indicators in the mental health services, this report focuses on the need for information about the mental health system, functioning mechanisms of this service, and the need for review and improvement of the legal and administrative regulatory framework, impacting patients and their families as direct beneficiary groups of this service. Furthermore, this report focuses on the identified needs for adjustments/revisions related to procedures regarding the use of force, the emergency transportation during an emergency psychiatric crisis; the lack of interaction and referrals by the family physicians, the role of the psychiatric emergency treatments close to families and referred to regional emergency hospitals; the lack of an internal complaints mechanism and, the establishment of the ambulatory forensic psychiatry.

The reforms in the mental health system aims **at transforming** the way the mental health services functions; the treatment protocols; the roles of mental health specialists and the role of family members of patients.

[2] Action Plan on development of the services of mental health in Albania, 2013-2022, page 4. http://ww.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/albania/action_plan_for_the_development_of_mental_health_services_in_albania_2013_-_2022.pdf

Today, we are talking about treatment for patients who no longer focus only on symptoms but rather on the functional rehabilitation, focusing on autonomy, independence, social rehabilitation, and improving quality of life. Inclusion of family members becomes essential for achieving these goals. A relative becomes the principal informal custodian of the patients, providing assistance in daily life activities, administering medication, supervising problematic behaviour, and supporting patient autonomy. The closest parent is, therefore, able to evaluate the improvement presented by the patient in response to the treatment and cooperates in the treatment defined by the mental health specialists.

But on the other hand, the **process of deinstitutionalization of mental health** services in the western world has put the social and psychosocial burden on the shoulders of families and others in the community and unofficially they have taken on the functions previously given by health service experts. **Involvement of family members** in mental health services takes different forms, depending on the level of patient needs and availability of services. In general, family involvement can be conceived with many functions, from the most basic ones to specialized interventions, involving in the provision of general information and assessments on mental health services.

If addressed in the contexts of systemic improvements/ developments, all these important indicators guarantee the transparency in the mental health services, as well as offer concrete opportunities to avoid stigma, discrimination and social exclusion of persons who suffer severe mental disorders.

Data from monitoring and the reports guide a partial discussion which is based solely on material conditions and needs for an increased number of specialties in the psychiatric services. This report, parallel to the already identified problems, provides analysis on new, contemporary and multidisciplinary approach to increase the effectiveness of the mental health services. This report, in addition to these acknowledged problems, provides an analysis of new, contemporary and multidisciplinary approaches to enhancing the effectiveness of mental health services for each patient regardless of gender, age, or geographic distribution.

The **stigma** that exists because of mental illnesses / disorders, the mediatisation that is made to such interventions makes it even more difficult to address the needs of the growing number of patients. Currently, today's medical treatment cannot be considered effective in all cases and for any patient. Adding mental illness and its presentation in different age and gender groups requires increased knowledge and expertise for individual treatment and follow up. It is imperative that this should be done in an integrated way as part of the existing public health strategies and policies. Currently, such an approach in Albania is not implemented because of the low number of psychiatrists, psychologists, social workers, counsellors or specialized service providers (profiled nurses) that care for this category of patients.

Table 1: Staff Categories in the mental health services

Type	2015	2016	2017
No of the hospital beds	635	635	635
Psychiatrists	27	24	25
Nurses	177	168	169
Psychologists	14	15	15
Others	194	205	204

Source: MHSP

Article 22 of the Law on Mental Health describes the procedures for providing specialized mental health services to beds for persons in need of involuntary treatment. This article sets out the assistive role the State Police should play to accompany the medical staff during medical visits and transferring the person to the specialized mental health service with beds. Since the legal amendments of 2012, the mental health service has not provided mechanisms or any regulatory acts that address the procedures of "arrest" and "transport" of the mentally ill patients in cases of: a) psychiatric crisis; b) commitment of a criminal act; c) violation of public security.

The lack of these administrative procedures makes it difficult to monitor cases of physical violence or ill-treatment and creates major concerns to medical teams that "accompany" the patients in urgent psychiatric cases. As part of the procedures, the accompaniment of the patient should also be described, mentioning particularly the presence of relatives, that can help bring him to the nearest emergency medical unit. What the practice is showing remains solely to "transport" the mentally ill patients to psychiatric hospitals.

Table 2. Data collected during monitoring and focus group discussions:

			Tirana	Elbasan	Vlora	Shkodra
Unpleasant behaviours by staff	(13)	37%	4	4	3	2
Clinical trials	(9)	26%	3	1	4	1
Behaviour of other patients	(7)	20%	2	2	2	1
Material conditions and infrastructure	(6)	17%	2	1	2	1
Total			11	8	11	5

In its efforts to improve transparency, the mental health system suffers from a lack of internal complaints system. The Action Plan for the Development of Mental Health Services 2013-2022, with its 10-year mandate, makes it difficult to control the implementation, including difficulties to follow periodic improvements based on new dynamics emerging from the system (e.g., treatment of the convicted persons under compulsory medical measures). As previously mentioned, the National Commission on Mental Health is one of the monitoring mechanisms; but this function has not been implemented as expected, creating problems in new dynamics facing the mental health services.

During the implementation of the program "Transparency in the Mental Health System in Albania", as part of the USAID's "Transparency in Health Engagement" program, on strengthening the monitoring role of the Ombudsperson Institution (NPM), the Albanian Center for Trauma and Torture Rehabilitation has undertaken 13 monitoring visits to psychiatric hospitals in Tirana, Elbasan, Vlora and Shkodra, and in some community centers in Tirana; it has organized 3 meetings in the format of focus groups discussions with the participation of families of patients suffering from mental disorders, field professionals and PA experts.

The internal complaints system is an unresolved issue by the mental health mechanisms. The absence of this system substantially violates the principle of transparency and accountability for individual cases that can be addressed within the mental health service system. The Mental Health Law, in the Article 31, describes the procedures of external monitoring of the mental health service by the People's Advocate, through the NPM, acting as a separate structure under its authority, observes Regularly, by periodic inspections, the respect of the rights and standards offered to persons with mental health disorders in specialized mental health facilities with beds, as well as recommendations to the relevant bodies, with a view to improving the treatment and patient conditions and ensuring full respect for human rights in mental health care institutions.

The system of external complaints also functions in the case of requests/ complaints from groups of interest, such as associations or other voluntary groups of patients, family members or persons interested in protecting the interests of persons with mental health disorders.

The **role of the family doctor** and the role of the psychiatric emergency treatments close to families and referred to regional emergency hospitals remain unaddressed. Since 2009, Mental Health is part of the Basic Services Package provided by Family Physicians (MF). The purpose of mental health services at this level is defined as: "This service assists individuals with mental health problems and helps to improve the social condition (which is the determinant of poor mental health) of their patients and their families." Support given to primary health care is part of comprehensive mental health care as well as an essential part of health care in general. The role of family physicians and nurses working close to them is clearly defined in the basic package, which also clarifies the mental health problems in focus of PHC employees, the obligation to exercise preventive care, and specifies the cases when to refer the patient in specialized services.

This package includes the standards/ terms of reference for both family doctors and nurses working with them. This level of service presents some shortcomings. These shortcomings mainly relate to the very superficial knowledge of mental health that Family Physicians have, which are almost non-existent to nurses. Also, bureaucratic procedures such as compiling data, filling internal forms, data clearance and data entry in the electronic registers or databases provides very limited time for direct work with patients or their families.

The **lack of mobile teams** was observed during the monitoring of community mental health centers. This fact, if prioritized, can reduce the number of psychiatric emergencies, hospitalizations and overloads that exist today in psychiatric hospitals. In cases attended by medical commissions on disability evaluation and other complained/appealed cases, problems were related to the procedures followed in remission of mentally ill, which are mostly considered as "potential emergency cases" if the health of the patient may be exacerbated by a sudden crisis.

The **lack of the daily care services** creates an increase of the emergency psychiatric cases.

The study "On the assessment of the needs of the primary health system in Albania" prepared by the Center for Disease Control and Prevention (CDC) and ARCT[3] states that the need to change the management approach of primary care institutions or community mental health centers for providing quality service, ensuring professionalism and integrity of the staff, as well as the need for information to the population on the type of services and patient care[4]. Up to date data on the morbidity and typology of patients treated in the mental health service are added to a growing number of treatments / therapies being pursued by ambulant service, through community centers or private sessions of psychiatrists outside the state service. Mental Health System Professionals report increased loads in the system that mostly add to their daily work to manage health care for the patients in need. In the vast majority of the system there is a lack of diversity and geographic scope of health care, and this fact creates unidentified problems and limited access especially for rural and isolated areas.

The growing number of patients with chronic health problems higlights the need for a coordinated work in equipped institutions, addressing medical needs through contemporary technologies. Despite the concepts for deinstitutionalization of patients, the work and full engagement on hospital treatment of chronic patients limits the adoption and implementation of integrated services. In addition, many changes in administration, budget cuts, fixed health insurance rates, and low market rates for these services, "ease" the *status quo* of patient's treatment, low salaries or lack of technology.

In addition to chronic adult patients, attention should be paid to younger age groups, such as children and adolescents. The global practice shows great benefits in dealing with early intervention, but often no effective treatments are applied. The limited number of psychiatrists remains an obstacle to the development of effective integrated care models for this category of beneficiaries.

[3]This study has been made in the framework of the program "Stress management of the employees of primary healthcare system in Albania", 2015

[4]Stress management of the employees of primary healthcare system in Albania" CDC & QSHRT, 2015.

Table 3: No of in-patient visits

Year	0-1 ys old	1-4 ys old	5-14 ys old	15-24 ys old	Total
2013	12	51	144	493	**700**
2014	12	47	139	422	**620**
2015	10	439	313	347	**1109**
2016	6	26	145	417	594
2017	12	376	373	441	1202
Total /Age groups	52	939	1114	2120	4225

Major challenges remain with regards to elderly beneficiaries over the age of 60-65, whose growing number remains worrying because of the high cost of treatment and service for them (IOM, 2012).

In addition to the indicators related to patient' care, public access to information and quality assurance, a new approach to technology and its involvement as part of the mental health service remains a necessity. The integration of technology in the collection, processing, use of scientific research and a coherent assessment of the state of health care would effectively help in identifying the extent of the spread of mental illnesses; in identifying the typologies of diseases; and the individual costs and state costs for each patient (whether hospitalized or chronic). Keeping records in numerous handwritten registers consumes valuable time in helping patients, hinders the dynamic pursuit of patient disease progression; it paralyzes the referral system or psychiatric emergency that can be identified by the family doctor.

Our health system is far from using **new information technologies** to increase the existing health human and professional resource capacity. New technologies (such as the use of telemedicine for the treatment and pursuit of mental illnesses) simplify communication with patients and provide opportunities for real-time monitoring of their health. Technological options have the ability to overcome these barriers and improve the productivity and effectiveness of human resources and to guarantee a quality, effective medical service.

Table 4. Workforce of the mental health service

Psychiatrist	Nurses	Psychologists	Social workers	Occupational therapists	Guardians	Other clinical staff	Total
44	250	43	36	14	125	2	514

There are **no treatment protocols** for severe pathologies in the mental health service. Practical difficulties relate to the need for ongoing, profiled and advanced training on treatment methods, compared to good models of rehabilitation, decentralization and deinstitutionalisation of treating mentally ill patients

The changing processes of disability benefits, combined with the many legal changes affecting the reimbursement scheme and the referrals system, discourage any initiative to analyse the needs of

this service on how to influence the increased attention by the health institutions, as well as to identify and effectively treat patients suffering from mental illness / disorders. To date, there has been no study regarding the calculation of real costs of mental health care for mental health care patients. The only source for the partial identification of financial and human costs for the treatment and health care of the sick remain the families and relatives or legal guardians assigned to care for these patients[5].

The treatment of patients with dignity, without discrimination, on equal terms requires in-depth analysis, in conditions when the psychiatric service enjoys the support and support of governing structures for changing and improving the current situation. Insufficient access to alternative services related to deinstitutionalisation, practical difficulties in providing rehabilitation programs and decentralization of the mental health service remain other important challenges that need to be taken into account to be met before the end of the Action Plan and Strategy for mental health 2013-2022.

Equality and universality in services: Dictated by an increasing number of mental illnesses / disorders, typologies, age groups, geographic extent, it is necessary to change and improve the protection and care of patients in such complex/difficult conditions. Worldwide practice raises mitigating and supportive policies for mental health services. For this important intervention, governing structures should create room for expanding support and guaranteeing the priorities of this medical service to support and ensure the well-functioning of any structure or specialty.

[5]Data collected during focus groups with families of mentally ill patients

Recommendations

In order to improve the patients' quality of life and to guarantee standard health care and conditions, it is essential that public policies play an important role in changing access to service delivery among this population. The findings of this report identified recommendations that need to be taken into consideration and evaluated by the mental health service system, central and local government structures.

Right to mental health care:

- To guarantee and undertake measures for the treatment and rehabilitation of persons with mental health disorders as well as all other measures that affect the prevention of these disorders
- To engage and care for patients suffering from mental illness as a multidisciplinary intervention, with access and priority at both, local and higher levels, with direct services and support for the patients and their families caring for them (family care).
- To develop and implement clear and measurable standards to encourage the distribution of tested, organizational models and to create a common accountability culture in the process of integrated services.
- To review the Mental Health Law and the Law on the treatment of the detainees in order to guarantee and undertake measures for the treatment and rehabilitation of the condemned mentally ill persons, under compulsory medical treatment.

Rights of persons with mental health diseases/disorders

- To prepare pilot programs for effective testing of the concept of deinstitutionalization in Albanian society.
- To guarantee and protect from all forms of physical, psychological and negligent ill-treatment; to prepare regulatory acts that should address the gaps regarding the accompaniment and transportation of persons suffering mental illness by the psychiatric service and the state police structures.
- To develop a functioning internal complaint system that helps to increase institutional transparency and accountability of professional staff to patient-related problems.

- To develop community service approaches, and to maintain positive pressure by civil society organizations to improve services at the local level.

Improvement of the mental health services

- To empower and engage the family doctors relating to mental health services towards helping patients to improve their social condition and support their families.
- To increase the number of mobile teams to reduce the number of medical emergencies referred to psychiatric hospitals; to increase daily psychiatric services, affecting the reduction of stigma and social discrimination and improving the livelihoods of patients, who find hospital conditions – impossible to reach.
- To develop a functioning ambulatory outpatient psychiatry to help assist the urgent cases.
- To urgently address the need for investment in information technology (to ensure patient wellbeing) and guarantee a central database system that facilitates the performance of in-depth studies on mental health related services/ issues. This requires effective investment in technology and the preparation of manuals for use not only for multi-professional staffs, psychiatrists, psychologists, social workers, nurses etc., but also for patients who need to know what to expect from forms of service "online" and procedures for communicating and recording videoconferencing with doctors.
- To expand and diversify human and professional resources to meet the need for quality and effectiveness on the treatment of patients suffering from mental health problems. It is important that structures engage in sectorial analysis regarding the need assesment for change and transparency of this contribution. Only in this way, and with the involvement of qualified professional resources, mental health can adopt well-being, reflecting the ever-growing needs of patients.
- To increase attention to vocational education of staff and thematic trainings, to overcome institutional difficulties faced by patients. Incorporating new professions into multidisciplinary teams requires professionals to change care patterns. Enhancement of the network of mental health services creates the possibility of engaging mental health professionals towards new dynamics and positive models of change.
- To provide practical opportunities for community-based awareness campaigns across the country and increase public sensitivity to the role that psychiatrists play in treating, rehabilitating and preventing mental disorders in the population. The need for public education of populations on morbidity, the means of identification, prevention and care for patients suffering from mental illness, information on affected age groups and contemporary forms of mental illness treatment, may increase the identification, and further, improve societal acceptance.

Improvements with regards to governance and central administration of the services

- To improve the transparency and accountability system regarding the current timeline of the Action Plan for the Development of Mental Health Services; to publish annual reports, accessible to the public, with clear data and information in the implementation of the legal framework and action plan.
- To revitalize the role of the National Committee on Mental Health and decision-making on regulatory and legal policies and changes related to mental health services.

Conclusions

In the context of a prejudiced, isolated, uninformed society on mental health issues; there is an immediate need to face institutions with concrete cases and practical difficulties in accessing quality services and improving the lives of many patients who seek support, as a public responsibility.

Mental disorders are often chronic, and the rehabilitation process can turn into a process that extends throughout a person's life, but the task of mental health institutions remain to guarantee results and provide all the opportunities for a better quality of life.

According to WHO, mental disorders affect over 25% of people throughout their lives. In 2030, depression will become the main contributor to increasing the disability level. Current practices of the mental health system identify obstacles that inhibit the development of this service, but the moment we are in favour of institutional and structural changes in improving the quality of patients' lives. Today Albania possesses the necessary experiences to learn and apply good practices: a) Starting with control and (re)evaluation of medical treatments; b) functional rehabilitation of patients (emphasizing autonomy, independence, social rehabilitation and improvement of the quality of life through psychosocial interventions); c) decentralization of psychiatric services; d) provision of community-based rehabilitation programs, etc.

The lack of mobile teams should feed the discussion regarding deinstitutionalization of mental health services. This fact, if prioritized, can reduce the number of psychiatric emergencies, hospitalizations and overloads that exist today in psychiatric hospitals. In cases attended by medical commissions on disability evaluation and other complained/appealed cases, problems were related to the procedures followed in remission of mentally ill, which are mostly considered as "potential emergency cases" if the health of the patient may be exacerbated by a sudden crisis. The lack of the daily care services creates an increase of the emergency psychiatric cases.

A psychiatrist, a psychologist and a social worker should offer individual therapy based on a particular training. Psychological counselling and therapeutic interventions have proven to be effective in treating mental health disorders. Here we can mention both behavioural therapy, which through a variety of techniques helps patients to evaluate and recognize the misguided and problematic way of thinking.

As a result of the transformation of mental health services, the responsibilities of mental health specialties have become more diversified and intensified. Mental health specialists should adapt various types of interventions based on a new clinical and organizational context to support the patient and the family members in their new roles as informal caretakers. Inclusion of family members becomes essential in achieving positive results in treating the mentally ill patients.

Under the conditions of providing community mental health care, the closest family member becomes the principal informal custodian of the patients, providing assistance in daily life activities, administering medication, supervising problematic behaviour, and supporting the patient autonomy.

Changes in mental health may require the energy and engagement of many societal and state structures. This is because, in most cases, mental health remains connected to the general health care system in Albania. The many problems which a mentally ill person faces today shall make all the public and non-public state structures mobilize. The mentally ill patients in Albania need a lot of support for this social challenge.

Three directions have been provided to guide efforts to improve health care behaviour:

- *New Service Approaches:* Developing concrete strategies that affect the mental health service, which takes into consideration patient care management, interactive medical and mental health conditions, and encourages the use of teams and technology to implement integrated interventions.

- *Development of specialized human and professional resources:* Investment in strategies and programs to expand, improve, diversify through effective training for multidisciplinary interventions - increasing the number of doctors and developing regulatory efforts to strengthen the mental health service through engagement of structures local in the uncovered areas.

- *Investments to develop, evaluate and implement quality mental health measures:* Encouraging and investing in improving knowledge for building better care models, clinical and organizational strategies and accountability mechanisms to achieve better results. Measurable standards need to be put in place to implement incentives in distributing tested organizational models and creating a common accountability culture to integrate service delivery.

- There are barriers that make the progress difficult, but there are also clinical and political strategies that have the potential to make remarkable progress in improving the lives of people facing these challenges. We have a lot of knowledge which is necessary, but we must put it into practice.

Annexes

Annex I- Data on the mental health institutions

The PSYCHIATRIC HOSPITAL "XHAVIT GJATA"

- This hospital has a capacity of 89 beds organized in two services for the adults and the psychiatric service for children. Of outmost importance remain the services for the crisis and acute patients which remain numerous for men and women.
- There is an identified need for medical staff and specialties. The monitoring team has met with residential doctors (interns) who remain in this position for a long period of time
- The hospital is operating with shortages in equipment, lack of laboratories, x-ray examinations; difficult to find hot water or drinkable water. The doors remain damaged and reconstruction is needed in various pavilions.
- The hygiene remains a problem; no rehabilitative environments, although settled in the underground floor, with no investments and in poor conditions.
- This hospital is not currently offering any good practices related to the wide range of cases treated in the first place. It has numerous requests for more staff, security standards, complaints mechanisms and the need for introducing good practices and typology of successful deinstitutionalization processes.
- When asked, no expert can answer about the cost/per patient

PSYCHIATRIC HOSPITAL "SADIK DINÇI" ELBASAN

- This hospital has a capacity of 310 beds; while, during the monitoring the hospital was found over its capacity.
- This hospital accommodates over 50 chronic patients (residents). Their almost permanent accommodation into this hospital remains problematic as it is for the Vlora psychiatric hospital: the patients stay there due to lack of other alternatives related their recovery.
- The material conditions remain poor: toilets and hygiene in appalling conditions, no heating

system in place; hot water sometimes is accessible

- Although the personnel argue that a major part of the services are provided to patients, services such as dentistry, or gynaecologicalcheck-ups remain absent.
- There is a repeat finding of the identified need for medical staff and specialties. The monitoring team has met with residential doctors (interns) who remain as assistants.
- Despite previous visit and recommendation by the Ombudsperson, the accommodated chronic patients remained in poor conditions and with no rehabilitation opportunities. Some of these patients (talking through open doors) complained about the material conditions and the lack of water. Some of them asked whether they could make a phone call, but we were advised by the staff not to communicate longer with them (for safety reasons). There were cases of 3 emergencies referred, 1 attempt suicide and 3 other acute cases
- When asked, about any complaint mechanism, format or any case of abuse against individual patients or family member (although we found many sleeping in the garden around the hospital), no one feels comfortable or is aware of such instruments.

PSYCHIATRIC HOSPITAL "ALI MIHALI" VLORA

- We found it difficult to reach the hospital due to flood and heavy rain. The visit was delayed at the entrance, yet the team managed to meet with the institution psychiatrist and discussed the program, the situation, capacities and potential recommendations that might be addressed by the report. No changes encountered related to the pavilion of the chronic mentally ill patients.
- This hospital has a capacity of 160 beds; while, divided into separate sector for the chronic and acute patients. Of particular concern remain the chronic patients who remained institutionalized for over 10 years and completely abandoned from their families and relatives.
- Parallel to this category of patient, other 34 patients with physical disabilities creating more difficulties in the process of rehabilitation.
- The material conditions remain simple: yet improved compared to other hospitals
- Of major concern is the issue of treatment of addictions, which remain quite challenging to be addressed by this hospital concerning the increasing number of chronic and acute patients. During the visit, the staff attempt to explain seasonal overcrowding was related to the summer season.
- There is a repeat finding of the identified need for medical staff and specialties. The monitoring team has met with residential doctors (interns) who remain as assistants.
- The isolation room was in very poor conditions and the medical staff reported lack of

restraining means for the patients who experience acute crisis and become dangerous for themselves and for others.

- There was a need for medications, particularly antipsychotics, antidepressants, and anxiolytic sedatives

PSYCHIATRIC HOSPITAL SHKODRA

- With a capacity of 35 beds and in a two-floor building, the psychiatric hospital of Shkodra is also known as the development centre. The hospital reported an increased number of patients who seek daily support, especially for cases of schizophrenia. The director, Doctor Valdet Hoxha, explains that there is a need for awareness and information not only for the patients but also for the communities.
- During the visits, the team discussed the procedures of involuntary commitments, transfers, the ways and protocols of notifying the relatives, particularly for cases where the patients are hospitalized as un-identified.
- Existing legislation on mental health needs to be revised to comply with human rights standards. An example of how domestic legislation remains poorly implemented is the Article 12 of the UN Convention on People with Disabilities. For example, Article 307 of the Family Code is strictly inappropriate to this convention. The current mechanisms of abandoning the full capacity to act must be abolished, and the need for new mechanisms that provide effective protective protection need to be discussed.