

## **NATIONAL MENTAL HEALTH POLICY**

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# National Mental Health Policy

## Challenge for Mental Health Reform in Azerbaijan

Mental health problems are present in every country in both men and women at any age, regardless of affiliation with social or ethnic group. Once aroused they cause suffering in patients and their families. At the same time, mental disorders are burdensome to a whole society and experts forecast a constant growth of the burden. In 2000, mental and behavioral disorders are estimated to account for 12% of the global burden of disease and by 2020, it is projected that the burden of these disorders will have increased to 15%<sup>1</sup>. Mental and behavioral disorders are associated not only with enormous economical losses but also with huge social tolls such as suicides, violence, substance abuse, poverty, homelessness, along with stigma and discrimination.

At the WHO European Ministerial Conference on Mental Health, held in Helsinki in January 2005, the Mental Health Declaration for Europe and the Mental Health Action Plan for Europe were signed and endorsed on behalf of ministers of health of the 52 Member States in the European Region to reduce the negative impact of mental disorders.

According to these documents "...The challenges over the next five to ten years are to develop, implement and evaluate policies and legislation that will deliver mental health activities capable of improving the well-being of the whole population, preventing mental health problems and enhancing the inclusion and functioning of people experiencing mental health problems..."<sup>2</sup>

The Republic of Azerbaijan signed the Helsinki Declaration and assumed obligations on realization of Action Plan based on the Declaration.

Along with these documents, Azerbaijan adopted UN General Assembly Resolution # 46/119 (« The protection of persons with mental illness and the improvement of mental health care" 17.12.1991), UN Convention on the Rights of the Child (1989, the Law of the Republic of Azerbaijan # 236 of 21.06.1992), European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (date of ratification 15.04.2002). In addition when awarded entry into the World Psychiatric Association, the official representatives of Azerbaijan signed the Madrid Declaration on Ethical Standards for Psychiatric Practice (adopted on 25.08.1996 and amended in 2002). Acceptance of these documents in Azerbaijan opens up possibilities in terms of planning activities to improve mental health of the population.

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<sup>1</sup> World Health Organization Mental Health: The New Understanding, The New Hope, World Health Report, Geneva 2001

<sup>2</sup> WHO European Ministerial Conference on Mental Health WHO Mental Health Action Plan for Europe: Facing Challenges Building Solutions, Helsinki 2005

In summer 2007 the Public Health and Reform Center of MoH and WHO Country Office-Azerbaijan accomplished the project on mental health system assessment in Azerbaijan. The research team included mental health professionals as well as the experts in public health and health legislation. The researchers collected information to identify the main problems in the mental health system and to determine priorities in reforming.

The data obtained revealed that despite the progress in political and economical situation its influence on mental health of the population remains insufficient. Organization and structure of the MH system retain core features of old Soviet model which may be characterized by institutional approach, over-centralization, predominance of specialized care, underestimation of actual needs, and limited number of services.

Adoption of contemporary legislation (The Law on “Mental Health Care Provision” was passed in 2001<sup>3</sup>) does not always guarantee its execution by physicians, health administrators, executives, and legal authorities. Absence of enforced mechanisms poses a threat of legal abuse.

Mental health care is concentrated within psychiatric institutions, and its interactions with the general health system and other sectors need to be developed. There are legislation provisions for housing, education, employment and other benefits for people with mental disabilities, which should be enforced at a regular basis to promote social protection for people with mental disorders.

Financing of mental health system does not correspond to its magnitude. Only 3 % of total health expenditures are allocated to mental health<sup>4</sup>. In most European countries, mental health costs are 6-8% of the health budget. At the same time it is a certain misbalance in distribution of finances between inpatient and outpatient care, when 85% of assets are spent to psychiatric hospitals.

There is an obvious predominance of specialized services in Azerbaijan<sup>5</sup>. Mental health services provision in primary health care demands regular training in mental health for primary health care staff. Also a referral system between general health and mental health facilities should be improved.

The principal mental care providers are psychiatrists' offices in policlinics, city's and interregional psychiatric dispensaries (eleven facilities serving 1092 patients per 100 000 population), and psychiatric hospitals (nine facilities, 48.9 beds for 100 000 population)<sup>6</sup>. Concentration of psychiatric beds in the capital city and suburban area is 2.5 times more than in the rest regions of the country according to population.

Although the number of psychiatric beds meets required standards, the number of psychiatric beds in general hospitals is very low as compared to beds in traditional psychiatric hospitals. Establishment of

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<sup>3</sup> The Law on “Mental Health Care Provision” Baku, 2001

<sup>4</sup> World Health Organization, Ministry of Health Azerbaijan WHO-AIMS Report on Mental Health System in Azerbaijan, Baku, 2008

<sup>5</sup> World Health Organization. Atlas, Mental Health Resources in the World. Geneva: WHO, 2005.

<sup>6</sup> State Statistical Committee of the Republic of Azerbaijan Indicators of Health and Social protection of Population, Baku 2007

psychiatric wards in general hospitals along with reducing beds in psychiatric hospitals will correspond to the common trends in European region.

Psychiatric facilities are not differentiated as hospitals/wards for short-term and long-term hospitalization. Thus treatment is provided without consideration of real needs that may be different due to course and severity of mental illness.

Many psychiatric facilities have poor technical conditions and equipment; monitoring and quality assurance procedures are inadequate. The services provided by psychiatric institutions are limited with medication. Alternative services such as psychosocial rehabilitation, psychotherapy, case management, self-support, and assertive care are not widely implemented in the country.

Mental health problems in children and adolescents can lead to disability in adults. There has been a growth of tobacco and alcohol use by children and adolescents. Due to geographical location the territory of the country represents an active drug traffic route from Asia to Europe and CIS countries. As a consequence it is increase of drug use in children and young people<sup>7</sup>.

The issues of child abuse and neglect cause significant concern all over the world<sup>8</sup>. The child/adolescent suicide rates dramatically increase from year to year. There is one child psycho-neurological dispensary, along with one child, and one adolescent department to provide care for children and adolescents. All of these facilities are located in Baku. At the same time it is an urgent need to establish special counselling centers/programs for parents to promote healthy development and upbringing of a child from early life years. Development of mental health services for children and adolescents should decrease a number of children in boarding institutions.

There is a lack of human resources in mental health. The number of psychiatrists (5.2 per 100 000 population), psychiatric nurses (8.4 per 100 000 population), social workers (0.3 per 100 000 population), and clinical psychologists (0.2 per 100 000 population) are all low by European regional standards<sup>9</sup>.

Professional training of mental health professionals does not meet contemporary requirements at both undergraduate and postgraduate levels. Unlike other countries where postgraduate education can last for three or four years, in Azerbaijan specialization in psychiatry is gained after only one-year of internship. Special educational programs in child/adolescent, geriatric or forensic psychiatry or psychotherapy are absent. Also a systematic education on mental health for psychiatric nurses, clinical psychologists, social workers and occupational therapists is not provided. Deficiency of modern literature in Azerbaijani language results in conservation of outdated knowledge and low professional competency.

In spite of a formal presence of data collection and reporting system, the information included into the reports fails to reflect real situation in mental health. Some important data (e.g. indicators of psychiatrists' work in polyclinics) is not analyzed and the reports of different facilities vary in terms of quality and information value. Epidemiological studies in mental health are conducted irregularly and there are lack of

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<sup>7</sup> United Nations Office on Drugs and Crime 2007 World Drug Report, UNODC, 2007

<sup>8</sup> UN Report on Child Abuse in The World, UN, 2007

<sup>9</sup> World Health Organization. Atlas, Mental Health Resources in the World. Geneva: WHO, 2005.

researches in the field of clinical epidemiology and evidence-based medicine to perform these researches.

The role of nongovernmental organizations is not enough visible in mental health. Their activities have been carried out irregularly and on a small scale; and recently international or private donors but not governmental authorities supported these organizations. In 2007 the Council under the President of Azerbaijan was established to support the activities of NGOs. Consumers' organizations (associations of patients and their relatives) playing an important role in all European countries should be also developed in Azerbaijan. Presently, neither people with mental disorders, nor their families participate in decision-making or evaluation of mental health services. Partnership with and involvement of consumers and their families will promote successful reform in mental health.

## General Principles of Mental Health Policy

1. The governmental and public institutions are responsible for mental health of the population and they carry out the activities to improve mental health of various groups of people including children, women, elderly people, and minorities.
2. The government promotes increase of mental health awareness and prevents stigma and discrimination due to mental illness
3. Every individual regardless his or her race, religion, ethnicity, age or gender as well as physical or mental status or disability has equal access to health/mental health services.
4. Mental health protection and care of a person begin from early childhood and continue throughout his or her life
5. Mental health issues are taken into account in the governmental policies related to health, education, economical development, occupation, migration, and other sectors.
6. Rights and interests of people with mental disorders are addressed and protected and these people are considered as equal partners in the system of mental health
7. Rights and needs of children and considering their best interest are the basis for decisions made in the field of child/adolescent mental health
8. Mental problems and disorders require early detection and early intervention for the most effective results
9. Majority of mental health services are provided in community and are as approached as possible to the consumers' residence.
10. Inpatient treatment of people with mental disorders is provided as last resort measure for the

shortest term possible and in least restrictive settings

11. Governmental bodies cooperate with public sector (consumers' organizations, professional associations, NGOs) and promote development of societal resources related to humane and supportive attitude towards the most vulnerable members of the society
12. Mental health services are integrated into general health system, and most are provided in primary health care; they are client-oriented and fairly allocated to individuals with different needs
13. Activity in mental health promotes people with mental disorders to achieve maximal possible social functioning, quality of life, autonomy, and integration in families and communities
14. Interventions in mental health meet modern international standards and principles of evidence-based medicine
15. All activities of mental health system are accountable to the consumers and society and are evaluated not only from perspective of inputs and intermediate results but also from outcomes.

## Goals of the National Mental Health Policy

- Mental health protection and prevention of impairment of mental disorders
- Arrangement of conditions to provide accessible, effective and comprehensive care for people with severe mental disorders
- Protection of human rights and interests of people with mental disorders and countering stigma and discrimination
- Improvement of social support for people with mental disorders and their families

### **Priority Areas:**

- Improvement of governance and intersectoral coordination in mental health and human rights protection
- Development of mental health resources (human resources, physical capital, and financing)
- Strengthening measures to prevent mental health problems among population
- Integration of mental health services into primary health care
- Development of mental health and social welfare services for people with mental disorders

## Objectives in Relation to Priority Areas

### **I. Improvement of governance and intersectoral coordination in mental health and human rights protection**

#### **1.1 Implementation of the legislation and human rights protection**

The Law on “Provision Psychiatric Care” of June 15, 2001 along with the other legislative acts related to public health includes important statements to regulate mental health service provision and to guarantee protection of rights and interests of people with mental disorders. Implementation of the legislation requires removal of existing barriers and development of effective **monitoring** and control mechanisms.

#### **1.2. Establishment of MH organizational structure**

The organizational structure should be established to provide governance in performance of concrete activities and to coordinate the results of problem analysis with decisions on resources allocation. Organizational structures in MH should be flexible, sensitive, and efficient to promote effective functioning of MH system at all levels.

#### **1.3. Quality monitoring and outcomes evaluation**

Quality monitoring determines whether MH services increase the likelihood of expected results and whether these services are consistent with modern requirements for MH care. Both representatives of governmental bodies and NGOs should conduct independent monitoring to assess quality of individual services provided by MH professionals/institutions and at population level they should monitor various sectors and programs in MH. The outcomes evaluation is focused on reduction of mortality, morbidity and disability due to mental disorders as well as satisfaction with services and decrease of family burden associated with mental illness

#### **1.4. Strengthening intersectoral links and coordination of MH services**

Effective and comprehensive care depends on partnership and coordination between various government institutions and organizations relevant to mental health and social welfare. The organizations responsible for social support, education, employment, housing, law enforcement and legal protection should develop joint efforts in MH policy implementation. The heads of these organizations should clearly realize common benefits of linkage and cooperation in MH.

#### **1.5. Establishment of MH information system**

A mental health information system is a system for collecting, processing, analyzing, disseminating and using information about mental health services and needs of the served population. Precise and reliable epidemiological and statistical data are very important for a competent MH system that meets real needs.

Data collection should be conducted at regular basis by all MH facilities and used in services planning, implementation and evaluation.

## **II. Development of mental health resources**

### **2.1. Modernization of facilities**

MH system should possess sufficient number of facilities to meet various needs of people with mental health problems or mental disorders. These facilities should have adequate technical conditions and equipment. It is important to observe a balance between inpatient and outpatient facilities as well as between the institutions providing short-term, mid-term and long-term care. Activity in MH should reduce hospital admissions and periods of inpatient treatment. The focus should be brought on the gradual transformation from traditional institutional to community-based care.

### **2.2. Development of human resources**

Effective MH services require an adequate number of qualified professionals. In addition to psychiatrists and psychiatric nurses, MH professions include clinical psychologists, MH social workers, occupational and social therapists. The official documents (regulations, job descriptions, labor costs) should be elaborated to integrate these specialists in MH system. Also a system of postgraduate and continuing education for the specialists should be developed. The curriculum for mental health professionals as well as internship and residency programs should be improved. In addition development of human resources should include trainings on mental health for specialists of the educational and social welfare systems

### **2.3. Straightening psychotropic medicines provision**

All facilities providing treatment of psychiatric disorders should be adequately supplied with main classes of psychotropic medicines and with other medicines included into Essential Drug List. In the course of developing protocols on rational drug use, purchasing and prescription of psychotropic medicines the preference should be given in favor of the most safe and effective drugs accessible to consumers with low incomes.

### **2.4. Improvement of mental health financing**

Sufficient and stable financing is a core condition for MH system functioning. The criteria for financing should be equity, efficiency, cost-effectiveness and accountability. The methods for financing of concrete services should be clearly defined for each category of consumers. The consumers should be protected from risk of loss of economic well being because of mental health problems. The newly developed mechanisms of financing (health insurance and basic benefits package) should cover the expenses for MH services.

## **III. Strengthening measures on prevention of mental health problems among population**

### **3.1. Popularization of healthy behavior among general public**

Mental health is broader concept than absence of mental disorders and it includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. Healthy life style, rational nutrition, safe environment at workplace, practicing hygiene, good balance between work and leisure, physical exercises are all factors promoting mental health. Both governmental and public sectors should joint the efforts on popularization of healthy behavior through awareness campaigns, addressing these issues in school program, and regular coverage in media.

### **3.2. Establishment of community services on prevention of mental health problems**

The measures on mental health promotion addressed to families and communities are very important in terms of prevention of mental health problems. These services implemented at community level include counselling, youth friendly services, crisis centers, telephone help-lines, etc. Family relations may have positive and negative impact to mental health therefore the work should focus on sustainability of families and development of parental skills. Special attention should be paid to a child's intellectual and emotional growth and mental health promotion

### **3.3. Prevention and detection of mental health problems at workplaces**

Usually professional activity is a source of personal satisfaction, career growth and financial stability while in certain circumstances it may have negative effect on mental health. Distress at workplace may result in professional burn-out, disputes between colleagues, reducing productivity and discipline. Employers should be informed about the issues of mental health related to professional activity and they should promote preventive measures towards mental health problems at workplaces.

## **IV. Integration of mental health services into primary health care**

### **4.1. Promotion of MH in primary health care and tackle stigma and discrimination associated with mental disorders**

Primary health care personnel at regular basis should inform the population about importance of MH and about resources for its improvement. The activity of primary health care system on increasing MH awareness should promote good MH and early detection and early intervention in mental health problems or mental disorders. Also this activity should prevent stigma and discrimination towards people with mental disorders.

### **4.2. Prevention of mental disorders in primary health care**

Prevention of mental disorders focuses on countering negative impact of the biological, psychological and social factors through complex measures aimed to reduce risk of manifestation of the disorders. These measures should be implemented in the framework of special health or social programmes addressed to most vulnerable groups in the population. These groups include people suffering severe chronic illness, people with disabilities, HIV-infected people, refugees, combatants, discordant families, families caring

people with mental disorders, people staying in or released from penitentiary institutions, people requiring palliative care, other people whose life or professional circumstances are associated with severe distress. The main objectives of primary health care also include promotion of mental health in children. The future parents should get information about the stages of child development and possible developmental problems. An emergency/disaster preparedness plan should be available in the country to provide care for people in crisis due to war, man-made or natural disasters or terrorist attacks.

#### **4.3. Integration of MH services in primary health care**

Reform in primary health care will play an important role in improvement of health system including MH services. Successful development of MH services in primary health care should reduce load and costs at the level of specialized care and release necessary resources for improvement of care for people with severe mental disorders. Primary health care practitioners should be able to identify, diagnose and treat MH problems, including the problems in childhood/adolescence and to coordinate referral of people with severe and/or complex problems to specialist services. Function of primary health care also includes monitoring status of the patients after completion of specialized care.

### **V. Development of mental health and social welfare services for people with mental disorders**

#### **5.1. Implementation of early intervention and prophylaxis (secondary prevention) of mental disorders**

Early intervention focuses on measures towards disorders to prevent their manifestation and/or reduce possibility of their transformation into more chronic or more severe conditions. The emergency services preventing hospitalization of people with newly diagnosed mental disorders should be established in the country. Early intervention for children with special needs allows straightening out developmental disturbances and improving further socialization. Case management (coordination of services for people with diagnosed mental disorders) is the other form of intervention focused on prevention of recurrence, disability and number of hospitalizations.

#### **5.2. Advancement in diagnosing mental disorders**

Mental and behavioral disorders should be diagnosed with the same high level of reliability as those for diagnose the most of physical diseases. Implementation of standardized diagnostic procedures, criteria and nomenclature increase accuracy in diagnosing mental disorders. Diagnosis should be based on the modern international classifications and include patients' complains, historical information, systematic examination of physical and mental status and special laboratory, instrumental and psychological tests confirming unbiased clinical decisions. Detection and diagnosing mental disorders in children and adolescents requires additional training in MH for clinical and school psychologists, family physicians and pediatricians.

#### **5.3. Increasing quality of treatment**

Treatment of mental disorders includes medication (pharmacotherapy) and structured interventions through verbal and non-verbal psychological means (psychotherapy). Treatment of mental disorders should be comprehensive and if necessary the representatives of other medical specialties or MH professions should be involved. Any intervention should be based on preliminary developed treatment plan. The interventions should be implemented in accordance with clinical guidelines/protocols focusing on concrete diagnosis or condition and describing exact range, schedule and time of interventions.

#### **5.4. Development of rehabilitation and social support for people with severe mental disorders**

Development of psychosocial rehabilitation should promote acquisition of people with mental disorders necessary skills for optimal social functioning. Rehabilitation should be addressed to the individual needs and implemented step-by-step starting with the first application for services. Thus the process of rehabilitation begins from psychiatric hospital and continues in community-based rehabilitation centers. Social support for people with severe mental disorders and their families should be provided at governmental level by the wide network of cooperating institutions responsible for social welfare, employment, education, housing and legal protection. The system of psychosocial rehabilitation of children and adolescents should be friendly to child environment. The requirement for effective integration of children with special needs is participation of families, schools and communities. All family members of a child with special needs should be involved in process of rehabilitation.

#### **5.5. Improvement of social support for people with severe mental disorders and their families**

A broad network of cooperating institutions should provide services for people with severe mental disorders and their families. These services include employment, education, housing, legal protection and financial assistance. Social allowance should meet the needs of people with severe mental disorders and their carers.

# Strategic Action Plan

## I. Improvement of governance and intersectoral coordination in mental health and human rights protection

### 1.1 Implementation of the legislation and human rights protection

1.1.1 Ensure conformity of current regulations in MH to the requirements of the Law on “Mental Health Care Provision”

1.1.2. Implement mechanisms of regular monitoring of human rights protection including protection of rights of a child and observance of the legislation in MH institutions

1.1.3. Promote coordination of governmental bodies and their cooperation with international, professional and non-governmental organization in the field of legal protection of people with mental disorders

#### Indicators for fulfilling the objective 1.1.

- Regulations on implementation of the Law on “Mental Health Care Provision”
- Court decisions proceeding on involuntary hospitalization
- Revised list of psychiatric conditions preventing the practice some professions/jobs
- Registration of all cases related to physical restraint or isolation of inpatients in psychiatric institutions
- Application of forms for informed consent to treatment in all facilities providing psychiatric care
- Monitoring human rights protection of people with mental disorders conducted by the Office of Ombudsman
- Signing Memorandum of Cooperation in the field of human rights protection between MoH, MJ and international bodies
- Trainings on MH legislation for psychiatrists, jurists and representatives of judicial authority
- Fulfillment recommendations of UN OPCAT and European Committee for the Prevention of Torture and Inhumane or Degrading Treatment or Punishment

## **1.2. Establishment of MH organizational structure**

1.2.1. Establish Coordination Council bringing together representatives of governmental and public organizations implementing MH policy. The main objectives of the Coordination Council is to develop proposals on the improvement of MH system and intersectoral coordination

1.2.2. Provide effective governance in MH and strategic planning and implementation of evidence-based practice

1.2.3. Assure participation of MH professionals in Institutional Review Board (Ethical Committee)

### Indicators for fulfilling the objective 1.2.

- Establishment of Coordination Council on MH and holding quarterly meetings
- Participation of the representatives of governmental bodies in Coordination Council on MH
- Establishment of Organization Center on MH to collect and analyze information and to develop standards and programs, along with assessing quality of services
- Participation of MH professionals in Institutional Review Board

## **1.3. Quality monitoring and outcomes evaluation**

1.3.1. Assure regular monitoring quality of services in MH by MoH

1.3.2. Develop indicators and outcomes evaluation of MH services

1.3.3. Assure regular presentation of reports on the situation in MH to governmental bodies and general public

1.3.4. Conduct research promoting scientific organization of mental health system with a focus on practical tasks related to improvement of services for people with mental disorders

### Indicators for fulfilling the objective 1.3.

- Official monitoring of MH services by MoH
- Monitoring of MH services by representatives of civil society

- Indicators of quality assurance including suicide rates, morbidity, disability due to mental disorders, number of hospital admissions, lengths of hospitalization, recurrence, etc.
- Quarterly reports of MH facilities
- Open publication of annual MH report including official website of MoH

#### **1.4. Strengthening intersectoral links and coordination of MH services**

1.4.1. Sign partnership agreements in the field of MH protection between MoH and other ministers and authorities

1.4.2. Establish coordination, information exchange and referral network between various institutions at different levels of MH system

Indicators for fulfilling the objective 1.4.

- Partnership agreements between MoH and Ministry of Labor and Social Protection, Ministry of Justice, Ministry of Interior, Ministry of Education, Ministry of Youth and Sports, State Committee on the Issues of Family, Women and Children, State Committee on Refugees, other relevant ministers and authorities
- Availability of referral protocols related to medical facilities (reproductive health, addiction medicine, HIV/AIDS services, child facilities) and social facilities (welfare, education, occupation, police, judicial system)

#### **1.5. Establishment of MH information system**

1.5.1. Improve MH information system according to international standards

1.5.2. Assure relevant data collection in MH

1.5.3. Provide technical control for collected data entry and processing

Indicators for fulfilling the objective 1.5.

- Implementation of case registration form and new forms of data collection in MH facilities
- Availability of electronic database on MH meeting modern requirements
- Availability of specialists responsible for data **processing**

## II. Development of mental health resources

### 2.1. Modernization of Facilities

2.1.1. Reduce beds in psychiatric institutions and transform some of traditional psychiatric institutions into facilities providing community-based MH services

2.1.2. Open inpatient psychiatric wards in general hospitals

2.1.3. Assure compliance with sanitary norms and equipment provision

Indicators for fulfilling the objective 2.1.

- Number of reduced beds in psychiatric institutions
- Number of psychiatric beds/wards in general hospitals
- Sanitary and technical conditions in MH facilities

### 2.2. Development of human resources

2.2.1. Implement subspecialization in psychiatry including child/adolescent psychiatry, gerontology, forensic psychiatry, liaison psychiatry, psychotherapy, neuropsychiatry, etc.

2.2.2. Develop undergraduate and postgraduate education in MH for clinical psychologists, social workers, psychiatric nurses, occupational therapists etc.

2.2.3. Elaborate official mechanism for integration of clinical psychologists, social workers, occupational therapists in health/MH system

2.2.4. Implement CME on MH through accrediting and conducting short-term (4-5 day) trainings several times in a year

2.2.5. Improve educational program on MH for university and college students

2.2.6. Develop training for researchers in MH

Indicators for fulfilling the objective 2.2.

- Number of postgraduate educational programs on sub-specialization in psychiatry
- Number of psychiatrists involved in these programs

- Educational programs for other MH professionals at undergraduate and post graduate level
- Curriculum on MH for medical students meeting international standards
- Official regulations for integration of clinical psychologists, social workers, and occupational therapists in health/MH system
- Number of MH professionals other than psychiatrists and working in health/MH system
- Number of accredited short-term CME courses in MH
- Number of conducted CME courses on MH and number of specialists trained
- Number of professionals trained on evidence-based medicine to conduct researches in MH

### **2.3. Straightening psychotropic medicines provision**

2.3.1. Improve provision of essential psychotropic medicines both at primary and specialist care levels

2.3.2. Increase access to free essential psychotropic drugs for under-privileged groups of population

2.3.3. Promote availability of new psychotropic medicines with proven effectiveness in treatment of mental disorders

#### Indicators for fulfilling the objective 2.3..

- Availability of essential psychotropic medicines in the facilities providing treatment of mental disorders
- Coverage of under-privileged groups of population with free medicines
- Registration of new psychotropic medicines with proven effectiveness in treatment of mental disorders

### **2.4. Improvement of mental health financing**

2.4.1. Develop effective mechanisms in MH financing

2.4.2. Provide for financing non-medical services in MH by other sectors

2.4.3. Assure transparency of budget performance in MH

2.4.4. Include prevention and treatment of common mental disorders into Basic Benefit Package

#### Indicators for fulfilling the objective 2.4.

- Separate line for MH financing in health budget
- Increase of expenditures devoted to MH to up to 6-7% from health budget
- Amount of finances allocated to MH by other ministers
- Inclusion of MH report into general report of MoH

### **III. Strengthening measures on prevention of mental health problems among population**

#### **3.1. Popularization of healthy behavior among general public**

3.1.1. Increase awareness of general public on healthy behavior through cooperation with media

3.1.2. Develop and implement training on healthy life skills in pre-school and school education

3.1.3. Conduct MH communication campaigns among young people

#### Indicators for fulfilling the objective 3.1.

- Number of media publications, telecasts on healthy behavior during a year
- Availability of educational programs on healthy life skills
- Number of schools implementing the programs
- Number of MH awareness and anti-stigma campaigns
- Population covered by the campaigns

#### **3.2. Establishment of community services on prevention of mental health problems**

3.2.1. Establish community-based counselling services, telephone help-lines, crisis centers, services for survivors of domestic violence and trafficking

3.2.2. Improve psychological services in schools and universities

3.2.3. Develop programs to increase psychological stability, problems solving skills, stress management, and coping strategies

#### Indicators for fulfilling the objective 3.2.

- Number community-based counselling services, telephone help-lines, crisis centers
- Number of trainings for school psychologists
- Availability of psychological counselling in schools and universities
- Training modules on psychological stability, problems solving skills, stress management, and coping strategies
- Number of institutions implementing programs on psychological stability, problems solving skills, stress management, and coping strategies
- Number of people participated in these programs

### **3.3. Prevention and detection of mental problems at workplaces**

3.3.1. Increase employers' awareness on MH issues at workplaces

3.3.2. Implement activities on MH protection at workplaces

3.3.3. Provide psychological counselling for employees

#### Indicators for fulfilling the objective 3.2.

- Statements on HSE and MH protection at workplace in organizations/enterprises
- Activity plan on MH protection at workplace
- System of MH problems early detection and referral for care
- Number of organizations/ enterprises providing psychological counselling for employees
- Number of employees using this service

## **IV. Integration of mental health services into primary health care**

### **4.1. Promotion of MH in primary health care and tackle stigma and discrimination associated with mental disorders**

4.1.1. Inform the population on MH protection at the level of primary health care

4.1.2. On regular basis inform population about available services at the level of primary health care

4.1.3. Implement the programs on countering stigma and discrimination towards people with mental disorders and cooperate with mass media in this respect

#### Indicators for fulfilling the objective 4.1.

- Number of activities on MH awareness and countering stigma conducted by primary health care staff
- Number of communication materials on MH services in primary health care settings
- Number of roundtables, seminars and trainings on fight against stigma in MH with participation of media representatives

### **4.2. Prevention of mental disorders at the level of primary health care**

4.2.1. Develop preventive services addressing the needs in MH of various groups of population (children, women, elderly people, etc) at the level of primary health care

4.2.2. Provide health/MH services for the people with high risk of development of mental disorders

4.2.3. Develop an emergency/disaster preparedness plan for MH

#### Indicators for fulfilling the objective 3.2.

- Number of primary health care settings providing psychosocial care for people with high risk of mental disorders

- Consideration of MH preventive measures in current or newly developed governmental programs on substance abuse, HIV/AIDS, violence, injuries, and palliative care
- Availability of emergency/disaster preparedness plan for MH

### **4.3. Integration of MH services into primary health care**

4.3.1. Increase knowledge on MH in primary health care specialists

4.3.2. Develop diagnostic instruments and clinical guidelines for common mental disorders in primary health care

4.3.3. Provide regular and free contacts between primary and specialists care

4.3.4. Train families in the necessary skills for care people with mental disorders at the level of primary health care

#### Indicators for fulfilling the objective 4.3.

- Availability of diagnostic instrument and clinical guidelines on depression, anxiety, sleep problems, alcohol use, adjustment disorders in primary health care
- Number of specialists trained on MH in primary health care
- Number of referrals from primary health care to specialist care and vice versa
- Number of health facilities consulting with MH specialists
- Number of families trained by primary health care staff for care people with mental disorders

## **IV. Development of mental health and social welfare services for people with mental disorders**

### **5.1. Implementation of early intervention and prophylaxis of mental disorders**

5.1.1. Establish community-based services focusing on early intervention

5.1.2. Implement case management to prevent recurrence or deterioration of mental disorders

#### Indicators for fulfilling the objective 5.1.

- Number of community based services providing early intervention
- Number of consumers provided with early intervention
- Number of consumers covered by case management

## **5.2. Advancement in diagnosing mental disorders**

5.2.1. Implement internationally adopted procedures for diagnosing mental disorders

5.2.2. Implement standardized tools and methods of assessment in MH

### Indicators for fulfilling the objective 5.2.

- Availability of standardized diagnostic tools and their use in daily practice
- Number of MH professionals trained on ICD-10
- Regulations on use of international diagnostic standards by expert commissions on disability examination, fitness to military service and forensic psychiatric examination

## **5.3. Increasing quality of treatment**

5.3.1. Implement international standards for treatment of mental disorders

5.3.2. Assure obtaining informed consent to treatment

5.3.3. Develop multidisciplinary approach in treatment of mental disorders

### Indicators for fulfilling the objective 5.3.

- Protocols on rational drug use adopted by MoH
- Official procedures to obtain informed consent to treatment
- Clinical Guide on CBT, IPT and FPT
- Inclusion of psychotherapy into curricula of postgraduate education
- Number of MH professionals trained in psychotherapy
- Regulations on multidisciplinary team work

- Number of multidisciplinary team in MH

#### **5.4. Development of rehabilitation and social integration of people with severe mental disorders**

5.4.1. Develop step-by-step rehabilitation for people with severe mental disorders

5.4.2. Improve inclusive education for children with special needs

5.4.3. Provide protected workplaces for people with severe mental disorders

##### Indicators for fulfilling the objective 5.4.

- Number of community-based rehab centers for people with severe mental disorders
- Number of rehab programs in MH
- Number of people with mental disorders who get rehabilitation
- Number of schools and pre-school institutions providing inclusive education
- Number of protected workplaces intended for people with mental disorders

#### **5.5. Improvement of social support for people with severe mental disorders and their families**

5.5.1. Improve governmental allowance for people with mental disorders and their families

5.5.2. Provide social (sheltered) housing for people with severe mental disorders

##### Indicators for fulfilling the objective 5.5.

- Amount of social allowance provided for people with mental disorders and their families
- Amount of social housing provided for people who lost social or relative ties due to mental disorders
- Number of homeless people with severe mental disorders provided with social housing

## Priorities in 2011

1. Development of legal documents on MH
2. Improved financing of MH
3. Development of MH services in primary health care
4. Signing partnership agreements on MH between stakeholders
5. Establishment of governance bodies (Coordination Council and Organization Center on MH)
6. Development of educational programs for MH professionals
7. Protection of human rights in psychiatric institutions

## Priorities in 2012

1. Improvement in training MH professionals and implementation of contemporary educational standards
2. Increase of MH awareness and countering stigma and discrimination
3. Improvement of coordination at different levels of MH system
4. Reduction of beds and opening psychiatric wards in general hospitals
5. Strengthening role of NGOs in policy implementation
6. Development of community based services and rehabilitation

## Priorities in 2013

1. Implementation of procedures of monitoring and reporting
2. Integration of clinical psychologists and social workers in health/MH system
3. Elaboration of MH information system
4. Development of early intervention services
5. Implementation of multidisciplinary team work in MH outpatient facilities

## Priorities in 2014

1. Implementation of quality assurance indicators and outcomes evaluation
2. Improvement of technical conditions and equipment in psychiatric facilities
3. Increase of social support for people with severe mental disorders
4. Work with families of people with mental disorders

#### Priorities in 2015

1. Implementation of programs on prevention of mental disorders
2. Development of mental health researches
3. 5-year MH Plan outcomes evaluation and development of the new 5-year MH Plan

#### **List of Documents**

#### **Annexes**