

ANALYSIS OF THE WHO AIMS DATA :
STRENGTHS AND WEAKNESSES OF THE
MENTAL HEALTH SYSTEM

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THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM

(in order of importance: the first one is the more important)

1. The shift of the reform processes from emergency to the development phase.

- Setting up decentralized cooperation of the newly established community mental health services with WHO collaborating centres and other mental health services of excellence in European countries; UK, ITALY, FRANCE, IRELAND, HOLLAND

2. The establishment of Mental Health services, including day-centres and protected homes.

- The establishment of different alternative solutions for reintegration of the people with the mental illnesses in the community, including income generating activities and social rehabilitation activities

3. Provision of continuous training and capacity development for the professionals, main stakeholders, (including patients and their families)

- Public educational programs, aimed to improve public attitudes toward people with mental illnesses

THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM? *(in order of importance: the first one is the more important)*

1. Lack of defined mental health budget
2. Lack of monitoring mechanisms for shifting the funds/budgets from the inpatient psychiatric services to the community mental health services.
3. Lack of Mental Health personnel

THE PROJECT

**INCREASING ACCESS TO MENTAL HEALTH
SERVICES BY
DECENTRALIZED ANSWERS TO THE PEOPLE IN
NEED**

THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES

1. The centralised budget - *management of the budget should be decentralised in order to increase efficiency and to provide answers to innovative services*
2. Rigid use of budget - *efforts are still needed to ensure they all new community based mental health services have independent budget that allows use of funds for direct activities with patients.*
3. Low number of professionals - *new professionals hesitate to specialize in psychiatry and mental health because of low motivation [financial and working environment]; therefore there is a concentration of the Mental Health professionals in the bigger cities.*

GENERAL OBJECTIVES OF THE PROJECT

1. De-institutionalisation of patients of psychiatry hospitals.
2. Increase of mental health knowledge and competence.
3. Promotion of mental health at all levels.

BRIEF DESCRIPTION OF THE PROJECT

1. De-institutionalisation of patients of psychiatry hospitals through increasing coverage of community based mental health services including day-care, protected housing and rehabilitation
2. Increase of mental health knowledge and competence available at the country level.
3. Promotion of mental health at all levels.
(Continuous training of users and carers as well as community to fight stigma and exclusion)

DIFFICULTIES AND SOLUTIONS

EXPECTED DIFFICULTIES	POSSIBLE SOLUTION TOWARDS THE EXPECTED DIFFICULTIES
Low budget for mental health; centrally used with poor possibilities for innovative activities (services, promotion and training)	* Identification and activation of mechanisms for a flexible use of existing budget * International funds
Lack of mental health professionals in different cities (low specialisation rate for the mental health disciplines)	Increase of mental health knowledge and competence at the primary health care level
Mentally ill are discriminated and at risk for social exclusion	Continuous promotion of mental health through public campaigns and education; training

FEASIBILITY OF THE PROJECT

Legal Frame: Mental Health Law (1996) and other normative acts (2006, 2007).

Strategy Frame: National Policy for Mental Health Services (2003) and Operational Plan for Mental Health Services Development in Albania (2005)

Network of existing Services: Community Mental Health Centres; protected homes; day care centres; inpatient wards.

Local competence: Ministry of Health, WHO country presence, Mental Health teams, NGO-s

IMPACT OF THE PROJECT

- 5 Community Mental Health Centres in place
- 50 Staff of Community Mental Health Centres and 250 GP-s trained
- Liaison with Primary Health Care

THE IMPACT OF THE PROJECT AT THE MENTAL HEALTH SYSTEM LEVEL

- Increased accessibility of mental health facilities
- More respect for human rights
- Implementation of new interventions

THE IMPACT OF THE PROJECT AT USERS LEVEL

- Users would be better served and therefore would feel more satisfied
- Users would be better motivated to seek help
- Users would feel encouraged to be part of mental health care

WHO AIMS INDICATORS THAT WILL BE USED FOR MONITORING THE PROJECT AND ITS IMPACT

3.1.2 refresher training programmes for primary health care doctors

3.1.5 Interaction of primary health care doctors with mental health services

3.1.6 prescription by primary health care doctors

OTHER INDICATORS THAT WILL BE USEFUL FOR MONITORING THE PROJECT AND ITS IMPACT

3.7.13 Patients treated in outpatient facilities

3.8 Activities in mental health facilities

4.3 Campaigns coverage

4.4 Media

NEEDED RESOURCES FOR THE WHOLE PROJECT

Small

Medium

X

Large

THE NEEDED RESOURCES

	DESCRIPTION	AMOUNT IN \$
MENTAL HEALTH STAFF	Three levels of staff: national, regional and district level staff.	
BUILDINGS		
EQUIPMENT	Ambulances, computers, telephone sets, fax machines,	50.000
TRAINING	Training of staff at national level, regional level and district level	300.000
MEDICINES		
OTHERS	Publication of instruments/tools	30.000
Total Albania		

SOURCES OF FUNDING

(these sources are presumed and not necessarily already found now)

FUNDER	AMOUNT IN \$
Government - Department of Health	50 mental health staff; running costs
NGOs	Provision of competence
Professional Associations	Provision of competence
International Organisations	380.000
Total	
Albania	Ministry of Health
	18

KEY INSTITUTIONS THAT SHALL BE IN CHARGE OF THE PROJECT

- 1. Ministry of Health**
- 2. National Steering Committee**
- 3. WHO Country Office**

KEY PERSONS THAT SHALL BE IN CHARGE OF THE PROJECT

- 1. Dr. Arben Ivanaj (Deputy Minister) Ministry of Health**
- 2. Ms. Eljesa Arapi (National Coordinator for Mental Health in Albania), Ministry of Health**
- 3. Dr. Ledia Lazeri WHO Country Office**

PARTNERSHIP

(other Institutions and Organizations that collaborate)

INSTITUTION	PLANNED FUNCTION
Government – Ministry of Health	Funder + Supervisor + Implementer
NGOs	In kind and financial contribution
Professional Associations	In kind and financial contribution
International Organisations	In kind, technical assistance and financial contribution

Albania Ministry of Health

TIME

**WHOLE DURATION OF THE PROJECT
(months): 30**

THIS PROJECT WOULD:

- FURTHER CONSOLIDATE THE IMPLEMENTATION OF THE OPERATIONAL PLAN FOR THE MENTAL HEALTH POLICY AND WOULD
- SERVE AS A BASIS FOR THE DEVELOPMENT OF A NEW OPERATIONAL PLAN (2011-2015)

**THANK YOU FOR YOUR
ATTENTION**

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