COUNTRY PROFILE

Mental health services in Albania

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Albania, situated in the western Balkans, has an area of 28,748 km² and a population of 3,069,275 (year 2001), almost one-third of whom are aged 0–14 years. Life expectancy is estimated to be 70.4 years for both sexes (World Health Organization, 2003a). According to the World Health Organization’s classification, Albania is a country with low child and low adult mortality rates. The nation’s total expenditure on health in 2001 amounted to 3.7% of gross domestic product.

For more than a decade Albania has been undergoing a transitional process of democratisation of its society and decentralisation of its systems, including systems of care in general. However, its relatively recent totalitarian past had created a culture of lack of community initiative, participation and decision-making, and the care system remains prey to financial and regulatory rigidity. The system is still highly centralised and lacks a focus on the social welfare of citizens. Decentralisation and open governance within a framework of comprehensive reform are prerequisites for better services. Furthermore, any intervention to improve the health system will need to take into account the fact that Albania is not a rich country and health is not the top priority when it comes to the allocation of national resources.

Education in psychiatry

Formal psychiatric education is provided by the only university department of psychiatry in the country; it is part of the Faculty of Medicine of the University of Tirana. Education in psychiatry has had to be transformed in order for it to meet international standards. While psychiatry constitutes 1.4% of the overall training hours in the university curriculum for medical doctors, in 1994 postgraduate psychiatric education was extended from 9 months of internship to 4 years of residency in the university clinic.

Residents annually discuss their training plan with their supervisors. They attend to and follow clinical cases in their hospitals and clinics and they are given a wide range of opportunities to improve their standards and knowledge. As a result, Albania’s postgraduate psychiatric training is now internationally recognised.

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knowledge in this area. Psychotherapy is taught only
theoretically – there is no opportunity for practice and
supervision – and psychosocial rehabilitation is missing
from formal education because the university clinic
has no facilities for it.

A curriculum for a residency in child and adolescent
psychiatry has recently been approved. This means that
the academic year 2004–05 will mark the initiation of a 4-
year programme that will cover general paediatrics, neuro-
paediatrics, general psychiatry, and child and adolescent
psychiatry. It is a step forward in giving to the population
better access to more appropriate services.

There are no formal specialisation courses for psychi-
 atric nurses or for clinical social workers, although
psychology students in the last year of their undergraduate
studies can choose to specialise in clinical psychology or
organisational psychology. There is no formal training for
occupational therapists.

With an increasing awareness of the need for con-
 tinuing medical education, including in psychiatry, there are
formal negotiations going on between the Ministry of
Health and the Ministry of Education in order to establish
a responsible body.

Clinical practice and services

Clinical practice in psychiatry in Albania is exceedingly
demanding because so few resources are dedicated to
mental illness. For example, within community mental
health facilities for children and adults (psychiatric wards
in general hospitals, ambulatory clinics, community mental
health centres, day centres), there are, nationally, 69
neuropsychiatrists (who have a combined neurology-psy-
sychiatry postgraduate qualification, which was abolished
in 1974) and psychiatrists (2.2 per 100 000 population),
of whom 54% are psychiatrists; 130 nurses (4.2 per
100 000); 6 psychologists (0.2 per 100 000); 12 social
workers (0.4 per 100 000); and 8 occupational therapists
(0.3 per 100 000). These figures suggest that psychiatrists
(and other professionals) working in ambulatory settings
will confront a demand that is impossible to respond to
properly in either quantitative or qualitative terms. Except
where community mental health centres are already
established, the ambulatory clinics are staffed by only one
psychiatrist and one nurse, who mostly do diagnostic work
and prescribe psychotropic drugs. Psychiatric home care
is seldom supported, and visits to a patient’s home are
made (if at all) only when the patient is not compliant with
aspects of psychiatric care.

Albania’s in-patient facilities comprise two psychiatric
hospitals (Elbasan and Vlora) and two psychiatric wards
within general hospitals (Tirana and Shkodra). Except for
some administrative/budgetary differences, the approach
to service provision is the same for these psychiatric
hospitals and wards. The hospitals and wards have a total
of 840 beds. This is not a very low figure for the country’s
population but because half the beds are used for long-stay
patients the demand for in-patient services cannot be met.

The two mental hospitals in Elbasan and Vlora have 12
psychiatrists, 93 nurses and 5 occupational therapists.

There are no psychologists or social workers at these
hospitals.

Psychiatric hospital care involves diagnostic work and
free medication – there are few activities available to
patients. There is little in the way of rehabilitative work, as
it would require a budget and human resources but at
present is not a priority.

Legislation

The Albanian Parliament approved the Mental Health Act
in 1996. It provides a framework for compulsory examin-
ations, admissions and treatment, but pays little attention
to the establishment of comprehensive, deinstitutionalised
services. However, the main problem of the Act is in its
implementation. Lack of community services means that
institutions continue to be used to segregate people with
a mental illness. Efforts are being made to redress the
situation, and to build up supportive alternatives, through
the drafting of a national mental health policy.

Developments in mental health

Many actions were taken during the 1990s by international
organisations to improve aspects of Albania’s psychiatric
services, including training and education, day centres and
the rehabilitation of institutionalised patients. Unfortu-
nately, these initiatives had little long-term effect. This brought
the realisation that it is essential to involve the national
authorities in any such work, as this will improve the
chances of implementing a break with tradition and estab-
lishing new practices. This would be true anywhere in the
world, but is particularly pertinent to the Albanian case,
where systems are still managed centrally and so where
any important, radical change needs the commitment and
influence of central authorities in addition to the initiative
and will of local professionals or community groups. Thus,
based on the lessons learnt, national professionals have
more recently drawn on international expertise in an effort
to establish a reform process oriented towards the
delivery of comprehensive community mental health
services by multi-disciplinary teams.

In 1999 the Ministry of Health embraced a proposal
by the World Health Organization for a comprehensive
reform of the entire psychiatric system. This was made
the responsibility of a national organisation when, in 2000,
the Minister of Health established the National Steering
Committee for Mental Health. Moreover, the Committee
was given the powers necessary to implement the
changes required. With technical input from the World
Health Organization, the main focus of the Committee has
been on elaborating the mental health policy referred to
above. This should provide the political framework for
change. The Policy for Mental Health Services Develop-
ment in Albania was approved by the Minister of Health
in March 2003. It defines the national goal as the ‘‘estab-
ishment and development of a national community
mental health care system’’, and describes two main
tools to reach the goal: the downsizing of the psychiatric
hospitals and the decentralisation of services.

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are formal negotiations going on between the Ministry of
Health and the Ministry of Education in order to
establish a responsible body.
As mandated by the policy document, the National Steering Committee is currently elaborating a strategy for the implementation of the mental health policy, assisted by the World Health Organization.

In addition, pilot projects are now being run to show the feasibility and benefits of community-based mental health care.

Considering all the above, there are at present better chances than ever before of achieving comprehensive and accessible mental health services in Albania.

References and sources


SPECIAL PAPER

Current ethical issues for African psychiatry

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One of the challenges of medical practice is to resolve the conflicts that arise when a professional is required to choose between competing ethical principles. This is especially true in psychiatry. The answers to ethical issues are not necessarily right or wrong. Ethics in psychiatry is complex, and numerous dilemmas may confuse the picture. Clinicians and researchers bring their own values to the scenario, but they must also deal with the values of their colleagues and their patients, as well as those of the wider (multicultural) community. These conflicts traditionally concern confidentiality, informed consent, involuntary hospitalisation, the right to treatment, the right to refuse treatment and the regulation of psychiatric research, among others. These are universally encountered but present differently across the regions of the world.

Principles of the debate and the African perspective

The principles usually addressed in bioethics debates are particularly applicable to the practice of psychiatry in Africa. For example, the principle of autonomy is prominent in the changes from tribal or colonial dominance to democratic governance. Human dignity and respect, and the principles of beneficence and non-maleficence require consideration in the discussion. Patient confidentiality needs to be addressed in professional training and the formulation of policy. Respect for the patient is shown in the efforts made to restore or maximise the mentally ill patient's competence or other capacities. The more we aim to restore capacity, the nearer we come to the ideal of respect for persons. The principle of justice is probably the most important, however, in light of the scarcity of resources.

Since ethics involves a set of principles, doctors are tempted to seek answers in law or in professional codes of ethics when they encounter problems. These approaches do not necessarily solve problems – certainly not in Africa.

The themes are common but some of the ethical issues for African psychiatry are different from those in developed countries and the approach needs to be somewhat less Western. The emphasis in Africa should be on the ethical educational input and general sensitisation, on ongoing training and thus on the circumstances of professional practice. Public sanction and support are essential, as are the involvement of the community and concern for the safety and well-being of its members. Indigenous healers (as an example of a cultural factor) must be carefully considered. Their involvement is being formalised in many countries and is a topic of discussion in itself.

What of international standards? Although universal principles are accepted, care must be taken to avoid the trap of imposing 'their' views and solutions on 'our' situations. The Madrid Declaration drawn up by the World Psychiatric Association attempts to meet this need for its smaller member countries. The 2000 revision of the Helsinki Declaration recognises the vulnerability of developing countries with a poor resource base in research.

The essence of an ethical dilemma is that there is no simple correct solution. Africa has raised key ethical issues, from apartheid, genocide and pandemic illnesses to the role of women, AIDS, poverty and tribal wars. All these have had an influence on the mental health of its populations. Certain issues need to be focused on in an approach to the dynamic area of ethics in Africa – a large and complex continent. These are discussed below.