

# CHILDREN'S RIGHTS: MENTAL HEALTH PROBLEMS OF CHILDREN AND YOUNG PEOPLE IN ALBANIA

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## Abstract

"...Mental health is an important part of the child's overall health. In fact, it has a considerable effect on physical health, and in the children's ability to succeed in school, at work, and in society ..."

The protection of human rights, especially children's rights in every field of life: economic, social, cultural life, wellbeing, and mental health, is the most crucial issue for the whole society, especially for the National Human Rights Institutions.

Before the '90s legislation in Albania, mental health support and expertise were offered through centralized services with a biological orientation focused on symptoms. The most vulnerable group were children because of their age. In fulfilling the respect of human rights in general and persons with disabilities, as well as many marginalized groups, for the first time, after regime change, Law no.8092, date 1.3.1996, "On mental health," brought to some extent some changes. Nonetheless, It was the first law not providing much for protecting minors and adolescents with mental health problems from possible abuse and concerning the mental health spectrum disorders for this category.

In 2003 the mental health reform in Albania was drafted according to the Political Document for Mental Health, which provided the principles and objectives expected to be achieved, through the development of services, both at central and local levels, and was followed by the Action Plan 2005-2010. The Action Plan foresaw short-term and medium-term activities based on necessities under all international documents ratified by our country, including the Convention of Children's Rights (CRC). This mental health reform is combined with other reforms undertaken in Albania, following the integration process. All these reforms enabled the complete improvement of the legal framework compliant with respect for human rights and marginalized groups.

This paper analyzes the legal framework and all the strategic documents in the mental health field toward improvements regarding Children's Rights, especially their right to live without social exclusion, poverty, discrimination, and violence.

The data collected to generate issues and findings are sourced from personal experiences during fieldwork inspections.<sup>2</sup> - carried both in central and local level in the state institutions such as The National Center for Child Upbringing, Development and Rehabilitation in Tirana Municipality and National Center for children's growth, development and rehabilitation and the Community Mental Health Center, located in Elbasan Municipality.

**Keywords:** Children's Rights, risk factors, legal framework, specialized services, health services.

<sup>1</sup> Mrs. Nejla Peka had a term of office (2018-2022) as a former Protection and Promotion of Children's Rights Commissioner in Albania at the People's Advocate Institution of Albania. This paper provides only a small summary of authorities monitoring and overseeing - extracted from her experience as part of the integral protection system for Children's Rights in Albania, especially towards guaranteeing children's rights, especially the right to education – *online* education.

<sup>2</sup> This paper is a small summary of job monitoring and overseeing of the authorities as part of the integral protection system for Children's Rights in Albania as a Former Commissioner for the Protection and Promotion of Children's Rights in the People's Advocate Institution in Albania (personal experience)

## Introduction

The mental health reform in Albania was based on the Political Document for Mental Health in Albania in 2003, which provided the vision, principles, and objectives to be achieved through the development of services and was followed by the Action Plan 2005-2010, which proposed activities divided into categories: urgent, short-term and medium-term, under all international acts ratified by the Albanian state, including the Convention for the Protection of Children's Rights.

The evaluation of the implementation of the Action Plan 2005-2010 dictated the necessity for drafting a new legal framework, concretized with the approval of Law No.44/2012, "On Mental Health," and the by-laws in its implementation. The approval of this law constituted a further step in implementing mental health reform in Albania.

Also, the Action Plan for the Development of Mental Health Services, 2013-2022, has been approved, which defines the concrete steps to follow to fulfilling two major strategic objectives: decentralizing mental health services through the extension and enriching the existing network with services as close as possible to the community and deinstitutionalization, through reducing the number of psychiatric beds and increasing and strengthening community mental health services.

Covid-19 and the lockdown applied in every country, placing various restrictions directly related to the protection of human rights, especially Children's Rights, in every field of life: economic, social, cultural life, wellbeing, and mental health. The most vulnerable group were children because of their age.

In fulfilling the respect of human rights in general and persons with disabilities, as well as many marginalized groups such as LGBTI, drug users, or others, the reform in the field of mental health combined at the same time with other undertaken reforms in our country, e.g., the reform of the new administrative-territorial division and the reform of social services. All these reforms enabled the complete improvement of the legal framework in line with human rights and marginalized groups.

### *1. Sectorial and inter-sectorial legal framework*

Before the '90s, legislation in the mental health field was offered through centralized services, with a biological orientation focused on symptoms.

Law no.8092, date 1.3.1996, "On mental health," did not provide almost anything for the protection of minors and adolescents with mental health problems from possible abuse and concerning the mental health spectrum disorders for this category.

After the year 2000, our country, with the support of the World Health Organization, initiated a reforming process to review legislation in the mental health field through actualizing work to draft this new legal and contemporary framework in this field.

In the framework of the EU integration process and approximation with the *Acquis*, our country has also worked with continuous efforts to approximate the legislation in the mental health field.

Law no.44/2012 "On mental health" affirms the vast concept of mental health, not as just a shortcoming of the illness, ***but as promoting wellbeing, preventing mental health disorders, as well as treatment and rehabilitation of people with mental health disorders.***

In this law, mental health is defined as the ability to think and learn, as well as the ability of an individual to understand and live with his emotions and others' reactions. While mental health disorder is defined as a fundamental disorder of thought, perception, orientation, and memory that damages the behavior, judgment, and capacity to recognize reality or the person's ability to fulfill life's demands, which makes it mentally ill or mental retardation, when accompanied with pathological aggressive behavior or seriously irresponsible.

Also, the concepts of mental health and disability are well defined in Law no.93/2014 "On inclusion and access of disabled people" and by-laws in its implementation.

Also, in Law no.121/2016 "On social care services in the Republic of Albania," the age limit for the residence of individuals with disabilities at the development center has changed from the age of 25, it has decreased to 21 years.

## **2. Strategic Documents – legal framework**

In Albania, an Action Plan for the Development of Mental Health Services, 2013-2022, is being implemented, which refers mainly to the development of mental health services for adults. In this context, an urgent need has been identified to develop a national mental health strategy for children and adolescents.

Children with disabilities have been addressed in various strategic documents, such as the National Strategy for People with Disabilities<sup>3</sup>The National Action Plan for People with Disabilities, 2016-2020<sup>4</sup>, the National Children's Rights Agenda<sup>5</sup>The Development Strategy of Pre-university Education for 2014-2020<sup>6</sup>, the National Health Strategy, 2016-2020<sup>7</sup>, Social Inclusion Politic Document 2016-2020<sup>8</sup>, National Social Protection Strategy 2015-2020 and its Action Plan<sup>9</sup>, Decision-Making Plan for the Development of Mental Health Services 2013-2022, Strategy and Action Plan of the Politic Document of the Strategy on the Prevention and Reduction of alcohol-related damages in Albania, 2017-2021, and the National Action Plan on Youth<sup>10</sup>.

## **3. Network of specialized mental health services in the Republic of Albania**

The primary health care service is provided by family doctors and nursing personnel, who exercise their activity in primary health care institutions, which also include consultancies. The primary health care service is based on the basic package of the primary care service and the referral system, which includes the obligation to detect, refer and follow up with patients with mental health disorders.

According to this package, mental health is an integral part of Primary Health Care. This service assists individuals with mental health disorders and helps improve the social status (which is a determinant of poor mental health) of patients and their families. The support provided in primary care is part of comprehensive mental health care and an essential part of health care in general.

Children are referred by primary health care when:

- present signs of suicidal intentions;
- assessment cannot be performed in primary care settings, e.g., psychotic symptoms, ADHD, etc.;

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<sup>3</sup>adopted by Decision no.8, dated 7.1.2005, of the Council of Ministers, "On the adoption of the National Strategy for People with Disabilities," as amended.

<sup>4</sup>Adopted by the Council of Ministers, Decision no.483, dated June 29th, 2016, "On the Approval of the National Action Plan for People with Disabilities, 2016-2020".

<sup>5</sup>Decision no.372, dated 26.4.2017, of the Council of Ministers, "On the Approval of the National Agenda for the Children's Rights 2017-2020", OJ. no. 100, pg.5598.

<sup>6</sup> adopted by decision no. 11, dated 11.1.2016, of the Council of Ministers, "On the approval of the Strategy for the Development of Pre-university Education for the period 2014-2020".

<sup>7</sup>Approved by the Decision no.439, dated 17.5.2017, of the Council of Ministers, "On the adoption of the National Health Strategy, 2016-2020"

<sup>8</sup> approved by the Decision no.87, dated 3.2.2016, of the Council of Ministers, "On the Approval of the Political Social Inclusion Document, 2016-2020", as amended.

<sup>9</sup>Decision no.1071, dated 23.12.2015, of the Council of Ministers, published in OJ no.239, pg.16304.

<sup>10</sup>Approved by the Council of Ministers Decision no.383, dated 6.5.2015, "On the Approval of the National Action Plan for Youth, 2015-2020".

- medication and treatment are needed, which is not carried out in the conditions of primary care (depressive disorder in children, severe obsessive-compulsive disorder);
- the degree of disability is such that the person can not go to school or meet friends;
- signs of neglect or abuse appear.

Based on the legislation mentioned above, as well as the strategic documents, this network of services should consist of, but not be limited, by services such as:

- Specialized outpatient services;
- Community-based mental health services;
- Community mental health center;
- Multidisciplinary driving teams;
- Day center;
- Homes supported for former chronic patients of psychiatric hospitals;
- Homes supported for psychotic patients;
- Day/recreation center, etc.;
- Mental health services, with beds, should be provided next to mental health pavilions near regional hospitals or psychiatric hospitals, covering the need for secondary and tertiary care.

Under Law no.44/2012 "On mental health", with the instruction of the minister responsible for health issues, a mental health regulation was adopted, which outlines the prominent roles, objectives, and functions of the following services:

- Community Mental Health Center;
- Supported homes;
- The day center and,
- Mental health services with beds.

One of the most essential elements of this regulation is documentation on specialized mental health services. Documentation is an integral part of each stage of the work process in all mental health services. Documentation on specialized mental health services consists of the following elements:

- Internal regulations of services and relevant registers;
- Patient records;
- The formats required for assessment and intervention (individual plans).

Documentation quality is an indicator of standards of professional practice, and it helps in the efficiency of interventions by promoting:

- High standards of clinical care;
- Continuation of care;
- Better communication between different professionals who are part of the multidisciplinary team;
- Better reporting on treatment, care planning, and delivery;

➤ Ability to identify problems, such as changes in the user's situation, etc.

### **Standards set**

Ensuring that children receive appropriate and timely mental health care and protecting their rights during care or treatment requires that inspection and monitoring mechanisms ensure that the body responsible for mental health issues, for inspection of all children's mental health services, on a regular periodic basis.

The number of mental health professionals to meet the basic needs of the general population of the country should reflect the following ratio:

- 1 specialist psychiatrist/20,000 residents
- 1 nurse/7,000 residents
- 1 psychosocial worker/15,000 residents

Other professional profiles, such as occupational therapists, specialized educators, etc., will be provided depending on the needs and opportunities of local contexts.

Below we present the geographic distribution of these services:

### **Mental Health Services**

#### **Tirana District**

University Psychiatric Clinic - "Mother Teresa" Hospital Center Psychiatric service for children and adolescents Three community mental health centers (CMHC) The National Center for Child Upbringing, Development, and Rehabilitation Two supported houses in which there will be accommodated even the residents of the first house Sant'Egidio Two daily centers organized by the NGOs: "Alternative" and "Fountain House"
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#### **Elbasan District**

Psychiatric Hospital (including a daycare center for hospital patients) Supported House for 10 people in Elbasan Supported House for 12 people in Cërrik Income Generating Activity, Socially-Owned Enterprise "Së bashku/Together" Community Center for Mental Health in Elbasan Community Center for Mental Health in Korça Community Center for Mental Health in Gramsh
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#### **Vlora District**

Psychiatric Hospital
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Community Center for Mental Health in Vlora Three homes supported 34 people in total Community Center for Mental Health in Berat
<b><i>Shkodra District</i></b>
Psychiatric Pavilion at Shkodra General Hospital Supported House 'Mimoza' for ten people Community Center for Mental Health in Shkodra Four homes supported 52 people in total

As can be seen from the coverage of the above data, referring to the specialized mental health services for children and adolescents in Albania, services are provided by these institutions:

The National Center for the Wellbeing, Development, and Rehabilitation of Children, across the country, for children 0-6 years old;

- Psychiatric hospital services at the University Psychiatric Clinic/ University Hospital Center "Mother Teresa";
- The Community Center for Mental Health includes all age groups over six.

### ***3.1. Specialized services for children and adolescents. Issues and findings***

Mental health services for children and adolescents are provided to maintain and improve the population's health. They are a specific part of mental health services in all categories of mental health services. The functioning of mental health services for children and adolescents relies on the protection principles for children's rights. These services should interact with all the activities of the mental health protection of children and adolescents, specifically through preventive, therapeutic, and rehabilitative actions. They should closely cooperate with other healthcare sectors (clinical pediatric, and development services) and other public sectors such as education and social services. Multidisciplinary teams in the environment suitable for use by children and adolescents provide the service.

#### **Recent gathered data:**

- Lack of establishment and further development of services, based on data, through the design and standardization of treatment protocols and monitoring of quality indicators for children;
- The lack of continuity of specialized services in the home environment by the parents themselves in order to guarantee normal progressive development in the best interest of the child.
- lack of information on the part of parents about the responsible structures at the local level for the protection of children, to guarantee the continuity of therapies from specialized services at the local level, and their inclusion in educational institutions, nurseries, kindergartens, schools, etc.;
- the lack of specialized services at the local level for children with health problems, especially regarding the empowerment of families and their ongoing counseling to enable a warm and family environment for children with mental health problems;

- lack of coordination, cooperation, and coordination of work between mechanisms at the central and local level of medical, social, and educational structures to guarantee, protect and integrate children and their families in society;
- lack of promotional and awareness-raising activities for the responsible structures at the central and local level for children with mental health problems.

#### ***4. National Center for the Wellbeing, Development, and Rehabilitation, as well as the Community Mental Health Center in Elbasan - monitored by the Ombudsman. Statistical data***

NCWDR is a national center that provides services for children 0-6 years old, throughout the country. This center is a subordinate institution of the Ministry of Health and Social Protection, created by decision no.325, dated 23.6.2000, of the Council of Ministers "On the establishment and functioning of the National Center for the Wellbeing, Development, and Rehabilitation of Children ."The activity of this center covers the entire territory of the country and is funded by the Ministry of Health and Social Protection. The internal regulation of the specialized center service complies with the regulation approved by the minister responsible for health issues.

The internal regulation of specialized services of this center includes:

- The running/management rules of the service;
- The mission of the service and its primary functions;
- The service and acceptance criteria, as well as exit criteria from the service;
- The professional roles and responsibilities of the functions charged with tracking and implementing the regulation;
- The first evaluation criteria: which professional can perform it and the period within which it has to be done;
- The managing of such documentation, such as registers, clinical files, and various assessment formats, including those authorized to document confidentiality;
- The case assessment procedures should include the following:
  - i) assessment of the actual problem of the individual or his needs and which professional can do it;
  - ii) assessment of whether the service can also provide other services that address the needs of the individual;
  - iii) as well as possible referrals.

The services provided in this center are:

- Diagnostics;
- Outpatient and hospital treatment for all children with mental health problems;
- Beneficiary category 0-6-year-old children;
- Hospital service for a maximum period of 2 weeks.

#### ***Clinical cards and reports***

Each patient, referring to each specialized mental health service, opens and fills out a clinical record. Clinical cards, used by specialized mental health services, based on law, are those approved by the minister responsible for health issues, which contain, but are not limited to, the following elements:

a) An identification sheet containing:

- The patient's name and surname;
- The card number;
- The date of birth;
- The residence, sex;
- The date of filling out the first card/contact with the service.

From the moment of creation in 2000 until now, NCWDR still needs accurate and complete data. During the inspection conducted by us at this center, it was noticed that in recent years, there had been an increase in the number of children treated in it. Most of these children come up with a neighborhood consultant's recommendation, an indicator that is obviously about raising awareness of autism spectrum disorders. Also, from psychiatric data, the number of new cases at the Psychiatric Unit for Children and Adolescents, referring to the center, has increased by about 200 cases per year, an increase that, according to doctors, is related to the awareness and identification of cases that until yesterday were hidden.<sup>11</sup>.

Regarding the Community Centre of Mental Health in Elbasan, it offers outpatient services for the age group over six years. From a geographical point of view, it only covers the Elbasan district and is administratively dependent on the Psychiatric Hospital "Sadik Dinçi" in Elbasan.<sup>12</sup>.

Also, all the children treated at the center had mental spectrum disorders referring to further diagnosis in the psychiatric clinic for children and adolescents in the University Hospital Health Centre "Mother Theresa" in Tirana.

## Conclusions

Protecting and strengthening children's mental health is a crucial component of promoting their rights, including their best interests. It has other tremendous advantages too. This gives children the best chance to live a healthy and fulfilling life, grow up as happy and productive adults, and enables them to live their childhood. It also brings considerable benefits to society.

Specialists have determined that on a global scale, one in five children is suffering from mental health problems. Unfortunately, it is thought that this figure will increase even more in the future. The World Health Organization estimates that in 2020, mental health problems in children will be 50% more than all health-related problems. Thus, mental health problems will be one of the five leading causes of disease, disability, and death (WHO, 2013).

Based on these data from the WHO, the Ombudsman's Institution as a National Human Rights Institution in Albania carried out inspections in two specialized services dealing with children and adolescents with mental health problems, namely the National Center for Health Care and Development and Rehabilitation and the

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<sup>11</sup> For 2017, this center has handled 632 children, 389 out of rural areas and 390 in urban areas. The capacity of beds at NCWDR is 30. During the inspection (September 11<sup>th</sup>, 2018, made by the Commissioner of Protection and Promotion of the Children's Rights and his section), this center provided hospitalization services for 22 children and their mothers and 192 ambulatory children.

<sup>12</sup> From the moment of the increase until today, the center has provided services to approximately 6,000 beneficiaries. This center provides services, e.g., assessment, referral, and individual and group counseling therapy. For the 6 months of 2018, the center handled 52 children, and referring to gender segregation, 8 were boys and 8 girls, and for 2017 there were treated 110 children. During the inspection on September 11<sup>th</sup>, 2018, made by the Commissioner of Protection and Promotion of the Children's Rights and his section), it is found that the center organigram consisted of 9 mental health professionals, three psychiatrists, three nurses, and three social staff, 2 psychologists and 1 social worker. The social staff of this center also provided support services for the former chronic patients of psychiatric hospitals "Drita" and "Jeta."

Community Center for Mental Health, in Elbasan, in order to closely monitor the respect for the protection of the rights of this category. These centers provide assessment, diagnostic, outpatient, and short-term hospital services for children with mental health problems.

What is found between the two services provided by these centers is that NCWDR is the only center that provides services for children aged 0-6 years old in two respects:

- Behavioral disorders
- Psycho-motor spectrum problems.

NCWDR also provides hospital service, with a maximum duration of 2 weeks.

Regarding the CCMH in Elbasan, it is a specialized mental health service provided in the Elbasan district. However, such community centers with this type of service are also offered in other country districts. The category treated in this center belongs to the age group of 6 and includes only mental spectrum disorders.<sup>13</sup>

### *Ascertained shortcomings*

During the inspections carried out by the Ombudsman's Institution at the National Center for Health Care, Development and Rehabilitation and the Community Center for Mental Health in Elbasan, it is evinced as follows:

i) Non-qualitative services specialized for children and adolescents with health problems as a result of:

- The lack of development and further development of services based on data through the drafting and standardization of protocols for the treatment and monitoring of quality indicators for children;
- The ambiguity in the organization and functioning of community centers providing such services from one country to another;

ii) Notwithstanding the entire legal framework on respecting the child's inclusion/questioning during the protocol of treatment with medicines or services during the monitoring, the lack of their involvement and opinion on this process was noted.

iii) The lack of mental health professionals working in mental health services to cover the needs of children and adolescents with mental health problems.

iiii) The lack of dedication toward children and adolescents of the roles, responsibilities, and core competencies of mental health professionals working with them.

v) The lack of continuous education activities for the professional development of mental health professionals working with children with mental health problems.

## **Recommendations**

In conclusion, this paper suggests that in the context of preventing and taking measures to improve the quality of mental health services to children and adolescents, in order to guarantee the highest interest of children, the state authorities should take into consideration as follows:

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<sup>13</sup> The table, as Annex listed at the end, shows the data collection generated by the inspections of the NHRI in the National Center for Health Care, Development and Rehabilitation and at the Community Center for Mental Health in Elbasan.

- The Mental Health and Adequacy Section of the Ministry of Health and Social Protection ***should be strengthened in the decree of its ruling role for implementing policies and strategies of the mental health sector***, in accordance with the legislation on health and social affairs.
- The services of psycho-social and health care at the district level ***should be strengthened by supplementing the organigram, increasing the technical capacity, and consolidating the roles, responsibilities, and essential competencies of mental health professionals*** working with children and adolescents and institutional, responsible institutions.
- Responsible state institutions operating in this area ***should conduct yearly measurements of indicators of the performance of mental health services as well as review and enrich the package of indicators*** for treating and monitoring their quality for children and adolescents.
- The Institute of Public ***Health should undertake studies to provide quantitative and qualitative data that will help design preventive and integrative policies.***

Group/diseases	Hospital morbidity due to mental disorders of the age group 0-19 years old											
	2014			2015			2016			2017		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Organic psychotic condition	14	2	16	7	2	9	18	2	20	18	1	19
Other psychoses	55	41	96	61	35	96	95	39	134	125	98	223
Other neurotic disorders of personality and non- psychotic	128	109	237	500	213	713	94	101	195	357	142	499
Mental retardation	38	23	61	72	48	120	20	18	38	183	58	241
In total MENTAL DISORDERS	235	175	410	640	298	938	227	160	387	683	299	982

## References

1. Law No.18/2017 "On the Rights and protection of children"
2. The CRC Convention of the UN
3. The Universal Declaration of Human Rights
4. Law No.8454, dated 4.2.1999 "On the People's Advocate Institution", amended
5. Decision no.8, dated on 7.1.2005, of the Council of Ministers, "On the adoption of the National Strategy for People with Disabilities", as amended.
6. Decision no.483, dated on June 29th 2016, of the Council of Ministers "On the Approval of the National Action Plan for People with Disabilities, 2016-2020".
7. Decision no.372, dated on 26.4.2017, of the Council of Ministers, "On the Approval of the National Agenda for the Children's Rights 2017-2020", OJ. no.100, pg.5598.
8. Decision no.11, dated on 11.1.2016, of the Council of Ministers, "On the approval of the Strategy for the Development of Pre-university Education for the period 2014-2020".
9. Decision no.439, dated on 17.5.2017, of the Council of Ministers, "On the adoption of the National Health Strategy, 2016-2020"
10. Decision no.87, dated on 3.2.2016, of the Council of Ministers, "On the Approval of the Political Social Inclusion Document, 2016-2020", as amended.
11. Decision no. no.1071, dated on 23.12.2015, of the Council of Ministers, published in OJ no.239, pg.16304.
12. Decision no.383, dated on 6.5.2015, of the Council of Ministers "On the Approval of the National Action Plan for Youth, 2015-2020".