

MEETING ABSTRACT

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Brief review of situation of social psychiatry in Armenia

Armen Soghoyan*, Khachatur Gasparyan

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History is stating that first services ever created in Armenia are started in XI century in the island of Lake Sevan. As part of the Church offered services they created special homes for disabled people with mentally disturbed persons included.

During the Soviet area psychiatric condition was considered as a stigma among general population and treatment was mainly based on biological approaches without taking into account social-psychological aspects. Although some elements of social psychiatry were in use such as: occupational and art therapy approaches, but this methods were not aiming to the social integration of the mentally ill patients. During the transitional period psychiatry together with general health system was in crisis due to lack of financial and organizational management. After the war in Nagorno Karabagh some 300.000 refugees were dislocated from Azerbaijan to Armenia, which even stressed the difficulties of Mental Health Care situation in Armenia.

Only with the initiative of Nongovernmental organizations day centres and social psychiatric services were did their first steps since 1997. As we know, after sponsorship finished, most of them ended their missions, without governmental support. Lots of projects were implemented with the key elements of Social psychiatry having in their target mostly refugee population. Main partner organizations were internationally recognized once: UN, MSF, NRC, Save the children etc...

Currently only 3% of health care expenditures provided by the government health department is devoted to mental health. As a result of centralized mental health services system, the large proportion (88%) of all the expenditures spent on mental health are devoted to mental hospitals. The essential psychotropic medicines

are accessible for 100% of patients who are registered. All the severe and some mild mental disorders are covered in social insurance schemes and patients get not only free of charge treatment, but also those who are recognized to have chronic disorders get financial support from the government as disability pension.

What we have today is the following: 4 day centres in Yerevan, one in Syunik and 2 in Gegharkunik regions, and they are covering only 3-5 % of general need. All mentioned services are supported by the Ministry of Health of RA and some sponsors from outside of country.

Issues which are disturbing development of Social Psychiatry are classified to: lack of sources, mismanagement of existing capacities, stigmatization and stereotypes.

Our aim is to enforce and develop outpatient care via training of professionals, public education, creation of community based services and restructuring of financial sources from in-patient care to the out-patient.

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