

## MENTAL HEALTH POLICY

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### **Executive Summary**

Despite the fact, that economy of the Republic of Azerbaijan shows growth, due to Oil sector, country still in transition. Moreover, Azerbaijan is in “neither war nor peace” condition with the neighbour country – Armenia.

Recognizing the difficulties involved, the international community came together to support it in stabilizing and democratizing its society. Representatives of different countries’ Governments as well as International NGOs after the collapse of the USSR have been realizing variety of project. However, last 4-5 years Mental Health has not been a priority field for the most them.

Nevertheless, in 2007 The World Health Organization initiated research, using so-called The World Health Organization Assessment Instrument for Mental Health Systems (WHOAIMS), to collect information on the mental health system of the Republic of Azerbaijan.

According to this report, Azerbaijan has no mental health policy present in the country. A mental health strategic plan and an emergency/disaster preparedness plan for mental health are also lacking.

Due to development of the system of social insurance mental health services are not fully covered by social insurance. Although there is a human rights review body in the country, this authority does not consider issues related to the human rights protection of mentally ill people on a regular basis.

There is no mental health authority body in the country. Eleven outpatient mental health facilities treat 1092 users per 100,000 general population. Day treatment facilities are underutilized and they treat 24.9 users per 100,000 general population. There are two community-based psychiatric inpatient units in the country for a total of 0.71 beds per 100,000 population. None of these beds in community-based inpatient units are reserved for children and adolescents. There are nine mental hospitals in the country for a total of 48.9 beds per 100,000 population. The patients admitted to

mental hospitals belong primarily to schizophrenia, schizophreniform and delusional disorders (36%). Violation of human rights is practiced in some inpatient psychiatric institutions. Due to cultural features, women in Azerbaijan do not seek help from mental health providers that often as men do. In comparison to western societies women in Azerbaijan are mostly supported in the framework of their families. None of users receive any psychosocial interventions in mental health facilities. 100% percent of mental health facilities had at least one free psychotropic medicine of each therapeutic class available in the facility.

Primary health care staff receives no training in mental health and interaction with mental health services is rare.

There are 22 human resources working in mental health for 100,000 population. Rates are particularly low for social workers and clinical psychologists. There are no occupational therapists working in mental health. Most psychiatrists work for governmental facilities. There is an uneven distribution of human resources in favour of mental hospitals and the capital city. There are no consumer and family associations in mental health (MH).

There is no coordinating body to oversee publication and awareness campaigns in the field of MH. Legislation provisions for employment and housing, as well as countering discrimination at work and in housing exist but are not enforced. There is formal interaction between MH service and departments/agencies responsible for HIV/AIDS, reproductive health, substance abuse, military and criminal justice.

Data are collected and compiled by facilities to a variable extent. Facilities produce internal reports based on the information, but no official report has been published and distributed by the government based on these data or internal reports. Limited number of the research carried out in the country focused on non-epidemiological clinical/questionnaires assessments of mental disorders, services research, psychosocial interventions/psychotherapeutic interventions, and pharmacological interventions.

As a consequence of abovementioned WHO Report, initiative group consisting of specialists of Mental Health, Neurology, Education and Social Work started toward work on Mental Health Policy of Azerbaijan, coordinating by WHO and the Ministry of Health.

In December 19<sup>th</sup>, 2007 the draft was presented at the Special Conference. However, approve of this document has been delaying yet.

## **Introduction**

This report gives and overview of the present condition of Mental Health Care, and describes the mental health policy that could be implemented in the Republic of Azerbaijan.

In order to place these issues in context, the report begins with a brief presentation of Comparison of the Main goals of the Mental Health Policy in different countries with those in the Republic of Azerbaijan.

The next section describes the Values, Principles and Objectives.

The final section presents the conclusions and recommendations arising from the Mental Health Policy Project. The recommendations are presented in the form of 9 Principles of Mental Health Reform.

## **World Health Organization (WHO) Key Policy Directions for Mental Health and the Goals of MH Policy in Several Countries.**

As a result of international experience and mutual work of the specialists around the world, WHO identified core aims of the Mental Health Policy. **WHO's** three most important recommendations for the development of policy, strategic plans and for organizing services are:

- **To deinstitutionalize mental health care,**
- **To integrate mental health into general health care, and**
- **To develop community mental health services**

However, each country's Policy should be based on particular Health and Social structures, History, Population, Peace condition a Economical Status.

For instance, in **Australia** the National Mental Health Strategy (Policy) is an agreement between the Commonwealth and all State and Territory governments that guides mental health programs and

activities in the country. The aims of the strategy are to:

**Promote the mental health of the Australian community;**

- **Prevent the development of mental health problems and mental disorders where possible;**
- **Reduce the impact of mental disorders on individuals, families and the community;**
- **Assure the rights of people diagnosed with mental disorders**

In UK Health system is a very community based, thus the direction of Mental Health Policy of the Great Britain was the improving mental health services integrated into the Primary health care system in the Communities. The UK Government is currently reviewing mental health policy.

According to USA Surgeon General's report, the main goals of the US National Mental Health Strategy are:

- *Continue to Build the Science Base*
- *Overcome Stigma*
- *Improve Public Awareness of Effective Treatment*
- *Ensure the Supply of Mental Health Services and Providers*
- *Ensure Delivery of State-of-the-Art Treatments*
- *Tailor Treatment to Age, Gender, Race, and Culture*
- *Facilitate Entry Into Treatment*
- *Reduce Financial Barriers to Treatment*

Historically, Serbia has many similarities with Azerbaijan: connection with Turkish culture, being ex-social country, internal and external conflict after USSR collapse, etc.

In 2007, Serbia issued STRATEGY FOR THE DEVELOPMENT OF MENTAL HEALTHCARE.

The aims of the Policy are:

- **Prevention of mental and behavioral disorders and mental health promotion**
- **Mental health care improvement: Rising Quality of services, Accessibility and equality**
- **Expansion of Community mental health care and Community involvement**
- **Mental health Integration into the general health**
- **Support to involvement of relevant institutions and resources**
- **Protection of human rights and Care of the vulnerable groups**
- **Destigmatization**

As the policy usually has to be reviewed each 10-15 year, present **Mental Health Policy of Azerbaijan** has very similar goals with the Serbian:

- **Mental Health Promotion and reducing the risks of severe Mental Health Disorders**
- **Creation the Network of Accessible, Quality and Divert mental health care, Integrated into the Primary Health Care System**
- **Stimulation and accreditation of private mental health services**
- **Protection of human rights and Destigmatization**
- **Support and care of caregivers**
- **Care of the vulnerable groups**

## **VALUES, PRINCIPLES AND OBJECTIVES**

### **VALUES AND PRINCIPLES:**

#### **Mental health care**

- Mental health services should provide up-to-date, comprehensive treatment, which implies the bio-psycho-social approach, and which ought to be taking place in the community, as close to the patient's family as possible.
- Mental health care must include primary health care. It is necessary for the general practitioners to receive support in knowledge and resources, so they could be able to respond to the needs of persons with mental health problems.
- Psychotropic drugs should be available at all levels of treatment of persons with mental disorders.

#### **Mental Health Promotion and reducing the risks of severe Mental Health Disorders**

- Mental health promotion refers to all actions specifically aimed at enhancing positive mental health. According to Ottawa Declaration, mental health promotion strategies are aimed at enabling individuals to increase control over their own lives and to improve their mental health by developing

individual skills and resilience, by creating supportive environment and empowering individuals and communities.

- Protection and promotion of mental health should be all-embracing. They should be guided by demystification of mental disorders (strengthening of positive attitudes and reduction of dominating skepticism related to the possibility of prevention and treatment of mental disorders), investing in healthy forces of the population and persons under risk, as well as focusing on health, not the illness.
- Mental health programs should incorporate preventive activities and activities in the promotion of mental health.
- Mental health promotion should aim to protect, support and sustain emotional and social welfare by promoting the factors that strengthen and protect mental health, at the same time showing respect for culture, equality, social justice and personal dignity, and by taking care of the social and economic factors and actions concerning the protection of human rights.
- Mental Health disorders are often overlooked. Partly due to stigma, partly due to general attitude of the population to health. People should be informed about Mental Health Disorders and Illnesses, and their complications.

### **Creation the Network of Accessible, Quality and Divert mental health care, Integrated into the Primary Health Care System**

- Mental health services should be easily accessible and planned so as to cover all geographical areas in line with the needs of the population. The best way to achieve this is to provide treatment according to the territorial principle, which ought to be developed gradually in our country.
- Integration into the primary health care provides opportunity to early Psychotherapeutic and Psychiatric cases detection as well as reducing of Stigma.
- People with Mental Health Disorders and Illnesses should not be detached from the General Health care. Often they do not have full access to quality primary and specialized health care. Stigma influences even health care workers.
- Mental health services should be open to all persons in need of help, regardless of their sex, ethnicity, race, religion, age, level of education or social status.
- Communication and information exchange between different mental health institutions should be improved and ensured by means of systematic procedures.

- Mental health services should develop procedures for improving their quality, with built-in mechanisms for quality control.
- Mental health services should work on systematic collection and analysis of the data regarding beneficiaries, through a developed information system for registration, monitoring and evaluation.

### **Stimulation and accreditation of mental health practices including private services**

- Continuous education should be provided for the mental health professionals, who need to be informed on the latest achievements in their profession and to apply them in practice. Continuous education should be a prerequisite for validation of professional license.
- Private practices should be developed as the possibility of choice of clinic/professional helps to reduce Stigma.
- All the professionals, including private, should have valid registration/ license.

### **Protection of human rights**

- Human rights of all patients should be protected at all levels of the mental health care system.
- Mental health care services should have a built-in monitoring system to ensure the rights and needs of the persons with mental health problems.
- Working with persons with mental health problems should be in concordance with ethical principles. All institutions should have an ethical committee and apply ethical codex in treatment and research.

### **Destigmatization**

- All participants in the process of treatment and prevention of mental disorders, as well as of mental health promotion, beneficiaries and their families, and the general public, should be systematically educated on important issues regarding mental health. The existing prejudice and stigma (labeling, exclusion, discrimination) should be lessened through anti-stigma campaigns, organized and conducted by the professionals in the field of mental health, in cooperation with all relevant organizations (schools, media, and associations).

### **Support and care of caregivers**

- Caregivers (both professionals and family members) should have supervision and counseling sessions.
- Family associations should be established and get legal, financial and information support from government and sponsors.

### **Cooperation**

- The partnership for mental health should be encouraged. Cooperation with educational and legal system, system of social welfare and non-governmental organizations should be encouraged at all levels.

### **Care of the vulnerable groups**

- Vulnerable groups (children, single mothers, elderly, refugees and internally displaced persons) should have the priority in the process of planning and organization of services.
- Whenever it is possible, procedures of identification, care and treatment of abused children and women, as well as of refugees and internally displaced persons, should be developed within the mental health services.

### **OBJECTIVES:**

#### **Improving health**

- Prevention of mental disorders and their treatment, as well as promotion of mental health, should be the most important steps in improving the general state of health of the population. Psychiatrists should be actively involved in primary (universal, selective and indicated) prevention and mental health promotion through a multidisciplinary approach to mental health. They should be available to general health services, providing them with direct assistance in solving the mental health problems. Psychiatrists should cooperate with other professionals, such as developmental and clinical psychologists, gerontologists, general practitioners and nurses, as well as experts and organizations

indirectly involved in mental health issues (e.g. universities, schools, government, police, teachers, clergy, administration, journalists and all the other parts of society).

- Mental health care systems in the region must protect human rights and react efficiently to individual and social consequences of disastrous events and devastation of the society, especially in vulnerable groups, such as children and young people, women and the elderly, refugees and internally displaced persons.
- Tertiary prevention should include: a) reduction of the level of disability caused by chronic mental disorders through rehabilitation programs in the community mental health care; b) prevention of long-term sequelae of stress-related disorders in the population exposed to war-related and other intensive stressors; c) programs of psychosocial support, in order to prevent harmful consequences of stress-related disorders and their permanent scars, such as transgenerational transmission of trauma, aggression and violence.

### **Responding to demands of endangered persons**

- Improving mechanisms for the protection of rights of the individuals with mental disorders, by means of changes in legislation and implementation of control mechanisms in psychiatric services.
- Inclusion of beneficiaries (patients), beneficiary associations and family groups in the process of planning, organizing and monitoring of mental health institutions. It is necessary, therefore, to establish associations of beneficiaries and their families.

### **Financial protection**

- To support decisions which would make all psychotropic medications available free of charge, that is, included in the positive list.
- To achieve adequate allocation of funds from the health budget to mental health, and equality of the private and public health sectors regarding financial reimbursement for the costs of treatment of mental disorders.

## **Conclusions and Recommendations**

### *The Principles of mental health reform*

The outcomes of the Policy can be summarized in 9 Principles of Mental Health Reform.

These Principles are recommendations to the Governing bodies as the Ministry of Health and Parliament:

#### **Principle 1**

Mental health must be one of the top priority fields of the Health Care.

#### **Principle 2**

Mental health should be integrated into the Primary Health Care to provide adequate service and treatment to the beneficiaries in all Regions of Azerbaijan.

#### **Principle 3**

Mental health services must be de-institutionalized and linked to other sectors.

#### **Principle 4**

General awareness of mental health should be urgently raised to encourage social inclusion and initiatives to fight against Stigma.

#### **Principle 5**

Adequate funding should be established to realize Policy objectives.

#### **Principle 6**

Mental Health workforce and professionalism should be increased to sustain Policy values.

#### **Principle 7**

Accreditation, Licensing, Continued education and ongoing Evaluation has to be exist to ensure effective, evidence based mental health care.

#### **Principle 8**

Caregivers should have fully support from the government.

#### **Principle 9**

Linked Sectors (Public Health, Primary Health Care, Social security, Education) have to take part in coordinating system.

## References

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