



Group homes in the field of mental health in the RA:

Issues and opportunities for development

Policy paper

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The research on “Group homes operation in the field of mental health in the RA” (hereinafter referred to as the research) was conducted in 2021 by Institute of Public Policy NGO as part of the “AlterChoice” consortium project titled “Rights-based policy as a guideline in the field of mental health” within the frameworks of “Data for Accountable and Transparent Action” (DATA) program, with the support of the American people through the United States Agency for International Development (USAID) and the Eurasia Partnership Foundation (EPF).

The policy paper is based on the research results. The positions contained in the policy paper reflect the views of the authors only, and do not necessarily reflect the views of USAID or EPF.

As of January 1, 2020, the number of persons with disabilities in the RA is 192,013, of which the number of persons with disabilities on the basis of mental health problems is 23,468. One of the key documents that sets out the rights of people with mental health problems is the UN Convention on the Rights of Persons with Disabilities (hereinafter referred to as the Convention), which was ratified by the Republic of Armenia in 2010. By ratifying the Convention, the RA is committed to supporting, protecting and ensuring persons with mental health problems to fully and equally exercise human rights and freedoms. Besides, under the Article 19 the RA recognizes the right of persons with mental health problems to live independently and to be included in the community.

Unfortunately, at present, around-the-clock care services provided to people with mental health problems in Armenia are largely provided by care and psychiatric institutions. These institutions isolate people with mental health problems from the community, depriving them of the opportunity to exercise their rights and freedoms.

The deinstitutionalization process of these institutions (*transition from institutional and other isolating conditions to a system where services are provided in the community based on the assessment of individual abilities and preferences*) in the RA started in 2013. Although various sectoral policy documents provide for the establishment of a large number of alternative service providers (including group homes), their number in Armenia is small. Currently, there are 4 group homes for adults with mental health problems in Armenia: the 3 group homes of the “Jermik ankyun” foundation and the Spitak Care Home. The study of these group homes is the basis for the development of this policy paper.

The choice of research topic is based on the fact that the model of group homes is relatively new and unique in the field of mental health in Armenia. In a number of domestic mental health field regulations, the group home is seen as a model with tendency for expansion and development. However, defining such a perspective is problematic when there is no research aimed at a comprehensive description of the current experience of group homes in the Republic of Armenia, the study of opportunities and obstacles for the realization of residents' rights, operational risks and opportunities for development.

Within the frameworks of the research, which aimed to fill the above-mentioned gap, an analysis of international and domestic legal regulations and standards of group homes as well as a study of the RA experience were carried out. All 4 group homes operating in Armenia were studied through the research. Qualitative research was conducted through document analysis, in-depth interview, and key informant inquiry methods. Interviews were conducted with group home residents, coordinators, and staff. 34 in-depth interviews were conducted, 13 of which were in the Spitak Care Home, and 21 in the group homes of the "Jermik ankyun" foundation.

The research report presented the description of group homes in Armenia with the following components:

- The need and history of the formation of group homes,
- Physical space and adaptation to the needs of residents,
- Services provided,
- Forms of organizing day-to-day life,
- Funding sources,
- Number of residents and criteria for living in a group home,
- Cooperation with other service providers,
- Community relations,
- Opportunities and limitations for the realization of residents' rights,
- Advocacy mechanisms.

Besides,

1. Limitations and opportunities for the development of group homes have been outlined, which may be useful for sectoral strategic policy makers.
2. Group homes were presented with the issues related to their operation and respective suggestions for overcoming them.

Both the research report and this policy paper can be useful for improving sectoral policy and group home operations, as well as for raising new research objectives. The findings of the study can be applied in the process of planning sectoral reforms in the field of mental health in the Republic of Armenia, drafting legislation related to deinstitutionalization and defining the development perspectives of group homes.

Research results and conclusions

The study of international law shows that although attempts are made to use group homes as an alternative to psychiatric and care facilities, group homes tend to become institutions, the typical manifestations of which are:

- Residents live with people and in an area or community that they did not originally choose,
- The daily activities of the residents are regulated and controlled through a regime, agenda and schemes,
- Home staff and residents have different statuses and unequal distribution of power,
- Living conditions are controlled, which reduces the autonomy and self-determination of individuals,
- The number of people living in the same environment is disproportionate,
- Residents do not have enough control over decisions that affect their lives (existence of group-focused decisions), etc.

The study of the RA experience also shows that in the group homes operating in Armenia there are elements typical of institutions, including the regime for regulating residents' daily life and its obligatory nature, restrictions in making decisions on different aspects of life and / or opportunities for limited choices, control over living conditions, etc. In addition, the ultimate goal of group homes is not to promote residents' independence or their return to independent living, which makes residents passive.

In all group homes in Armenia, housing and services are provided by one unit (organizational body), which is problematic because when all services are provided by one unit, it limits the ability of beneficiaries to complain about or refuse services. In this regard, the study of international experience shows that assisted living can be an alternative to group homes. Unlike group homes, where people can not choose with whom they want to share their home, in assisted living, people can choose who they want to live with, as they rent or manage the property themselves. Unlike group homes, where the support that residents receive is provided as part of a housing package, in the case of assisted living, residents receive individualized support and services from organizations that do not control housing. In addition, unlike group homes, where processes are largely undocumented, not contractual, in the case of assisted living and / or decentralized service provision the contractual basis is key. As a result, the resident becomes a full party to the contract, who can refuse the services of the establishment providing them and choose another establishment. This is one of the preconditions for providing quality services.

As a result, housing assistance and services are decentralized in the case of assisted living. That is, each is provided by different structures, bodies, organizations, due to which the person has more control over the services they receive, while having the same housing rights that all other citizens have.

Although the international practice suggests that the risk of violence, harassment and violation of rights in similar structures is quite high, the results of the research show that in Armenia there are no internal documents of group homes on sexual and reproductive health and rights and on the prevention of violence (including gender-based violence) and harassment. It is not clear how often and which methods (if any) are used to raise awareness about women's sexual and reproductive health in group homes.

The study of the RA legislative acts shows that although the direction of the reforms is deinstitutionalization, no regulation has been developed by the responsible departments yet, which will set a clear requirement for newly established institutions wishing to provide services in the field of mental health that they should exclude manifestations typical of "institutions" and whose activities should promote the realization of the right of individuals to live independently and to be included in the community. Moreover, the RA Government Decision No. 1078-N (hereinafter referred to as the decision) "On approving the cases and order of certification of social service provision" shows that group homes are certified as "special (specialized) institutions for social protection of the population". In other words, on one hand, the state does not question whether the group home is an institution or an alternative to the institutions, on the other hand, it does not offer any alternative to the organizations that will be set up to provide round-the-clock care for people with mental health problems. In that case, a question arises on how the certification process of these structures will be regulated.

This decision also sets out the requirements that must be met by certified organizations. These requirements do not include policies and mechanisms in place to prevent the risk for these organizations to turn into institutions. Instead they include requirements related to security, space, the content of the project being implemented (about to be implemented), description of the services provided and staff CVs. However, as the study of international legislation and reports of key stakeholders suggest, the process of deinstitutionalization in the field of mental health should refrain from regulations meant for both institutional and institutionalized structures and emphasize the exercise of the right to independent living and inclusion in the community.

Organizations providing services to people with mental health problems should be developed and promoted only after analyzing the existing experiences, outlining opportunities and risks for the realization of individuals' rights, strengthening those opportunities, preventing existing risks and having management strategies.

Recommendations

Based on the above-mentioned and other conclusions of the research, recommendations were developed in two directions (levels).

The proposals developed for a long-term range are of a strategic nature and outline the overall development priorities of the sector. The implementation of these proposals is addressed to the Government of the Republic of Armenia (including the MLSA).

The proposals for the short-term range are aimed at ensuring the rights-based approach and quality of existing or newly created group homes. In addition, these suggestions and requirements for homes can serve as a basis for reviewing and refining certification criteria. The main targets for the implementation of the 2nd group of proposals are the group homes (existing and newly created), as well as the MLSA as a body that develops and implements sectoral policies and exercises partial control over the activities of

group homes.

Recommendations for a long-term period

1. Develop standards on the structure and procedures of services implemented in the process of deinstitutionalization in the field of mental health in Armenia, ensuring compliance with Article 19 of the Convention. This will prevent the creation of new institutions and (or) structures with elements typical of institutions.
2. Develop mechanisms for monitoring services provided in the process of deinstitutionalization in the field of mental health in Armenia, the core of which will be the realization of the right to independent living and inclusion in the community.
3. Given the fact that, in international practice, group homes are considered as models at high risk of becoming an institution according to the logic of Article 19 of the Convention, to undertake an in-depth study of alternative home models (e.g. assisted living) and assess their implementation and development in Armenia. Based on the results of the study and evaluation, develop an action plan for the introduction and development of alternative models to group homes.

Recommendations for a short-term period

Defining minimum requirements to exclude institutionalization (transformation into an institution)

1. Establish minimum requirements for round-the-clock care services for people with mental health problems that will prevent these structures from turning into institutions. In particular:
 - Establish principles for the absence of institutions and / or elements specific to institutions (for example, lack of institutionalization in terms of organizing residents' daily life, internal house rules, ways of engaging in the community, etc.).
 - Provide effective and flexible mechanisms to protect the rights and interests of people getting these services.
 - Develop policies, procedures and mechanisms to prevent violence and harassment.
 - Implement policies and procedures that promote gender equality in relationships between residents.
 - Have a policy that guarantees sexual and reproductive health and rights.
 - Maintain the maximum number of inhabitants provided by the applied model.

Promoting an independent life

2. Give up existing practices that promote the status of a group home "guardian".
3. One of the priority goals of the group homes is to ensure the independent life of the residents, which implies the development of the skills necessary for independent living and the introduction of related, support services.

4. Conduct an in-depth assessment with the help of external experts and discuss the residents' social histories to find out what are the obstacles to achieving the main goals of the group home (family reunification or independent living). Emphasize independent living, strengthening of ties with family, relatives and other important people in rehabilitation plans and professional work with residents.
5. Develop a package of services necessary for each resident to ensure independent living and submit it to the bodies responsible for ensuring social guarantees and protection of the rights of persons with disabilities as well as to the relevant department of the RA MLSA.
6. Based on a comprehensive assessment of the needs of each resident, develop possible strategies for independent living, defining the functions of all parties.
7. Take practical steps with the active participation of residents to implement those strategies ensuring independent living.

Decentralization of services

8. Decentralize the services provided to the residents of the group homes with the logic that the support services are not interconnected with their stay in the group home and are provided separately. Housing (accommodation) and professional assistance to residents should not be offered within the framework of one package.
9. Procedures should be developed to provide both housing and support services by providing appropriate documentation and contractual arrangements (including through contracts with residents).

Exclusion of daily "regime"

10. Because the routine of daily activities and the limited possibility of choices reduces a person's control over his or her actions, and is a typical "institution" component, unified schedule / agenda and defined days of duty in group homes should be excluded. Give residents the freedom to choose what to do or not to do (actions that are dangerous to them or to the environment may be an exception, and they should also be based on the individual's current situation).
11. Do not plan any specific day for shopping either, leaving the decision of the shopping schedule to the discretion of the residents.

Development of functional literacy

12. Provide functional literacy skills to the residents who need them (letter recognition and arithmetic skills, financial knowledge, etc.), which is essential for independent living.
13. Provide any information related to the activities of the group home and the rights of the residents in an accessible and comprehensive format for each resident. This also means ensuring a variety of these formats according to individual needs.
14. Ensure the diversity of financial accountability and transparency formats of the group home (including also meetings-discussions), as well as ensure the availability of information and supporting documents for all residents.

Independent management of financial resources

15. In order to promote maximum autonomy of the residents, ensure that the latter receive their benefits and pensions on their own, at the same time improving their skills in recognizing, managing and budgeting funds.
16. Promote residents' financial independence as much as possible (for example, by supporting them overcome the fear of losing money).
17. Support and encourage residents to make their own purchases (ensuring independent access to shops and other services).

Capacity and knowledge development, provision of employment

18. Identify residents' job-related skills and employment preferences based on needs assessment. Create potential development plans and take steps towards their implementation.
19. Develop residents' abilities and opportunities to make use of the community services and different types of employment available outside the group home.
20. Determine therapy and club activity types in group homes according to residents' needs and preferences by conducting regular needs assessments. Make the will and desire of the resident a key in making those decisions.
21. Determine the remuneration of the specialists who lead the club activities in the group home based on the number of residents who participate in the clubs. As a result, professionals will be motivated to ensure the quality and attractiveness of the club activities. On the other hand, it will be possible to direct the money that will be saved as a result to the provision of various other activities to the residents who do not want to participate in the existing clubs.

Self-regulation of conflicts and behavior

22. Develop mechanisms for self-regulation of interpersonal conflicts and mutual understanding in group homes.
23. Develop residents' ability to become aware of cause and effect connection related to behavior. Contribute to the development of individual mechanisms of behavior self-regulation. They should be based not on an incentive-punishment scheme, but on the evaluation and self-regulation of the consequences of one's own behavior.

Mechanisms for preventing harassment and violence

24. Develop and implement mechanisms to prevent harassment and violence (physical, sexual, psychological, economic) in group homes with the support of experienced NGOs.

Communication between employees and residents

25. It is advisable for residents and professionals to refer to each other by name, as the "mr/ms" address emphasizes the different statuses of residents and staff, which is a typical component of institutions. When addressing residents, staff should exclude "kids" and "guys" forms.

Mechanisms for protecting and exercising rights

26. Regularly inform the residents about their rights and freedoms, at the same time introducing them with the rights protection structures - human rights NGOs, state bodies (Police, Human Rights Defender, court, etc.), as well as the application mechanisms (alert, submit an application, file a lawsuit, etc.). Develop cooperation with human rights organizations to this end.
27. Ensure the participation of residents in the elections of national and local self-government bodies in the manner prescribed by the legislation of the Republic of Armenia.

Adaptation of the physical conditions and movement

28. Provide accessibility within the group homes (including private areas, such as bathrooms, toilets) for people with mobility difficulties. To this end, cooperate with the responsible agencies, local self-government bodies using the existing programs.
29. Emphasize the skills of independent movement and independent use of public transport while working with residents. Together find alternative solutions, mechanisms that will facilitate the independent movement of residents.

Professional work and cooperation with other services

30. Make the requirement of professional training mandatory in the criteria presented to the group home professionals.
31. Provide ongoing professional training for group home professionals in collaboration with mental health field NGOs. Provide supervision support and flexible monitoring mechanisms.
32. Provide regular training for group home staff to increase their sensitivity to gender issues, sexual and reproductive health and rights, and the exclusion of all forms of discrimination and violence.
33. Collaborate with social workers and other professionals at the regional centers of Unified Social Service to provide residents with access to services provided by the state / community.
34. Develop cooperation with Unified Social Service case managers by involving them in the works with residents.

Gender issues and sexual and reproductive health

35. Provide regular and ongoing training for group home residents to raise their awareness on gender issues.
36. Provide regular training on sexual and reproductive health and rights for female residents.