



The Association of Child Psychiatrists and Psychologists of ARMENIA

POINT OF VIEW ON REFORMS IN CHILD ADOLESCENT MENTAL HEALTH CARE IN ARMENIA

1. The reforms in child and adolescent mental health care should be based on the following Important Messages about Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many Children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Each and every child is the subject of children rights

2. The reforms in child and adolescent mental health care should be based on the following definitions of the terms:

Accessible services:

Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home than to travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Appropriate services:

Designed to meet the specific needs of each individual child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one child and family may not be appropriate for another. Appropriate services usually are provided in the child's community.

Assessment:

A professional review of child and family needs that is done when services are first sought from a *caregiver*. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the *caregiver* and family decide what kind of treatment and supports, if any, are needed.

Caregiver:

A person who has special training to help people with mental health problems. Examples include social workers, teachers, psychologists, psychiatrists, and mentors.

Case manager:

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case management:

A service that helps people arrange for *appropriate services* and supports. A *case manager* coordinates mental health, social work, educational, health, vocational, transportation, advocacy, *respite care*, and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met. (This definition does not apply to *managed care*.)

Child protective services:

Designed to safeguard the child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and daycare. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. Ideally, the goal is to keep the child with the family whenever possible.

Children and adolescents at risk for mental health problems:

Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

Continuum of care:

A term that implies a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see *system of care* and *wraparound services*.

Coordinated services:

Child-serving organizations talk with the family and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services*.

Crisis residential treatment services:

Short-term, round-the-clock help provided in a nonhospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis residential treatment service*. The purposes of this care are to avoid *inpatient hospitalization*, help stabilize the child, and determine the next appropriate step.

Cultural competence:

Help that is sensitive and responsive to cultural differences. *Caregivers* are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

Day treatment:

Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. *Day treatment* programs work in conjunction with mental health, recreation, and education organizations and may even be provided by them.

Early intervention:

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

Emergency and crisis services:

A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

Family-centered services:

Help designed to meet the specific needs of each individual child and family. Children and families should not be expected to fit into services that do not meet their needs. Also see *appropriate services, coordinated services, wraparound services, and cultural competence.*

Family support services:

Help designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services, and respite care.*

Home-based services:

Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home. (Alternate term: in-home supports.)

Independent living services:

Support for a young person living on his or her own. These services include *therapeutic group homes*, supervised apartment living, and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized services:

Services designed to meet the unique needs of each child and family. Services are individualized when the *caregivers* pay attention to the needs and strengths, ages, and stages of development of the child and individual family members. Also see *appropriate services and family-centered services.*

Inpatient hospitalization:

Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed care:

A way to supervise the delivery of health care services. *Managed care* may specify which *caregivers* the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance.

Mental health:

How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental health problems:

Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Mental disorders:

Another term used for *mental health problems.*

Mental illnesses:

This term is usually used to refer to severe mental health problems in adults.

Plan of care:

A treatment plan especially designed for each child and family, based on individual strengths and needs. The *caregiver(s)* develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

Residential treatment centers:

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Centers are also known as *therapeutic group homes*.

Respite care:

A service that provides a break for parents who have a child with a *serious emotional disturbance*. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. Some parents may need this help every week.

Serious emotional disturbances:

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be provided only one time or repeated over a course of time, as determined by the child, family, and service provider.

3. The reforms in child and adolescent mental health care should pursue the following goals

To create a network of accessible and appropriate services including: institutions of assessment, caregiver, case management, and early intervention. The network must provide continuum of care through all the axes, and imply cultural competence. The services involved in the network must meet the requirements and standards of Republic of Armenia on hygiene and sanitary conditions, must be family-centered and individualized

The network should consist of:

- Child protective services
- Crisis residential treatment services
- Day treatment services
- Emergency and crisis services
- Family support services
- Home-based services
- Independent living services
- Inpatient hospitalization
- Residential treatment centers
- Respite cares

4. The structure and the organization of the network**4.1 Primary care**

The primary care should consist of assessment services and coordinated services.

These services should conduct case management and provide continuum of care and plan of care and be closely connected with Emergency and crisis services¹

4.2 Secondary care

All other services including Inpatient hospitalization services are of secondary care they provide their specific kinds of services to users referred from primary care. If a first-time user addresses them firstly, they must also be able to temporarily bare the functions of a primary care service, by providing information about assessment services and coordinated services and referring the given patient to them.

5. Finances

The NGO's involved in child and adolescent mental health care activity should be financed by the citizens of the Republic of Armenia via personal directing of some percent of the income-tax to the organizations included in the official state register, as well as by the international donor organizations.

To be upgraded

¹ These are to cooperate with police and child protective services