Armenia

General Information

Armenia is a country with an approximate area of 30 thousand sq. km. (UNO, 2001). Its population is 3.052 million, and the sex ratio (men per hundred women) is 94 (UNO, 2004). The proportion of population under the age of 15 years is 19% (UNO, 2004), and the proportion of population above the age of 60 years is 13% (WHO, 2004). The literacy rate is 99.7% for men and 99.2% for women (UNESCO/MoH, 2004).

The country is a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 7.8%. The per capita total expenditure on health is 273 international $, and the per capita government expenditure on health is 112 international $ (WHO, 2004).

The main language(s) used in the country is (are) Armenian and Russian. The largest ethnic group(s) is (are) Armenian. The largest religious group(s) is (are) Armenian Apostolic Christian.

The life expectancy at birth is 67 years for males and 73 years for females (WHO, 2004). The healthy life expectancy at birth is 59 years for males and 63 years for females (WHO, 2004).

Epidemiology

Recent data (2000-2002) obtained on a representative sample (n=395) by means of a specially elaborated unified questionnaire and properly adapted and standardized Symptom Checklist (SCL-90R), Beck Depression Inventory (BDI) and Hospital Anxiety and Depression Scale (HADS) suggested high levels of emotional disorders in comparison to that reported in Western Europe and Russia. Anxiety and depression were significantly higher in those areas reporting an inability to access medical aid due to financial reasons. Surprisingly, no substantial differences were seen in the level of anxiety and depression as well as on the majority of SCL-90R scores between respondents from disaster and non-disaster areas (Khachaturyan, 2002; Khachaturyan & Nersesyan, 2004). Armenian et al (2000) interviewed 1785 adult victims, identified through stratified population sampling 2 years after the 1988 earthquake, with the National Institute of Mental Health (NIMH) Disaster Interview Schedule/Disaster Supplement. A comparison of pure PTSD (without comorbidity, n=154 cases) and controls (without psychiatric diagnoses, n=583) showed that PTSD was positively associated with geographic location (level of destruction) and loss to the family, and negatively associated with level of education, being accompanied at the moment of the earthquake and making new friends after the earthquake. Armenian et al (2002) also reported a rate of 52% for depression. A comparison of cases of pure depression (no comorbidity) with controls revealed that depression was positively associated with female gender, geographic location (level of destruction) and loss to the family, and negatively associated with receiving disaster related assistance and social support after the earthquake and alcohol use. Goenjian et al (1994a) evaluated 179 adults 1 1/2 years after the 1988 earthquake with the Posttraumatic Stress Disorder (PTSD) Reaction Index. PTSD reaction index score was associated with nearness to the epicentre (higher exposure) and loss of family members. Although there was no difference in total mean score on the PTSD Reaction Index, the elderly had higher scores on arousal symptoms and lower scores on intrusive symptoms in comparison to young adults. In another study, Goenjian et al (1994b) assessed 202 adults exposed in 1988 to political violence in Azerbaijan and/or the earthquake in Armenia. High rates of severe posttraumatic stress reactions were found among the most highly exposed

individuals, irrespective of the type of trauma. The same group of workers (Goenjian et al, 2000) evaluated 78 non-treatment-seeking subjects with self-report instruments approximately 1.5 and 4.5 years after the 1988 earthquake in Armenia and the 1988 pogroms against Armenians in Azerbaijan. No significant differences in PTSD severity, profile or course were seen between the two groups. Those exposed to severe trauma (earthquake or violence) had high initial and follow-up PTSD scores that did not remit over the 3-year interval, though the depressive symptoms subsided. Posttraumatic stress, anxiety and depressive reactions were highly intercorrelated within and across both time intervals. Goenjian (1993) found high rates of psychiatric morbidity (post-traumatic stress disorder: 74%, major depressive disorder: 22%) in a sample of 582 school children. In a sample of 231 children, Pynoos et al (1993) found that the Children's Post-traumatic Stress Disorder Reaction Index (CPTSD-RI) score was strongly correlated with a clinical diagnosis of PTSD and that there was a strong positive correlation between proximity to the epicentre and overall severity of post-traumatic stress reaction. Analyses controlling for exposure revealed that girls reported more persistent fears than boys. Goenjian et al (1995) evaluated 218 school-age children using the Child Posttraumatic Stress Disorder Reaction Index, the Depression Self-Rating Scale and the section on separation anxiety disorder from the Diagnostic Interview for Children and Adolescents. They found high rates of current PTSD, depressive disorder (and the co-occurrence of PTSD and depression) among victims residing in the two heavily impacted cities. Separation anxiety disorder was comparatively less frequent, Severity of posttraumatic stress and depressive reactions were highly correlated and each with the extent of loss of family members. Najarian (1996) found that two groups of children with high exposure to the earthquake (those remaining in the earthquake city and those relocated to another place) demonstrated significantly higher rates of PTSD, depression and behavioural difficulties in comparison to a control group. There were no differences between the relocated children and those who remained in the earthquake zone. An article comparing suicide patterns across different countries that were a part of the erstwhile USSR reports that during 1984-1990 the rate of suicide was 3.5 cases per 100 000 inhabitants in the Caucasus (Georgia, Azerbaijan and Armenia) (Wasserman et al, 1998).

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994.

The components of the policy are advocacy, promotion and prevention.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1992.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation

The law regulates the rights of mentally disturbed individuals (excluding any discrimination for psychiatric patients), provision of professional medical aid and social insurance, as well as issues of compulsory and non-compulsory treatment.

The latest legislation was enacted in 2004.

Mental Health Financing

There are budget allocations for mental health.

The country spends 4.5% of the total health budget on mental health.

The primary source of mental health financing is tax based.

The treatment of psychiatric patients is financed by the state. However, in the situation of slender budgets for public health care, the funding of the psychiatric service is obviously inadequate.

The country has disability benefits for persons with mental disorders. Chronically mentally ill patients receive monthly payments.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Treatment of severe mental disorders is carried out by specialized centres and psychiatric dispensaries (specialized outpatient departments).

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 175 personnel were provided training. Treatment of patients is organized in close cooperation with the local primary care service. Regulations for continuous training of family doctors in the field of mental health are in the stage of development. Since 1999, mental health issues are considered in postgraduate training and respecialization (concerning experienced general practice physicians) programmes for family doctors. Special emphasis is placed on identification and management of neurotic and somatoform disorders, affective (especially mild and masked depressive) disorders, drug use disorders, behavioural syndromes connected with physiological disturbances and other physical factors, personality disorders and developmental disorders. Approximately 250 family doctors have been trained in the field of mental health since 1999.

There are community care facilities for patients with mental disorders. Each community and locality has its mental health providers.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	4.8
Psychiatric beds in mental hospitals per 10 000 population	4.78
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	4
Number of neurosurgeons per 100 000 population	1.2
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	9.8
Number of psychologists per 100 000 population	0.4
Number of social workers per 100 000 population	0.08

Psychiatric provision in Armenia is carried out by two kinds of medical service: outpatient and inpatient. It is represented through the network of dispensaries, hospitals and health centres within the various communities. In recent years, the policy of reducing hospital beds has been implemented and new day hospitals have been opened; the development of night hostels is proposed. The psychiatric hospitals have been broken up into smaller units; whereas they formerly had 500-1000 beds, at present the greatest number of beds in any one is 400.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy and promotion. In 1999, with the assistance of the international organization Médecins Sans Frontières, it became possible to open a rehabilitation workshop at one of the biggest psychiatric hospitals.

Information Gathering System

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

Programmes for Special Population

The country has specific programmes for mental health for refugees, disaster affected population and children.

In 2000, the Association of Child Psychiatrists and Psychologists (ACPP) and the Geneva Initiative on Psychiatry (GIP) successfully implemented a project entitled 'Public Education and Training of Professionals Working with Children in Primary Health Care System of Armenia.' One of the outcomes of this project was the creation of the Child and Adolescent Mental Health Care Project (CAMHCP). This programme attempts to respond to the mental health needs of children and adolescents in Armenia by a quick response to requests and

referrals, involving parents and teachers in the early detection of behavioural problems in a multidisciplinary, supportive and therapeutic environment.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, levodopa.

Additional Sources of Information

•Anonymous (2000) Making mental health law reform in Armenia. www.mentalhealth.am

•Armenian, H. K., Morikawa, M., Melkonian, A. K., et al (2000) Loss as a determinant of PTSD in a cohort of adult survivors of the 1988 earthquake in Armenia: implications for policy. Acta Psychiatrica Scandinavica, 102, 58-64.

•Armenian, H. K., Morikawa, M., Melkonian, A. K., et al (2002) Risk factors for depression in the survivors of the 1988 earthquake in Armenia. Journal of Urban Health, 79, 373-382.

•Goenjian, A. (1993) A mental health relief programme in Armenia after the 1988 earthquake. Implementation and clinical observations. British Journal of Psychiatry, 163, 230-239.

•Goenjian, A. K., Najarian, L. M., Pynoos, R. S., et al (1994a) Posttraumatic stress disorder in elderly and younger adults after the 1988 earthquake in Armenia. American Journal of Psychiatry, 151, 895-901.

•Goenjian, A. K., Najarian, L. M., Pynoos, R. S., et al (1994b) Posttraumatic stress reactions after single and double trauma. Acta Psychiatrica Scandinavica, 90, 214-221.

•Goenjian, A. K., Pynoos, R. S., Steinberg, A. M., et al (1995) Psychiatric comorbidity in children after the 1988 earthquake in Armenia. Journal of the American Academy of Child & Adolescent Psychiatry, 34, 1174-1184.

•Goenjian, A. K., Steinberg, A. M., Najarian, L. M., et al (2000) Prospective study of posttraumatic stress, anxiety, and depressive reactions after earthquake and political violence. American Journal of Psychiatry, 157, 911-916.

•Khachaturyan A. M. (2002) Psychosomatic performance of population in Armenia. European Journal of Public Health (Supplement - Abstracts of the 10th Annual EUPHA Meeting. Dresden, Germany, 28-30 November 2002), 67-68.

•Khachaturyan, A. M., Nersesyan, A. K. (2004) Mental performance of population of disaster and non-disaster area in Armenia. Mental health perspectives in public health. Proceedings of the International Psychiatric Conference, 7-10 October 2004, 61-62.

•Najarian, L. M., Goenjian, A. K., Pelcovitz, D., et al (1996) Relocation after a disaster: posttraumatic stress disorder in Armenia after the earthquake. Journal of the American Academy of Child & Adolescent Psychiatry, 35, 374-383.

•Pynoos, R. S., Goenjian, A., Tashjian, M., et al (1993) Post-traumatic stress reactions in children after the 1988 Armenian earthquake. British Journal of Psychiatry, 163, 239-247.

•Wasserman, D., Varnik, A., Dankowicz, M. (1998) Regional differences in the distribution of suicide in the former Soviet Union during perestroika, 1984-1990. Acta Psychiatrica Scandinavica, Supplement 394, 5-12.

•Yeghiyan, M., Gasparyan, K., Grigorian, H. (2002) Contemporary child and adolescent mental health in Armenia. Mental Health Reforms, 7, 12-13.