



ՄԱՆԿԱԿԱՆ ՀՈԳԵԲՈՒՅԺՆԵՐԻ ԵՎ ՀՈԳԵԲԱՆՆԵՐԻ
ԸՆԿԵՐՈՒԹՅՈՒՆ

ASSOCIATION OF CHILD PSYCHIATRISTS AND PSYCHOLOGISTS

REPORT 2010

CONTENT

HISTORICAL AND SOCIOECONOMIC STATUS

ABOUT ACPP

MISSION OF THE ACPP

BRIEF SUMMARY OF THE ACPP PREVIOUSLY IMPLEMENTED PROJECTS

GENERAL PRESENTATION AND ANALYSIS

FUTURE PLANS 2009-2011

- 1. PROMOTING OF THE RIGHTS OF CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH PROBLEMS IN ARMENIA**
- 2. DEVELOPMENT OF PERSONALITY AS AN INVESTMENT TO THE FUTURE**

HISTORICAL AND SOCIOECONOMIC STATUS

The Republic of Armenia is a land-locked country located in the southern Caucasus with a population of 3.5 million. Administratively, Armenia consists of 10 regions and the capital city of Yerevan. At 29 800 km², Armenia is one of the smallest countries in Europe. Currently, about 97% of the population is native Armenians; one-third lives in the capital, one-third in smaller cities and one-third in villages.

Armenia has a long and complicated history. The capital city of Yerevan was founded in 782 B.C. In 301 A.D., Armenia became the first state in the world to adopt Christianity. In 1828, eastern Armenia was taken into the Russian Empire, becoming a Soviet Republic in 1920 and sharing the fate of all other nations under Soviet power. More tragic is the history of those people in the western part of the Armenian plateau who lived under Ottoman power. Some 1.5 million people were killed there during the First World War; hundreds of thousands of survivors were forced to leave the country. Their descendants form the large Armenia diasporas which currently account for some 7 million living in the United States, France, Russia, Lebanon, Syria and other countries.

Contemporary Armenia declared its independence in 1991. Immediately following independence, the collapse of the Soviet Union and disruption of trade and production led to a severe economic crisis and rise in poverty. The social and economic crisis was complicated by the consequences of a devastating earthquake and armed conflict in Nagorno Karabagh. The hidden unemployment rate in the 1990s was estimated to be as much as one-third of the adult population. In the late 1990s, 55% of the population lived in poverty, one-third of whom were in extreme poverty. Public expenditure on health care fell from 2.7% of GDP in 1990 to 1.3% in 1997. Actual health expenditure on health was very low at \$20 million, or \$5.4 per person, in the 1990s.

As a country in transition, Armenia faces economic, political and social problems. The development of a market economy, a burgeoning democratic and civil society and integration into the global community has created a number of challenges. Declining industrial and agricultural production has resulted in food insecurity, poor sanitation and increased vulnerability to diseases. Individuals and families have been forced to change their behaviours and lifestyle. These factors have combined to critically impact on the health status of the population, including their mental health.

Economic progress has been evident since 2000 with an annual economic growth rate of more than 10%. This has led to an improving social situation, with currently only 40% of the population accounted for as living in poverty. There are, however, large inequalities among social groups and between populations in the capital and provinces.

ABOUT ACPP

The Association of Child Psychiatrists and Psychologists¹ of Armenia (ACPP) is not-for-profit NGO registered in Armenia since 1998 and reregistered in 2006. The aims of the ACPP is to respond to the Mental Health needs of children & adolescents in Armenia by engaging parents, primary health professionals and teachers in the early recognition of Mental Health problems. The objectives of the implemented projects are to improve children's and adolescents' life quality suffering from Mental Health problems in Armenia and to provide comprehensive Mental Health care.

Since 2000 ACPP has implemented "Child and Adolescent Mental Health care project" funded by the British Charity CAFOD. One of the main principles of the project realization is involvement of the whole family in the treatment process. The criteria used in the process of diagnosing are the ICD-10². ACPP is a member of Global Child Mental Health³.

¹ www.acpp.armdex.com

² International Classification of Diseases of the World Health Organization (WHO)

³ A Presidential Program of the WPA carried out in collaboration with the WHO and International Association of Child and Adolescent Psychiatry and Allied Professionals (IACAPAP) - www.globalchildmentalhealth.com

MISSION OF THE ACP

The Association of Child Psychiatrists and Psychologists was established in 1997 uniting on the voluntary basis, the specialists in the field of child and adolescent mental health, as an alternate to state structure. During the period of administration of dilettantes and clans, the children's mental health service in Armenia eliminated in 1994 with "support" of officials from medicine.

We are now rebuilding this relevant area of medicine in Armenia.

Having an optimistic view on future, we assume that the training of the professionals from primary health care system will be an essential step promoting improvement of conditions in field of child and adolescents mental health in the Republic of Armenia.

We mainly focused on the issues of age dynamics, psychosomatic medicine, and posttraumatic stress disorders, methods of primary recognition and identification and intervention.

BRIEF SUMMARY OF THE ACP PREVIOUSLY IMPLEMENTED PROJECTS

2000-2008 Child and Adolescent MH Care project, (CAMH)

172 Street children from various institutions were benefited from CAMH services;

1998-2003 Various joint projects with "SOS Kinderdorf" Children's Village in Kotayk:

Life skills for children and adolescent, Psychological counseling for children, adolescents, Sos mothers, supervision for existing services, training for administrative staff...

All together 90 Children and adolescents (60 children from Village and 30 adolescents from youth facilities)

2000- 2003 Three projects "Public education and training of Primary Health Care professionals», jointly with GIP (Global Initiative on Psychiatry- the Netherlands);

2006 - joint project with GIP - Vilnius on initiating reforms in child and adolescent mental health care service organization;

2005-2006 Awareness Campaign - WPA / WHO / IACAPAP joint Project⁴,

2000 up to 2007 – Socialization projects with vulnerable groups: life skills, counseling.

a) Vardashen Republican special school for street children, each year around 40 children and adolescent: about 200 beneficiaries

b) Orphanages "Nork" (for children under 6 years old- socialization), Kharberd, Zatik.

105- beneficiaries from Nork, funded by Friends of Armenia (registered charity, UK)

During the 2008 we also received some support from fraternity of Armenian-Americans. / Contribution in on behalf of the Los Angeles Chapter of the Triple X Fraternity⁵.

We used the money for the "Nork" children's house orphanage.

c) Antismoking project for adolescents of Yerevan and Vanadzor school; 35- from Zatik

Trainings for: Primary health care professionals, pediatricians and nurses, Teachers psychologists working in schools, Child psychiatrists, for other NGOs (Association of Young lawyers, Antismoking coalition NGOs, etc...)

Since it's establishment ACP is actively involved in various Mass media programs /radio and TV programs about current issues of MH.

In general within the projects implemented by ACP more than 600 Street children were benefited by all the projects activities.

c) Beneficiaries/Target Group

⁴ For more details please visit to www.acpp.armdex.com and <http://www.globalchildmentalhealth.com>

⁵ Triple X is a non-political, non-religious fraternity of Armenian-Americans. We join together with our families and friends from across the state of California for public service, charitable support, and fellowship.

Direct beneficiaries:

- ❑ **Children and Adolescents** – as a result of direct professional activities, aimed at treatment of existing MH problems, prevention of development of MH problems, and provision of follow-up care for youth with treated MH problems;
- ❑ **Families of those children and adolescents** – by direct involvement of the families in the treatment process, focused not only at the child or adolescent, but at the entire family;
- ❑ **Mental health professionals** – as a result of their active participation in the MH network and their use of the model designed and presented by the CAMHSP, i.e., participation in scientific meetings, case analysis, use of scientific materials, forms, questionnaires and other professional tools.
- ❑ **Primary health care system professionals** – as a result of participation in training modules, aimed to educate in recognition of existing mental health problems in referred children and adolescents even with presenting somatic/physical signs and symptoms;

Indirect beneficiaries:

- ❑ **General population** – through the public education activities;
- ❑ **National Health Care System** – as a result of professional care for children and adolescents with MH problems in the framework of CAMHCP; and as an implementation of the model of child mental health care, introduced by CAMHCP
- ❑ **NGOs dealing with MH issues** – as a result of participation in the MH network⁶;

Family as a beneficiary

Family members are not included in a number of beneficiaries.

The Armenian family is still largely a traditional family with parents, typically 2 – 3 children and grandparents, all living under the same roof. The role of the family and traditions in Armenian society still are held in great esteem. A great majority (88.1%) of respondents live with both parents and siblings.

GENERAL PRESENTATION AND ANALYSIS

Current Mental Health care system of Armenia has inherited many negative features of its predecessor, the Soviet Mental Health Care system, which considered Mental Health Care of secondary importance and was a means of isolation of people who disapprove the Soviet regime. Mostly providing isolating-caring services rather than serving to public health, Human rights and fundamental freedoms⁷ of mentally ill people were neglected and not respected⁸.

The development of the market economy, democratic and civil society and integration into the global community has created a number of challenges, especially ones related to the Human rights. Individuals and families have been forced to change their behaviors and lifestyle. These factors impacted general health status of the population, including their mental health.

The Armenian Government adopted the national plan of action for maternal and child health in 08.08.2003, and the MOH (with support of the UNICEF) developed the concept of Youth-Friendly Health Services (YFHS) in 2005. MOH collaborated with the WHO European Office and instigated development of the National Strategy on Child and Adolescent Health and Development in 2006, with adolescent mental health issues expected to be high in the list of priorities. Unfortunately, mental health issues of the young generation are not in the focus of attention for governmental officials.

Moreover, there is no a single note about Mental Health in the “Strategic plan for Primary health care 2008-13”⁹ accepted by the Government of the RA. However, Armenia is one of the countries, which signed the Recommendation (2004)10 of the Council of Europe¹⁰.

⁷ Convention for the Protection of Human Rights and Fundamental Freedoms as amended by Protocol n11, Rome, 04.11.1950, Council of Europe. This convention is ratified by the Republic of Armenia in 26.04.2002.

⁸ ACPH Annual reports 2000-2008/ www.acpp.armdex.com

⁹ Source: www.moh.am, signed 19.06.2008

According to the RA Ministry of Health (MOH) there are 690 underage children from 0 to 14 year's old, suffering from mental disorders counted for each 100,000 persons. It represents 0,7 %.

On the other hand international epidemiological research has shown that 5-10 % of the young generation has various MH problems and the need for the professional intervention¹¹. This fact is indicating that estimation is not correct and many children suffering from the MH problems are not registered, hence don't receive relevant treatment.

Although Armenia is one of the most dynamically developing countries with 12-14 annual GDP growth, the health system still remains highly inefficient and ineffective, due to its hugely overstuffed structures.

CHILD & ADOLESCENT MENTAL HEALTH CARE PROJECT (CAMHC)

CAFOD support to ACPP Child and Adolescent MH Care project started in 2000, when Armenia was going through difficulties of transitional period and extra problems related with the unfinished war in Nagorno Karabagh from one hand and economic blockade from another.

As a last report of continuous collaboration between CAFOD and ACPP we would like to emphasize the importance of such support and basically the project was only a professional Child and Adolescent Mental Health service available for young population of Armenia without any governmental alternatives. During the year of 2008 ACPP continued the project with support of Ministry of Health and other sponsors, such as: Friends of Armenia (registered charity, UK), CAIA-Center for Armenian Information and Advice (UK), donations/contribution from various organizations and honorary members.

OUTCOMES FROM PREVIOUS YEARS

Economic progress has been evident in Armenia since 2000, but inequalities between social groups are still present. These factors have combined to impact critically on the health status – including mental health – of the population. The rapid changes have also significantly affected the general health and mental health status of children and young people. Indeed, the whole population has been forced to change their behaviors and overall lifestyle to adapt to the new situation.

The recent survey has shown how transition has affected the behaviour of young people in Armenia. Participating adolescents who lived in villages were less satisfied with life than their high-school counterparts living in the capital city of Yerevan and in other towns (this was an expected result, reflecting geographical inequalities). Adolescents considered themselves generally healthy, but reported a number of complaints. Unexpectedly high levels of bullying and abuse were identified. Although the suicide rate in Armenia is not high, 9% of boys and 10% of girls had thought about suicide; the same number of young people considered using alcohol to overcome psychological difficulties.

Some 90% of males and 85% of females reported having close friends, and the rate of reported sexual activity in Armenian adolescents was among the lowest in Europe.

Generally, the survey results show that the traditional Armenian family structure still plays an important role in the lives of adolescents and, in some situations, can be considered a “positive health asset”. On the other hand, the family is not able to fully protect adolescents from new threats, and the role of social factors and mechanisms for establishing social cohesion in Armenian society is also crucial.

According to our last three years analysis of data, collected by CAMH project, risk factors that have an impact on adolescent mental health include: poverty, parental loss, child abuse and family conflict; problems related to parental migration; chronic health problems in family members; and parental

¹⁰ Recommendation Rec (2004)10, of the Committee of Ministers to member states, concerning the protection of the human rights and dignity of persons with mental disorder, (Adopted by the Committee of Ministers on 22 September 2004 at the 896th meeting of the Ministers' Deputies)

¹¹ WWW.INFORMAWORLD.COM A GLOBAL PERSPECTIVE ON CHILD AND ADOLESCENT MENTAL HEALTH

substance mistreatment. Many children do not receive treatment for mental health problems due to lack of awareness, fear of stigma or lack of access to appropriate services. At the same time, “old-fashioned” approaches to health which eschew social and psychological elements of health in favour of biomedical ones remain popular with some care providers¹².

The data emphasized the scope of problems faced in Armenia in relation to adolescent mental health. In response, the Ministry of Health has developed the concept of “Youth-friendly health services” which are now being introduced with support from UNICEF and ACPP. The ACPP summarised “Child-adolescent mental health care” project’s last 5 years outcomes¹³ and has developed a position paper on reforming mental health care for children and adolescents¹⁴. The mental health status of children and adolescents should be thoroughly and continuously assessed. Appropriate policies and interventions are crucial to meeting existing and future challenges in child and adolescent mental health in Armenia¹⁵. Social and historical context

CHILD AND ADOLESCENT HEALTH

Armenia inherited the Semashko’s model health care system from the Soviet era, with both positive and negative effects. The Ministry of Health (MoH) started reforming the health sector in the 1990s with assistance from WHO, UNICEF and other international, bilateral and Armenian diaspora organizations. This has involved decentralizing management of the health system. The health care system budget has been based on a government-funded basic benefit package since 1997, but the package is restricted. Health care services for children and adolescents are provided through children’s hospitals and specialized centres, “policlinics” and rural health centres. Family doctors began operating in Armenia in 1999.

Armenia signed the Declaration of Children’s Survival, Protection and Development and the Plan of Action in the 1990s, setting out specific goals such as reducing mortality and morbidity caused by acute respiratory infections, diarrhoea and malnutrition. As a consequence, Armenia has made remarkable progress in reducing infant mortality rates. Official statistics and demographic health survey data indicate that child mortality rates have significantly reduced over the last decade as a result of the fruitful partnership between the country, WHO and UNICEF.

The Armenian government adopted the national plan of action for maternal and child health in 2003, and the MoH (with support from UNICEF) developed the concept of Youth-Friendly Health Services (YFHS) in 2005. MoH collaboration with the WHO European Office instigated development of the National Strategy on Child and Adolescent Health and Development in 2006, with adolescent mental health issues expected to be high in the list of priorities. This indicates how things have progressed since the early 1990s, when priority areas were about promoting child survival.

Unfortunately the issues related to the mental health of young generation was not in a focus of attention for governmental officials.

Child and adolescent mental health

¹² K.Gasparyan; M.Yeghiyan. A Soghoyan “Traumatic Stress-Related Psychiatric Reactions in Armenia” World Psychiatric Association International Congress, July 2006 Turkey

¹³ M.Yeghiyan., A. Danelian, K. Gasparyan, “The development of Child Mental Health care in Armenia”, Mental Health Reforms, Geneva Initiative on Psychiatry, N 4, 1999, page 11-13

¹⁴ M. Yeghiyan, A. Danelyan, H.Grigoryan, K. Gasparyan, “Contemporary Child and Adolescent Mental Health in Armenia”, Mental Health Reforms, Geneva Initiative on Psychiatry, N.3, 2002. page 12-14

¹⁵ Yeghiyan M, Najaryan L, Gasparyan K, Armenian Association of Child Psychiatrists and Psychologists. International Psychology Reporter; 2005, Vol 9, No 3, p 25 -27

During the Soviet era, approaches to psychiatry betrayed an ignorance of the social and psychological elements of mental illness and a bias towards those that were biomedical in origin. The value of interventions such as family therapy and psychotherapy were consequently undervalued, with great store being set on the provision of drug therapy. While great efforts have since been made to encourage the adoption of internationally recognized approaches to therapy, old-fashioned and outmoded practices which reflect only biological considerations remain popular.

After independence, social and behavioural habits of Armenians were affected by the opening of society to “western” influences, with the adoption of different attitudes towards sexual habits and eating habits, among others. These factors created a number of risks to health, especially for young people. Currently, the new attitudes are confronting national traditions. Current lifestyle patterns and behavioural habits of adolescents of Armenia are therefore arising as the consequences of many factors, some of them controversial. As adolescence is a period of experimentation and risk-taking behaviour, habits and lifestyles established early in life and the influences of the surrounding environment have a profound influence on future health and development.

Mental health strategies

Legislation on MH was accepted on 25.05.04 and it has the following chapters:

1. General approaches
2. The process of MH Care protection and the rights of Mentally ill people
3. Social protection
4. Realization of Psychiatric care
5. Hospitalization (compulsory and agreeable)
6. Complains in psychiatric care
7. Responsibilities

As we briefly mentioned earlier, legislation document contains around 10 pages different chapters, but only once there is notice about children, which is declarative and has no any particular regulation or meaning.

Since 2007 the ACPP started designing a draft concept of a system for CAMHC in Armenia and then to present it to all networking with ACPP partner organizations. During the reporting 2008 year we reviewed the concept paper and within the framework of “Promoting of the Rights of Children and Adolescents with Mental Health problems in Armenia” (proved and will start in March 2009) project it is planed for the the following steps we prioritized as an important:

- Epidemiological data and information on available resources;
- Determination of the priority problems, effective strategy selection;
- Multisided consultations which including governmental structures:
 - a) Ministry of Health;
 - b) Ministry of Social affairs;
 - c) Partner NGO’s;
 - d) International organizations: GIP, WHO, UNICEF, MSF.
- The principles and objectives the future system in accordance with WHO recommendations.

Thus, the draft concept of a system for CAMHC in Armenian was designed.

The population of Armenia still does not put into practice health insurance models and the there are no guarantied health insurance services available.

This year we emphasized our efforts on Mental Health Action Plan and Mental Health Declaration for Europe both are prioritizing¹⁶ following elements of CAMH care as applicable:

- Self-reported health

¹⁶ WHO European Ministerial Conference on Mental Health, Helsinki, Finland, 12-15 January 2005.

- Health complaints
- Life satisfaction
- Mental health index
- Strengths and difficulties
- Relationships with peers
- Family and school environment

It is also appropriate, depending on the social and policy context; take into consideration the following viewpoints:

- Mental health strategies;

The document containing legislation is mainly about Psychiatric institutions and hospitals and there is no any strategic plan, except ACPP draft concept of a system for CAMHC.

- Child and adolescent health strategies that include a focus on mental wellbeing;

This issue is only stated at the ACPP draft concept of a system for CAMHC.

- Health promotion strategies that mainstream measures for young people's mental wellbeing.

Governmental structures are usually announcing about Health promotion strategies, but in reality there is much to be done in this field. Mostly it is focused on Physical but not Mental Health. (For example: nutrition, vaccination, other preventive methods and measurements).

NGO's are paying more attention to the issue of Health promotion, but it is unstructured, has no any horizontal links and are not coordinated by one body.

- Special attention could be given to intersect oral governance mechanisms that promote action and awareness on mental wellbeing among youth.

Awareness of Mental wellbeing is again a part of a NGO's activities and mostly depends on Grand givers priorities. During the last 2-3 years Smoking cessation campaign was one of the models to raise awareness, which is still in progress.

CHILDREN'S MENTAL HEALTH TAKES AS ITS GUIDING PRINCIPLES

After analysis of internationally accepted principles that were valued up to 2008 in the field of CAMH we prioritized following principles:

- Promoting the recognition of mental health as an essential part of child health;
- Integrating family, child and youth-centered mental health services into all systems that serve children and youth;
- Engaging families and incorporating the perspectives of children and youth in the development of all mental health care planning;
- Developing and enhancing a public-private health infrastructure to support these efforts to the fullest extent possible.

We also consider other priorities on which we have worked since the establishment of ACPP:

- Promote public awareness of children's mental health issues and reduce stigma associated with mental illness.
- Continue to develop, disseminate, and implement scientifically-proven prevention and treatment services in the field of children's mental health.
- Improve the assessment of and recognition of mental health needs in children.
- Increase access to and coordination of quality mental healthcare services.
- Train MH Care providers to recognize and manage mental health issues, and educate them about proven and evidence based prevention and treatment services.

TRAINING AND ROUNDTABLES (2008)

During the 2008 ACPP conducted training for general practitioners from Department of Family medicine of Yerevan State medical University. The number of trainees -61. (last year it was 32) trainers: K. Gasparyan and M. Yeghiyan.

Training for psychologists working in different centers and projects on the issue of personal growth: "Self-help strategies for helpers. Personality growth training sessions, trainer Marietta Galchian, marriage counselor from UK.

Roundtables

1 Brainstorming:

- ✓ Problems concerning current CAMH care in Armenia
- ✓ Interested stakeholders;
- ✓ the ways of achievement of the main objectives;
- ✓ Internal and external resources;
- ✓ Actions and steps and implementation activities, measurable indicators

Roundtable 2

Second meeting of Board representatives of the participating organizations:

- ✓ The Agreement is signed by the participants;
- ✓ Action plan.

PUBLIC EDUCATION AND AWARENESS RAISING ISSUES

TV programs:

1. “Fears and phobias, Public TV Program 1;
2. “Healthy life style: with focus on MH” Shant TV;
3. What is Mental health awareness (for parents and family members), Shoghakat TV.

Radio “VAN” Adolescent MH (Interactive life broadcast)

Radio “Hi - FM” Obsessive thoughts and compulsivity.

Series of Radio weekly programs “Healthy lifestyle” with Radio liberty:

- ✓ Fears and phobias;
- ✓ Depression;
- ✓ MH; early recognition and recommendations;
- ✓ Pathological habits: current situation and MH related consequences

All programs are in Armenian. They are also available at www.azatutjun.am

Brief Summary of “ Mental Health Care” ongoing project

Submission Date	June 29, 2010
Reporting Period:	October 1; 2009 - May 31;2010
Prepared by:	Kh. Gasparyan and M. Yeghiyan

1. NARRATIVE REPORT

a. General Information

Grant recipient:	Association of Child Psychiatrists and Psychologists
Project name:	Mental health care
Contract number and date:	01.10.2009
Location of the project:	25a Sevkaretsi Sako, Yerevan, Armenia

b. Project activities for the reporting period

Planned activities	Real carried out activities:
---------------------------	-------------------------------------

according to the project proposal	
1. To prepare set of documentation necessary for everyday work, including: individual clinical records, electronic database of beneficiaries, measurement instruments...	The main documents have been prepared and discussed. The database has been created /needs revision and improvement/
2. To prepare training packages for professionals, parents, service users	During the reporting period we prepared 7 training packages for both professionals and non-professionals.
3. To publish and distribute materials for professional training and PR	Business cards were printed for the employees and general card for SGMF Centre; Facts for family leaflets were printed with the details of contact information about when and how to apply for help; Leaflets in Armenian are printed. Pens carrying ACPP/SGMF initials, SGMF telephone number and web address were printed and distributed.
4. To prepare policy for PR strategy: public awareness, network creation and collaboration	Visits, meetings, trainings ACPP/SGMF applied for affiliation to Disability Advocacy NGO Coalition . During the Easter Exhibition-sale 14 organizations were participated. Agreement of collaboration with the evaluation centre / medical, psychological and pedagogical assessment/ was signed.
5. To organize the broadcasting of TV materials on Promotion of the SGMF and ACPP project	Announcement of a competition for TV programme and articles of newspapers. SGMF centre contacts are distributed among mass media representatives for advice and psychological assistance. We already broadcasted three programs on various psychological issues related to parenting, psychological aspects of children-parents relationship. /Arthur Poghosyan, K. Gasparyan , Ts. Paskaleva/ Charagayt, Ararat and H1 Public TV companies of Armenia Easter Exhibition-sale was largely covered by Media and it was a first step to SGMF PR. 5 TV companies reported about the event. 3 reports are available / H1, H2, KENTRON/. Separate TV programme was prepared about SGMF centre, concerning to Psychological services in Armenia. In our weekly program “Charagayt” we are

	<p>continuing the series of TV emissions about three mentioned schools, where ACPP/SGMF project is mentioned as well.</p> <p>TV programme about SGMF centre was broadcasted once during the reporting period.</p> <p>During the reporting period new TV materials were not broadcasted, except for one in “Charagayt” programme. During this programme Mr. Ghazaryan was a guest and he mentioned about psychological support that ACPP is providing. He also stated about SGMF Centre, where difficult cases are being referred.</p>
--	---

ACPP- SCIENTIFIC ACTIVITIES

In accordance with new priorities, which have been worked out by ACPP, its members are engaged in scientific work which is being covered in publications and reports at symposia, conferences and educational seminars in year 2008. The core of these works is the consolidation of the new general scientific paradigm in psychiatry and psychology representing different areas of interest to the specialty, such as affective disorders, anxiety and obsessive compulsive disorders, attention-deficit/hyperactivity disorder, eating disorders, impulsivity and impulse control disorders, diagnosis and intervention.

In Year 2008 Open post marketing study of effectiveness of Fluvoxamine (Fevarin) among adolescents with severe OCD was completed. The study was conducted by support of SOLVAY Pharmaceuticals local team in Armenia.

Staff of ACPP involving to scientific activities has continuously collected and analyzed data of other OCD study witch started previously in framework of multisite study implemented by ACPP jointly with with the Research Unit of the Tirat Carmel Mental Health Center (Israel). The links, in the progress. Collaboration is still continuing. During 2008 Israeli colleagues visited ACPP clinics once. At the moment we have tested 102 patients with OCD and 230 family members. We submitted new study proposal jointly with Israeli colleagues to USA based donor (research institution).

As outcome of scientific activities in year 2008 number of publication was done and now accessible in internet:

[Worldwide child and adolescent mental health begins with awareness: a preliminary assessment in nine countries.](#) Hoven CW, Doan T, Musa GJ, Jaliashvili T, Duarte CS, Ovuga E, Ismayilov F, Rohde LA, Dmitrieva T, Du Y, Yeghiyan M, Din AS, Apter A, Mandell DJ; WPA Awareness Int Rev Psychiatry. 2008 Jun;20(3):261-70. Review. PMID: 18569178 [PubMed - indexed for MEDLINE]

[Ziprasidone among adolescents with overlapping OCD and Tourette's syndrome \(Pilot study\)](#)

M Yeghiyan, N Israelyan, M Tosalakyan - Annals of General Psychiatry, 2008 - [annals-general-psychiatry.com](#) In open studies we conducted an 8-week trial of 14 adolescents (12-15 year old, 9 male and 5 female) with co-morbid OCD and Tourette's syndrome.

[Scientific Commons:](#) Yeghiyan Maruke, Gasparyan Khachatur , Israelyan Narine, Tosalakyan Marina · Mass media as a source of trauma ... - 7k - [Cached](#) - [Similar pages](#)

[WHO/Europe - Socioeconomic determ...](#) Armenian Association of Child Psychiatrists and Psychologists. Maruke Yeghiyan, Khachatur Gasparyan, Armenian Association of Child Psychiatrists and ...

[www.euro.who.int/socialdeterminants/hbsc/2008_1107_18_19k](#) - [Cached](#) - [Similar](#)

[New Research in Depression](#) The lead author was Maruke Yeghiyan, MD, from the MH Center in Armenia. More than half the teens (65.2%) in the study group who were ...

[www.medscape.com/viewarticle/457166](#) 2008 - 16k [Similar pages](#)

by Medscape - [Related articles](#) - [All 2 versions](#)

FUTURE PLANS 2009-2011

1. PROMOTING OF THE RIGHTS OF CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH PROBLEMS IN ARMENIA

Jointly with French Armenian Development Foundation¹⁷ ACPP have initiated the implementation of the “**Promoting of the Rights of Children and Adolescents with Mental Health problems in Armenia**” 24 months duration project co-founded by European Union within the framework of European Instrument for Democracy and Human Rights (EIDHR). Starting time of the project is March 2009;

The following **objective** is in focus of the project:

to promote the Rights of Children and Adolescents with Mental Health (MH) problems in Armenia.

Via **specific objectives**:

To put in place and make available psychological services for special schools N 1, 2, 12 and establish partnership between target groups within 2-year period by strengthening professional orientation activities and contributing to the social integration of adolescents from above mentioned schools.

The proposed project will strengthen and reinforce the activities of the Action plan mentioned in the project funded by EU.

The specific problems are

a) *Legislation level*. The only document that regulates Mental Health field is the “Law on psychiatric assistance” adopted on 25.05.04, that contains only one declarative statement about adolescents¹⁸, and doesn’t define the notion of the Mental Health;

b) *Public and community level*: negative stereotypes of the Mental Health, stigmatization, low awareness about HR and Mental Health, social isolation and negative attitude towards the people with Mental Health problems;

c) *Institutional level*: Absence of psychological professional support services in three schools, absence of premises for collective or individual psychological support, absence of the multidisciplinary team approach concept in Mental Health; absence of social workers and professional orientation of pupils for future social integration;

d) *Mass media*: mostly reporting about negative experiences, sensational events;

e) *NGOs* albeit active in the Mental Health field, their projects are mostly humanitarian aid-oriented, while there is a need for professional psychological services currently not provided by the state.

Activities of this project will enable to achieve solutions such as:

The improvement of protection of the Human Rights of Children and Adolescents suffering from Mental Health problems,

Putting in place professional psychological services will contribute to the well being of the pupils of the above mentioned schools

The reinforcement of capacities of the target groups

Social integration by professional orientation

To disintegrate the stereotypes of inferiority existing in the society on persons suffering from the MH problems

To break down barriers for establishing a partnership between target groups

To contribute to social integration of children and adolescent from special institutions.

¹⁷ The FADF is a member of the Disabled Advocacy Coalition¹⁷. The FADF is a partner organization of the Association Armenienne D’Aide Sociale (A.A.A.S.)¹⁷ in the “Return to Sources” assistance project to voluntary return of rejected asylum seekers from France, co-funded by the European Refugee Fund /2005,2007/, and “The Deaf: is dialog possible”, co-funded by the European Union and aimed at the reinforcement of capacities of the disabled persons and NGOs /2008-2010/.

¹⁸ See article 8, points 1 and 2

2 . DEVELOPMENT OF PERSONALITY AS AN INVESTMENT TO THE FUTURE

PROJECT SUBMITTED TO GLOBAL EDUCATION TRUST – HSBC,
FUTURE FIRST INVESTING IN OUR CHILDREN

Specific objectives:

To assure personality growth of children and adolescents from special institutions via

- a) life skills education of adolescents in care from three boarding schools;
- b) vocational trainings for the adolescents from three boarding schools;
- c) Initiating social and cultural developmental activities for boarding schools and orphanage.

d) Project progress

We would like to emphasize especially the collaboration with WHO Regional Office for Europe. **WHO European Forum on tackling the social determinants of health and reducing health inequities.**

In collaboration with the Department of Health of England, the WHO Regional Office for Europe held the WHO European Forum on tackling the social determinants of health and reducing the health inequities.

The Forum brought together a group of high ranking government officials, senior policy advisers and scientific experts from Ministries of Health, other policy sectors and from intergovernmental agencies with responsibility to tackle health inequities. WHO senior managers, programme officers and country staff plus key representatives from the World Bank, the European Commission and the Council of Europe also participated.

The meeting addressed the following questions which have emerged as priorities for WHO Member States across Europe:

- What are the key lessons to be learned from country experiences in identifying and then tackling the social determinants of health and what are the implications for future action?
- What are the incentives, opportunities and policy options for tackling the social determinants of health in countries with different health and development conditions?
- What performance criteria are being used by countries to strengthen systems of governance to reduce socially determined health inequities?
- How can various pan-European policy frameworks be aligned to support countries to put action on socially determined health inequities at the heart of policy and decision making across Europe?

The number of clients is increased also the number of referral cases from Rural areas.

Outcomes of the ACPP activities January – June 2008

- To increase cooperation between NGO's involved in child and adolescent mental health care and the government of the Republic of Armenia

The cooperation between NGO's involved in child and adolescent mental health care and state structures was increased. The state structures showed willingness (Ministry of healthcare, healthcare and social affairs department of Yerevan municipality) to cooperate and ways of cooperation and mutual support were found. A vivid proof of this is that among the participants of the network there were 3 state-provided services. The wall between the two separate fields was destroyed and the bridges are being built.

- To increase the level of participation of the NGO's involved in child and adolescent mental health care in the lawmaking process of the Republic of Armenia

The program also served as an example of how an NGO can affect the official policy of a state the complex that NGO's cannot change anything was gradually dispelled. The participants of the project started to believe in themselves and were convinced that collective effort is very effective. Actually, the project showed the tools by which NGO's could influence the lawmaking and executive process.

For more details about ACPP activities please visit our web site at: <http://www.acpp.armdex.com>

For rating of ACPP web worldwide please visit to: <http://www.passion-4.net/mentalhealth/index.shtml>

ACPP President
Maruke Yeghiyan MD., PhD

ACPP Vice President and Project Manager
Khachatur Gasparyan, PhD

March 25, 2008, Yerevan, Armenia

Photo gallery





Break



presentation

discussion



meeting with political parties1



Roundtable 2



Roundtable 3

