

About MONGOLIA

Mongolia

- **Life expectancy at birth - 60.1 years for males
- 65.9 years for females**
- **Low income country (World bank 2004 criteria)**

Mental Health System in Mongolia

Mental Health Care History

- Established Mental Health Services in Mongolia by Russian specialists
- 1970-Mental Health Care centralized Ulaanbaatar, hospital based activity
- 1980-established Mental Health care in province
- 1990- socialist political system moved to democratic policy.
- Mental Health System is still largely hospital based.

National Mental Health Program

- 2002- A National Mental Health Program was enacted by the Government.
- The timeframe for the implementation of the National Mental Health Program is from 2002-2007.

National Mental Health Program

- Development of community mental health services
- Development of mental health component in primary health care
- Human resources
- Advocacy and promotion
- Human rights protection of users
- Financing
- Quality improvement
- Monitoring system.

Mental Health Law

- The Parliament of Mongolia adopted a mental health law in 2000.
- Access to mental health care, right of consumers, family members, other care givers, competency, capacity and guardianship issues for people with mental illness.

Mental Health Policy

- Independent mental health policy is absent.

Narcotic drugs and Psychotropic substances Law

- Law on Control of tracking in Narcotic drugs and Psychotropic substances (2002)
- National Programmes on Prevention of Narcotics and Drug Abuse (2000) and Alcohol prevention and control (2003) .

National Therapeutic Drug Policy/Essential List of Drugs

- A national therapeutic drug policy/essential list of drugs is present.
- It was formulated in 1996.
- Fourth revision made in 2000.

Financing of Mental Health

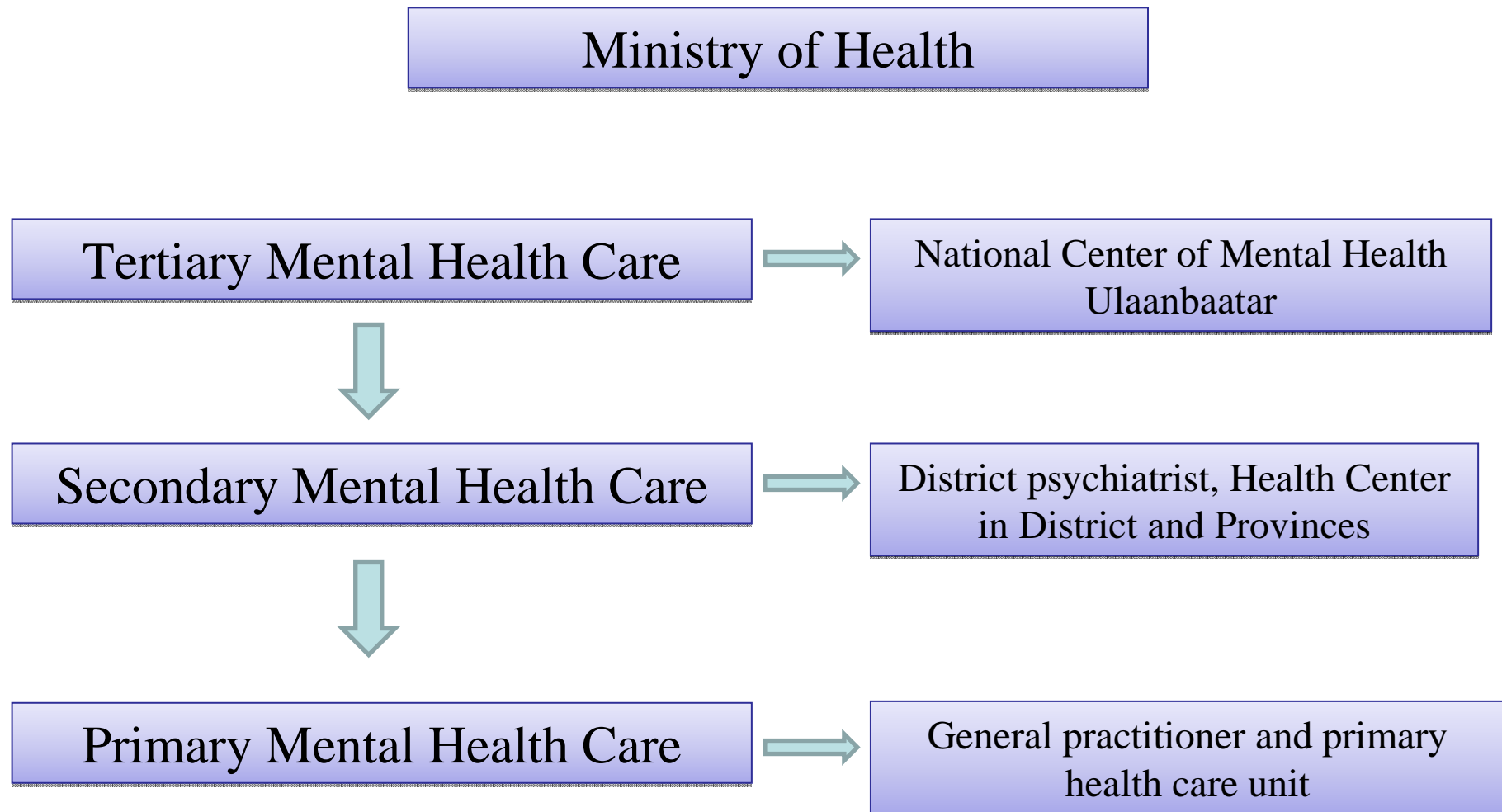
- Two percent of health expenditures by government are directed towards mental health.
- Of all the expenditures spent on mental health, 64% are directed towards mental hospitals
- free access to psychotropic medication

Human Resources of Mental Health per 100 000 population

- 17 mental health professionals
- Psychiatrist -0.5
- Medical doctors (no specialized in psychiatry)-4.7
- Nurse-7.6
- Psychologist-0.2
- Occupational therapist-0.8
- Other health workers-2.6

(WHO-AIMS Report on Mental Health System in Mongolia, 2006)

Mental health Care model



National Center of Mental Health

- Established in October, 2006
- Governmental organization
- 450 beds (Inpatient service)
- 450 staffs
- Over 40 psychiatrists

National Center of Mental Health

- Mental Health Outpatient Service
- Day Treatment Service
- Mental Hospital
- Community Residential Service
- Forensic care
- Children psychiatric care

Outpatient service

- Assessment, Treatment, Controlling cabinet-6
- Forensic care
- Child and adolescent care
- Sex pathology
- Addiction care/ substance abuse/ Alcohol abuse
- Pharmacy
- Psychotherapy

Outpatient service

- 35 mental health outpatient facilities
- The number of the users is 841.
- primarily diagnosed behavioural disorder due to alcohol and psychoactive substance use (24%) and schizophrenia and related disorders(11%).

(WHO-AIMS Report on Mental Health System in Mongolia, 2006)

Mental Hospital

- One mental hospital available in country for total beds 450 of 17.7 beds per 100,000 population.
- Diagnostic groups: schizophrenia and related disorders(21%) and neurotic, stress-related and somatoform disorders(20%).

(WHO-AIMS Report on Mental Health System in Mongolia, 2006)

Days spent in mental hospital

- 31.53% of patients – (<1 year)
- 25% of patients – (1-4 years)
- 11% of patients –(5-10 years)
- 11% of patients - >10 years

(WHO-AIMS Report on Mental Health System in Mongolia, 2006)

Mental Hospital

- Occupancy rate - above 80%
- 25% increase in the number of mental hospital beds in last 5 years
- Majority of beds in the country are provide mental hospital

Mental hospital

Psychosocial intervention such as

- Music therapy
- Art therapy
- Carpentry therapy
- Reading therapy
- Sewing therapy
- psychodrama

Psychotropic drugs

- Antipsychotic (chlorpromasin, levopromasin, haldol, fluphenasin deconat-depo)
- Antidepressant
- Mood stabilizer
- Anxiolytic
- Antiepileptic medicine

Psychotropic drugs

- Carbamazepine
- Phenobarbital
- Sodium Valproate
- Amitriptyline
- Chlorpromazine
- Diazepam
- Fluphenazine
- Haloperidol
- Lithium

Postgraduate psychiatric education

- Residence training (1-2 years)
- Master degree course (2 years)
- Refresher training course (2-3 month)
- PhD (3 years) and Scientific degree - Dr. Sc. Med.

Mental Health in Primary Health Care

- 65% of GP and sum (village) doctors are providing PMHC, and 45% of them participated in the PMHC training programs.
- Training provided on PMHC for 288 GP (General Practitioner's) and nurses according a specially developed curriculum

Psychosocial rehabilitation

- National Center of Mental Health
- Orkhon Province
- Hovd Province
- Dornod province
- Uvurkhangai province

Mongolian Mental Health Association

- Advocacy
 - promotion
 - rehabilitation
- (with psychiatrists, volunteers and representatives from other NGOs as members), which is active in promoting mental health public education and community care and rehabilitation.

Promotion /World mental Health Day/

- Press-conference
- 8 km marsh under the motto "Lets protect our mental health!"
- media as TV and national news papers and has delivered to the public materials on different mental health topics
- Promotional films on stress, depression and alcohol abuse were created and distributed to all provinces

Conclusion

- Mental hospital system still hospital based.
- Expand the Community Mental Health Care
- Links between mental health practitioners and family doctors needs to be strengthened.
- Organizing psycho-social rehabilitation: life skills, self-care, cooking, skills to spend effectively the leisure (handy-craft, vegetable growing and other vocational training) in provinces and city.

I. INTRODUCTION TO THE PROJECT

TITLE OF THE PROJECT:

To improve human rights situation of the mental health facilities in Mongolia

- At training level - implement a module for training on human rights
- From an organizational point of view, the project will establish procedures and formal contacts for referral and back-referral between central and local mental health facilities including inpatient and outpatient staff.
- At legislative level the Ministry of Health will develop regulation on coordinating this project in collaboration with the National Human Rights commission.

I. INTRODUCTION TO THE PROJECT

(CONT 1)

- The project will be implemented in 2 stages:
- 1-st stage – To start implementation of the project in the National Center for Mental Health and 6 District Health Centers, Ulaanbaatar, Mongolia
- 2-nd stage - after a revision, it will be extended to 4 provinces with Regional Diagnostic & Treatment Center (Khovd, Uverhangai, Dornod, Orkhon)

I. INTRODUCTION TO THE PROJECT

(CONT 2)

- Lack of enforcement of laws and legislation.
- Lack of regular inspections on human right protection.
- Lack of knowledge, attitude and practice of policy and decision makers of mental health facilities as well as other health and non-health sectors
- Lack of training on human rights protection of mentally ill persons for doctors, nurses and health workers
- No data collection on involuntary admissions and the use of restraints or seclusion
- Poor inter-sectoral collaboration

II. Objectives & expected results

- To provide advocacy for policy and decision makers
- To conduct training for doctors, nurses and health workers
- To develop/translate and print two kind of training materials
- To conduct regular human rights protection review
- To exchange information, data collection, its use in planning, monitoring and evaluation of mental health services.

II. Objectives & expected results (cont -1)

1. RESULTS, LIKE TO ACHIEVE :

- Advocacy provided for 60 decision makers
- Revised and reoriented training module
- Conducted training
- Regularly conducted monitoring
- Collected data & its use

II. Objectives & expected results (cont -2)

2. THE IMPACT AT THE MENTAL HEALTH SYSTEM LEVEL :

- Improved collaboration
- More respect for human rights in mental health facilities as well as in local health and administrative level
- Improved data collection on involuntary admissions and the use of restraints or seclusion and used it to improve mental health care development

II. Objectives & expected results (cont -3)

3. THE IMPACT OF THE PROJECT AT USERS'LEVEL :

- Improved users' satisfaction towards friendly and respectful for human rights services

Resources needed for implementation

- **Financial resources - medium 50.000 USD**
- **SOURCES OF FUNDING:**
- a. **Already committed -5500USD**
 - Government - Ministry of Health – 5000 US\$
 - Professional Associations - 500 US\$

Resources, needed for implementation (cont -1)

- b. Resources , needed 44 500 USD
 - NGOs (We would like to ask)
 - WHO (We would like to ask)

KEY INSTITUTIONS

- Ministry of Health (MOH)
- National Centre for Mental Health (NCMNH)
- Health Sciences University of Mongolia (HSUM)
- National Human Rights Commission (NHRC)

KEY PERSONS -Total - 82 <

- G. Tsetsegdary MOH, Project Coordinator
- D. Narantuya (NHRC)
- S.Baymbasuren (HSUM)
- Z.Khishigsuren (HSUM)
- Nai.Tuya (NCMNH)
- L.Nasanstengel (NCMNH)
- V.Bayarmaa(NCMNH)
- N.Altanzul(NCMNH)
- B.Altanzul(NCMNH)
- D.Khongorzul(NCMNH)
- B.Jargal(NCMNH)
- G.Odonchimeg(NCMNH)
- Directors of local Health Organization- 30
- Provincial and district's psychiatrists-40,

PARTNERSHIP

- Ministry of Health –Coordination, some funding, monitoring & reporting
- National Human Rights Commission - provide advice in human rights issues and involve in training
- Health Sciences University - Reorientation of curriculum& training programme and conduct training
- National Centre for Mental Health- provide professional methodological advise and involve in training

PARTNERSHIP (cont-1)

- National centre for Health Development -Data analysis
- City/Provincial Health Organization - support project facilitation and data collection
- Mongolian Mental Health association - involve staffs in training
- “AA” center - provide monitoring of the project and involve in the regular meetings

PARTNERSHIP (cont-2)

- "Association against alcohol and substance abuse"- provide monitoring of the project and involve in the regular meetings
- NGOs-Technical, financial support & monitoring
- WHO-Technical , financial support & monitoring

PLANS FOR MONITORING & EXPECTED DIFFICULTIES

I. Indicators for monitoring:

- 1.4.1. Functions of national level or regional level review bodies on human rights
- 1.4.4. Training staff in mental hospitals on human rights protection of patients
- 1.4.5. Training staff in community-based in patient psychiatric units and community residential facilities on human rights protection of patients
- 2.4.5. Involuntary admissions to community based psychiatric in patient units

PLANS FOR MONITORING & EXPECTED DIFFICULTIES (CONT-1)

- 2.4.7. Physical restraint and seclusion in community based psychiatric in patient units
- 2.6.6. Involuntary admissions to mental hospitals
- 2.6.10. Physical restraint and seclusion in mental hospitals
- 6.1.2. Mental health information system in mental hospitals
- 6.1.3. Mental health information system in community based psychiatric in patient

PLANS FOR MONITORING & EXPECTED DIFFICULTIES (CONT-2)

II. Other indicators for monitoring:

Regular review meetings with:

- staff of Mental health service,
- City and provincial Governor's office
- Health office
- Social welfare service
- Human rights commission
- patient, family members

PLANS FOR MONITORING & EXPECTED DIFFICULTIES (CONT-3)

I. DIFFICULTIES AND SOLUTIONS:

1. Lack of funding - To take support from IO, GO, NGO and other agencies
2. Lack of support from decision makers –a. send letter–proposal from the MoH,
b. conduct advocacy meeting using information kit

PLANS FOR MONITORING & EXPECTED DIFFICULTIES (CONT-4)

3. Resistance from the Academic and Professional Institutions to change the teaching programmes in mental health
 - a. Coordinated intervention and proposal from the Ministry of Health and the Health Science University

THANK YOU FOR YOUR KIND
ATTENTION