

Factors That Influences Mental Health Policy In Albania

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Abstract

Mental health policy is a major challenge in every government engagement. Human wellbeing is threatened by mental health issue, and this is why it is necessary to position mental health as a health priority (WHO, 2001). The reduction of human and economic cost of mental health problems can be achieved by providing equitable and evidence-based mental healthcare and treatment. In Albania, the organization of mental health policy has experienced changes in the past half century, especially after the 90's. This was driven by political commitment at national and intergovernmental levels in response to the challenges posed by mental health problems. The purpose of this paper is to analyze, present factors, and circulates what affects and prepossess the adoption of new mental health policy. The methodology used for this paper was based on two main elements. The first was the analyzing of Albanian conceptual framework, which is derived from two grounded elements: policy content and health policy process. The second element involves data collection using semi-structured interview (12) with three levels of policy: policymakers, health policy administrator, and mental health care provider. Also, we consulted a wide range of electronic databases before underpinning the research with additional search. This search includes the scanning of a range of websites, reference lists of included studies, the legal mental health framework, and the respective documents. The activities stipulated in the First Component of the South-Eastern European Mental Health Project under the Stability Pact urged the process of a new mental health policy formulation and adoption of mental health legislation stressing human rights of patients. The WHO has influenced the whole mental health policy framework. They have instructed the National Policy Document for the Mental Health and the respective action plans. In addition, they have supervised the impemention of this Documents and has trained mental health experts at all levels. Albanian policymaker are concerned with having an adequate map of mental health

facilities. This is because many of the dedicated program are far way to be reached from persons in need. All policymaker actors are focused on the need for identification. In this trend of increase in the number of persons with mental health problems and their need for a more holistic care, finances has a crucial role to play.

Keywords: Mental health process, mental health framework, Albania, Policy adaption

Introduction

Mental health is an indispensable part of health. It has been defined by WHO as “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). In recent years, mental disorders and psychosocial disabilities have been increasingly recognized as a global development issues (Eaton et al., 2014). The WHO estimates that one out of four people will experience a mental health condition in their lifetime. Also, approximately 600 million people worldwide are disabled as a consequence of this health condition (Kohn et al., 2003). According to the World Report on Disability, 1 billion people worldwide experience a disabling condition, while 60% of the causes are strongly linked to mental, neurological, and substance abuse conditions (WHO, 2011b).

Mental disorders and psychosocial disabilities are one of the most pressing development issues of our time. Thus, it is frustrating the aspirations of families, communities, and emerging economies. Most of the people affected by mental health conditions live in low- and middle-income countries (Wang et al., 2007). Contextual factors, including poverty and hunger, conflict and trauma, poor access to health and social care, and social inequity all serve to increase their vulnerability (Kohrt et al., 2012). Yet, in these countries, about 76% and 85% of people with severe mental disorders do not receive treatment for their disorder (WHO, 2013b).

The burden of mental illness is steadily growing. Recent systematic analyses show that mental and behavioral problems account for 7.4%. In addition, neurological conditions including dementia and epilepsy account for 3% of the global burden of disease measured using Disability Adjusted Life Years (DALYs). Consequently, mental and behavioral problems command nearly one-quarter of the global total (Whiteford et al., 2013). This makes mental disorders and psychosocial disabilities the biggest single cause, more than cardiovascular diseases and cancer combined. By 2030, unipolar depression will be the leading contributor to years lived with disability (WHO, 2013a).

Mental health conditions can have high impact on the excess mortality. As a consequence, in high-income countries, men with mental health problems die 20 years earlier, and women 15 years earlier than people without mental health problems (Lawrence et al., 2013; Wahlbeck et al., 2011).

Mortality is higher in low-income countries. Also, mental illness is the central cause of suicide (Mathers & Loncar, 2006). However, this is the second highest cause of death among 15–29 year-olds globally (WHO, 2014).

People with mental disorders and psychosocial disabilities often experience social exclusion, stigmatization, and discrimination (Almazeedi & Alsuwaidan, 2014). Despite this great need, there is clear evidence that the large majority of people with mental disorders and psychosocial disabilities worldwide do not receive effective treatment (Patel et al., 2013). Globally, mental disabilities and psychosocial disorders are grossly under-financed (World Economic Forum, 2011). Low-income countries spend about 0.5% of their very limited health budgets on psychosocial disabilities; thus, this was despite them causing 25.5% of the Years Lived with Disability (YLDs) (WHO, 2011a). In many low-income countries, fewer than 10% of people are able to have access to health services (Wang et al., 2007).

Finally, mental health is an issue with cross-cutting impact and is related to various aspects of development (Thornicroft & Patel, 2014). Many aspirational global goals have strong interdependencies with mental health, for example; peaceful and inclusive societies (Goodwin & Rona, 2013), safety in human settlements (Ouanes et al., 2014), sustainable economic growth (Cruz et al., 2013), productive employment (Katikireddi et al., 2012), inclusive education and learning opportunities, food security and improved nutrition (Surkan et al., 2011), maternal and child health, healthy lives and well-being, the overall population level (Guszkowska et al., 2014), and a more equal society.

Methodology

The methodology used for this paper was based on two main elements. The first was the analyzing of Albanian conceptual framework, which was derived from two grounded elements: Policy content and Health Policy Process. ***Policy content***, which is inside the scope of this study, is an element which may lead to changes in the processes that has a range of effects on health care system. On the other hand, ***health policy process*** is regarded as the main focus of this paper. Such elements include agenda, development processes, and the way for the implementation of this policy in Albania.

Consequently, the second element includes data collection using semi-structured interview (12) with three levels of policy: policymakers, health policy administrator, and mental health care provider.

This research method has been developed by researches which are adapted to the Albanian context. The semi-structured interviews were selected randomly.

Also, we collected and reviewed documents identified in literature searches and those suggested by respondents.

Another methodologist help was the wide range of electronic databases consulted before underpinning the research with additional search. This search includes the scanning of a range of websites, reference lists of included studies, the legal mental health framework, and the respective documents. Consulted articles in Medline and Google Scholar included terms such as “mental health policy content”, “mental health policy process”, and “adoption of mental health policy”. However, these consulted articles were limited to articles pertaining to humans, written in English, full text, and which is published from 2001 until now.

Agenda Setting

In Albania, the government adopted National Mental Health Policy and the National Action Plan for Implementation of the Mental Health Policy. These strategic policy documents were built on the National Mental Health Programme 2001–2004. However, the activities stipulated in the First Component of the South-Eastern European Mental Health Project under the Stability Pact urged the process of new mental health policy formulation and the adoption of mental health legislation which stresses the human rights of patients. The purpose of Mental Health Project for South-Eastern Europe was to improve the mental health of the populations by setting up community mental health in various regions. The Mental Health Project for South-Eastern Europe is organized in both political level (steering committee, representatives from the eight countries, the WHO Regional Office for Europe, the Council of Europe, the donor counties) and managerial level (Executive committee, Regional project office, Country project office with country project managers). Component Two is focused on developing a common SEE model for the community mental health service, and establishing a pilot community mental health centre in each country. Component Three is focused on undesigning and delivering training courses to equip mental health professionals and primary health care practitioners for work in community mental health services (Regional Project Office of the Mental Health Project for South-Eastern Europe, 2004).

The first law on mental health was the law No. 8092, dated 21.03.1996. This law regulates how the defence of mental health will be

realized through the provision of health care and a social environment suitable for the mentally ill. During this time, the law was adopted as an innovation. Also, it resulted to the solution of many problems.

This law had some deficiencies. Subsequently, the community approach to mental health problems was indirectly mentioned in the law as one of the alternatives, and not as a choice or service which should be given priority.

In 1999, Albania signed the Stability Pact for South Eastern Europe. In 2001, the Pact added health to his agenda as one of the five subject area of its Social Cohesion Initiative. In May 2002, Albania established the mental health Project for South-Eastern Europe (SEE). This was along with the Council of Europe, the WHO Regional Office for Europe, and with Greece at a meeting held in Denmark. The activities stipulated in the First Component of the South-Eastern European Mental Health Project under the Stability Pact urged the process of new mental health policy formulation. In addition, it also facilitates the adoption of mental health legislation stressing the fundamental human rights of patients. Consequently, the following was designed: the Policy for Mental Health Services Development, March 2003; The Operational Plan for the Development of Mental Health Services in Albania, May 2003; and The Regulation of Mental Health Services, April 2007.

One of the main achievements of the mental health reform at the political level is the new law adopted in 2012 (Law No. 44 / 2012). According to law, they were drafted bylaws to ensure the implementation of the new Law such as: The roles, responsibilities, and core competencies of mental health professionals; Standards of Physical Restraint in the Specialized Mental Health Services with Beds; Clinical Records; and Documentation of involuntary treatment procedures.

Recently, it was drafted by MoH i.e. the Action Plan for the Development of Mental Health Services in Albania (2013-2022). This document is a 10-year action plan. Therefore, it is used for the implementation of the Policy for the Development of Mental Health Services in Albania (2003).

Factors that Influence the Mental Health Policy Implementation in the Country

Countries exhibit similar development in mental health policy despite the marked differences in governance structures and economic growth trajectories. Policy convergence might be the result of independent responses from countries that face similar epidemiological, economic, and demographic transitions (Shen, 2014). Policy diffusion research has shown that adoption is as a result of mixed underlying processes involving

independent adoption, dyadic emulation, and collective consensus (Dolowitz & Marsh, 2000). However, what all these pathways have in common is that actors are informed about the policy choices of others. Similarity, health policy could also occur due to economic, institutional, communication, and professional linkages that bind countries (Shen, 2014).

Furthermore, the health policy administrator described a formal process for developing policy in the country. The health policy administrator states:

“This was a process that starts with a situational analysis, followed by identification of the needs and problems to be addressed and then setting out strategies to address them. We consider a bottom-up approach as most suitable.”

Policymakers in the country are oriented to be driven of new needs of mental health disorder. Their needs are key element that drives policymaker to adopt a new practice. However, the key constraint in the development of services and their allocation so as to meet needs is the lack of epidemiological data. The view of all stakeholders is an important element to be considered. This is with the aim of appreciating the challenges of implementing programs on the ground and on the broader impacts of mental disorders. The majority of respondents emphasized the importance of involving users, potential users, and those who benefit from interventions.

The spread of a policy innovation can be facilitated by international organizations and regional blocs. Thus, their aim is to level political and economic asymmetries among member countries. The WHO plays an important role in building member states’ capacities to adopt and implement mental health policy. The ratification of the WHO Mental Health Action Plan 2013–20 by 194 Member States in May 2013 is a recent development which shows the WHO’s ability to provide support to nations in adopting appropriate, pertinent mental health policies, and their implementation (Shen, 2014). Theorists in the policy diffusion research tradition have also asked whether policy convergence is observed for countries which share the same boundaries. Policy innovation can transpire through influence ties between geographically contiguous states for several reasons. Neighbors cooperate to assure consistency in policy regimes across their region. Neighbors also have unrivaled access to one another’s policy-making environment for the purposes of social learning and peer comparison (Berry & Berry, 1990). Indeed, many countries lead or follow the lead of others in their regional bloc (Walker, 2005). Shen (2014) has operationalized geographic contagion in three ways, namely: United Nations regions, World Health Organization regions, and geographic regions. Consequently, he found the most pronounced contagion effect for WHO regions, followed by UN regions. Converging policy developments are more likely for countries

that are characterized by high degree of similarity in institutional arrangements and culture (Shen, 2014).

Furthermore, policymaker in the country identified the huge role of the WHO in the adoption of the new mental health policy and the compilation of the action plan in the collaboration with MoH. The policy recommendations and norms around mental healthcare is cascaded from WHO headquarters to regional offices, then to country offices, and finally to governments of its member countries.

In addition, aid transactions make up another one of the many pathways for countries to learn about policy innovations. Bilateral, multilateral, and private donors stand to foster greater inclusion of mental health into their health system strengthening disease-specific and poverty reduction initiatives. Shen concluded that aid, however, is an insufficient determinant of mental health policy adoption (Shen, 2014).

The respondents claim that Albania spends a lower share of the gross domestic product on total health expenditure. Therefore, from this amount, they spend a lower share of the total health expenditure on mental health services.

Thus, the policymaker noted:

“Donor support is associated with positive effects, but localized in a specific area; and in a specific period of time, it cannot have a central role in the implementation of the mental health policies. That is a long-term problem that will be solved in a long period.”

An inadequate level of financing of mental health services leads to scarcity of financial resources for mental health system development. In addition, it also leads to the implementation of the action plan.

The mental health provider noted:

“Albania have a necessity of renovation of inpatient facilities, and need of enhancement of the living conditions in the existing institutions as a consequence of underinvestment in mental health services in the past.”

On the other hand, the national mental health systems also need resources for empowered weak community mental health services.

Public health insurance should reduce social and health inequalities through the redistribution of financial resources. Therefore, there is the problem of a large number of non-insured persons that do not pay insurance premium for various reasons.

An important concern of the mental health care provider is the poor geographical distribution and the type of services provided. The mental health services are concentrated in urban areas, with few services available in more rural areas. National mental health systems typically face absence of appropriate residential institutions in child psychiatry and absence of specialists geriatric psychiatry for these populations.

Conclusion

The activities stipulated in the First Component of the South-Eastern European Mental Health Project under the Stability Pact urged the process of new mental health policy formulation and adoption of mental health legislation stressing the human rights of patients. The WHO has influenced the whole mental health policy framework. They have instructed the National Policy Document for the Mental Health and the respective action plans. In addition, they have supervised the impemention of this Documents and has trained mental health experts at all levels.

Policymakers in the country are oriented to be driven of new needs of mental health disorder. Their needs are a key element that drives policymaker to adopt a new practice. Thus, the key constraint on the development of services and their allocation so as to meet needs is the lack of epidemiological data.

In this trend of increase in the number of persons with mental health problems and a more holistic care, finances has a crucial role to play. An inadequate level of financing of mental health services leads to the scarcity of financial resources for mental health system development and the implementation of the action plan. Donor support is associated with positive effects. On the other hand, donor support which is localized in a specific area and in a specific period of time cannot have a central role to play in the implementation of mental health policies.

Albanian policymaker are concerned with having an adequate map of mental health facilities. This is because many of the dedicated program are far way to be reached from persons in need.

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