

Needs Assessment for the Mental Disability Advocacy Program
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Introduction

Mentally ill patients and the mentally retarded are one of the most vulnerable groups of society and, because of stigmatisation, they face difficulties in advocating their rights and interests. Usually patients are isolated from society because of being located in mental hospitals or specialised social care homes for the mentally disabled. For many years, the isolation of mentally ill patients has been common practice in the countries of former USSR and in European countries. Isolation was implemented either by the patients' placement in mental hospitals or social care homes, where they were subjected to inhuman and degrading treatment, or by keeping patients at home, where they were again isolated because of the lack of community based services and the negative attitudes of society. Unfortunately, there is a lack of well-trained staff who could take care of mentally ill persons. Because of this, family members who take care of a patient have to stay home, they cannot have regular jobs and it affects the quality of life and the budget of such families.

Although our aim is to achieve an open civil society, a substantial part of this group is still isolated at the present time. The continuous locking away of patients' in institutions does not develop independent living skills, which are necessary for normal functioning in a society. Institutional care frequently seriously infringes upon human rights, thus mentally ill and mentally retarded persons regularly suffer from stigmatisation and discrimination. Therefore, the only solution is the mentally ill patients' inclusion and reintegration into the society by introducing alternative forms of health care.

The Needs Assessment Goal

The goal of the needs assessment is to determine the possible role of the Soros Foundation-Latvia in the field of psychiatric assistance. One of the main objectives is to substantiate the need for de-institutionalisation¹ and the need for the prevention of patients' institutionalisation, as well to offer possible solutions. Current legislation and its gaps will be analysed, as well as the availability of community based services in Latvia – supported employment and day care centres– in order to reach the goal mentioned above.

The needs assessment was conducted from 22 July until 26 September 2000. Problems were identified within the framework of the needs assessment through the analysis of the legislation and mental health care policy, analysis of the situation in the field of mentally disabled advocacy, in the field of mentally retarded integration, as well in the field of mentally ill offenders involuntary commitment.

Interviews were conducted with Solita Udrasa – Director of the Mental Health Care Centre; Oskars Velmers – Director of the Department of Health Affairs, Ministry of Welfare; Daina Podziņa, Aldis Dūdiņš – Department of Social Assistance, Ministry of Welfare; Vilnis Bušs, Ritvars Briska – Department of Employment policy, Ministry of Welfare; Uldis Veits – the Head of the Outpatient department, Riga Mental hospital; Sandra Krēgere – the Head of Medicine nurses' service, Riga region

¹ Deinstitutionalisation means the introduction of alternative health care forms instead of institutions, the avoidance of mental hospital admissions. It does not mean the complete liquidation of the mental hospitals and social care homes, but it does mean support for those patients, who do not have an acute crisis and who could live outside of hospitals and social care homes if there was a well-developed system of alternative health care forms available.

sickness fund, as well the President of the Association of psychiatric nurses, Karina Kaktiņa; Executive director of the Bethpage foundation US-Latvian section, Irīna Rulle; the Head of association *Rūpju bērns*, Biruta Grāve; the President of the *Rūpju bērns* of Latgale urban district of Riga, Roberts Girgensons; Deputy head of Medical department, Latvian Prison Administration, Inta Dzelme; and the President of the Crisis centre *Skalbes*.

Statistical data and information from the Mental Health Care Centre, Department of Health Affairs, Ministry of Welfare, Department of Social Assistance, Ministry of Welfare, Medical care and Work Ability Expert-examination Quality Control Inspection, National Human Rights Office, Human Rights Support Network, Jelgava Mental hospital, Rīga Mental hospital, Strenči Mental hospital, and Aknīste Mental hospital have been used.

The Organisation of Psychiatric Assistance

Latvia has 63,000 or 2.6% of whole population registered patients with mental disabilities. Approximately 10,000 patients receive a diagnosis of mental illness for the first time every year. According to the Mental Health Care Centre, the highest registered morbidity is with organic mental disturbances (14,000), schizophrenia, schizoid-typical disturbances and delusions (17,000) and mental retardation (14,000). Children under the age of 14 mostly suffer from mental retardation (24%), behavioural and emotional disturbances (24%) and disturbances of mental development (20%). Of registered adult patients 56% suffer from schizophrenia, schizoid-typical disturbances and delusions. The morbidity percentage is similar for males and females – at the end of 1999 there were 17 084 males and 16 837 females under the supervision of psychiatrists. Economic and psychosocial conditions are among the most significant reasons influencing the health condition of the mental hospital patients (66% of patients).² Of the total number of patients, 36% are chronically ill and will spend mostly all of their life either in mental hospitals or in specialised social care homes. There is a need for social rehabilitation programmes in order to reintegrate these persons into the society.

Psychiatric assistance is provided by the Mental Health Care Centre, 9 mental hospitals (Riga, Liepāja, Jelgava, Strenči, Aknīste, Vecpiebalga, Daugavpils, Ainaži, Vīķi), Neurosis Centre (Jūrmala), 26 specialised State social care homes and 4 social care homes for the mentally disabled (for chronically ill persons) and 30 municipal psycho-neurological departments for each of Latvia's administrative districts (see the attached list of organisations), as well by private doctors – psychiatrists.

Policy documents

The improvement of public mental health is included in the draft Public Health Strategy 2000 of the Ministry of Welfare. The aims defined include the improvement of the mental health of Latvian people, and the making of qualitative mental health services available to all the people by 2010. It is also mentioned that the suicide rates should be reduced by at least 20%.¹

The Strategy of Psychiatric Assistance for the period 2000 – 2003 of Ministry of Welfare was adopted in July 2000. The strategy is included also in The National Programme for the Integration in European Union, as the European Commission has indicated deficiencies in mental health care in the Progress Report of the 1999. Among the goals of psychiatric assistance reform has been included support for

² Research on the living conditions of schizophrenic patients, done by professor R. Andrēziņa states that 38.5% of patients survived on Ls 10 (approximately USD 16) per month in 1998 (1710 patients of city of Riga were interviewed).

integration into the society through community-based services and reducing the number of psychiatric beds. Following the recommendations of the World Health Organisation, the basic principles, as well as the priorities of psychiatric assistance have been defined. As priorities of psychiatric assistance several groups of inhabitants have been defined: patients with severe mental disturbances, mentally ill offenders, children and juveniles, young patients with schizophrenia, patients with double diagnosis – drug addiction and mental illness, and geriatric patients.

The establishment of multidisciplinary care teams has been anticipated with the aim of reducing the number of hospitalised patients, as well as the development of rehabilitation services, including the establishment of employment centres and houses of psychosocial rehabilitation.² However, the source of funding for the reform has not been foreseen at the moment, as the mental hospitals find it difficult to function within the framework of the current psychiatry budget at the moment. There are no free funds either for the running costs for repair, or for establishment of alternative forms of care.

Problems and Efforts to date

- **Conditions in mental hospitals**

Summary – The conditions in mental hospitals mostly do not correspond to international standards. Hospitals do not have the funding for running costs and repairs. Bad living conditions, as well the unwillingness of the personnel to guarantee qualitative care can cause a serious threat to the implementation of human rights norms and a humane attitude. One should mention the care and conditions in the Viķi mental hospital for children as a negative example. There is lack of availability of community based services because of a lack of funding. However some successful projects have been started.

The conditions in mental hospitals are regularly monitored by local human rights activists, as well international organisations. Up to now the work of the Council of Europe's - European Committee for the Prevention of Torture (CPT) has been very effective and constructive. Thanks to the CPT, there have been started regular control of conditions and the implementation of patients' rights in mental hospitals of European countries in 1990s. The mandate of the CPT is to control if and how the member states follow-up and implement the Council of Europe European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. In 1999 the Committee also visited Latvia and provided a report on conditions in the closed-type institutions of Latvia to the government. During this visit, CPT also visited the Riga Mental hospital. Although the Latvian government has not yet allowed the publishing of the CPT report, human rights organisations have obtained access to the reply of the Latvian government regarding the Committee's findings. Among the problems usually mentioned is the overcrowding in the hospitals. In addition, in mental hospitals in Latvia large wards are typical (10-20 persons in one room). One can conclude from the reply of Latvian government that the Committee was interested in the involuntary commitment of mentally ill offenders, the number of patients and the care principles in observation wards of the Riga mental hospital, the usage of ECT, the means of physical restraint, as well the implementation of the rights of patients.

The funding of the hospitals

It is hard to improve the living conditions of mental hospitals at the moment because of insufficient funding. Funding is allocated by the Sickness funds according to the costs for a bed per one day. These costs are different for each hospital. For example, in the Riga Mental

hospital – Ls 8.08 (approximately USD 13.46), Jelgava Mental hospital – Ls 5.20 (approximately USD 8.66), Vīķi and Aknīste Mental hospitals – Ls 4.88 (approximately USD 8.13). In allocating funding, the Sickness funds also define the norm for the number of patients' admissions per year. Unfortunately usually this norm have been overfilled and, because of a lack of money, the hospitals run into debts (the problem arises because the money is paid for beds and not for cases). The different costs for the hospitals have been explained by the different services each hospital provides – hospitals for chronically ill patients such as Aknīste, Vīķi, Vecpiebalga need less funding than others. The cost of the bed per day is calculated in two parts - variable costs (costs of medical treatment, medicine, and food) and fixed costs (costs of rent and heating). The calculation is done in accordance with actual expenditures of the previous years and this then makes up the minimum, which is guaranteed by the government in forthcoming State budget.

The psychiatry sector is included among the priorities of health care in the welfare part of the State Investments program for the period 2000 – 2003 (see attachment No. 2). Currently there are four projects submitted for funding: 1) Reconstruction of the heating system in the Jelgava Mental hospital, 2) Construction and repair in Strenči Mental hospital (it is planned to also construct a new rehabilitation department), 3) Reconstruction of the heating system in the Vecpiebalga mental hospital and 4) the Psychiatric Centre's project of outpatient mental health care development. Currently (September- October 2000) the Mental Health Care Centre is working on the investments project, which will include the hospitals' needs assessment for the necessary investments. Then the most pressing needs and priorities will be defined and the project will be submitted to State Investments program.

Availability of community based services

Currently there is available a small number of community based services specifically for mentally ill persons. There is a lack of day care centres in large cities, as well in the regions. Some mental hospitals have tried to create alternative forms of care. For example, Jelgava Mental hospital with the support of US Peace Corps opened a day care centre in the centre of city, outside the hospital in 1997 (Soros Foundation-Latvia (SFL) supported a project for expansion of the day care centre in 2000). Jelgava Mental hospital has also established the first and currently the only half-way house model in Latvia with the aim of ensuring an intermediate stage between the hospital and returning home – patients after the signing out of hospital can stay in the half-way house and learn the life skills needed for life in the community. Small day care centres have been opened also by the Rīga and Daugavpils mental hospitals, however unfortunately they are located within hospitals' territory and it does not promote the integration of mentally ill patients into the society.

- In 2000 with the support of Rīga Region Sickness fund a new project has been started with the aim of decentralising outpatient psychiatric assistance, moving it from Tvaika iela (in the territory of the Rīga Mental hospital) and taking it closer to the patients' places of residence. In June 2000, at the primary health care centre *Ziepniekkalns* a branch of Rīga Mental hospital outpatient clinic was opened, which targets the population of Zemgale suburb of the City of Rīga. It is planned to open there also a day care centre and a small day clinic-hospital with some bed places, as well to establish such outpatient branches in each suburb of Rīga. Thus, there will be guaranteed closer patient co-operation with primary health care specialists.

Although before starting this project there was planned a reduction of patients' visits to Tvaika iela (Rīga Mental hospital outpatient clinic receives approximately 4 000 patients' visits and makes 150 – 180 home visits per month), the analysis of visits to new outpatient branch in Ziepniekkalns shows that there have been 151 patients' visits and 11 home visits instead of predicted 400 patients' visits and 40 home visits. At the same time, there has

not been a reduction of patients' visits to Tvaika iela. In order to attract more clients a more active campaign has been planned.

- Currently in the development stage is the first day care centre for mentally ill persons in Rīga, administered by the State Psychiatric Centre. The day care centre will be located in one of Rīga's urban districts at Jugla, Veldres iela 1a. (According to 1999 statistical data Riga has 796 732 inhabitants, 15 053 of whom are persons with mental health disorders). The aim of the project is to establish centres for outpatient care, day care and employment, which could target 250 mentally ill persons per day, thus ensuring qualitative outpatient care. The project has been submitted to the State Investments program and it costs Ls 0.7197 millions (approximately USD 1.1798 millions).
- There has been established a psychosomatic hospital department and an outpatient psychiatric assistance service within the Gulbene somatic hospital. It is planned to target not only the inhabitants of the Gulbene district, but also the inhabitants of the nearby districts of Madona, Alūksne, and Balvi, as usually they had to go to Strenči Mental hospital, which targets the Vidzeme region and is located far from their place of residence.

- **Conditions in specialised State social care homes for the mentally disabled**

Summary – Specialised State social care homes is a form of institutional care for the chronically mentally ill. Although social care homes formally are not closed institutions, usually they are located far from inhabited areas. Therefore patients in the social care homes are isolated and they do not promote integration, as well as having a good potential for human rights violations. However, because of the lack of community based services, and a lack of support for the families, and because of the possibility to have guaranteed State social assistance clients still choose social care homes. Unfortunately the number of places offered is too small and cannot provide places for all the clients. Therefore, there is admissions' queue. From the State budget have been supported local governments' projects for community based services. However, currently the number of available community based services is very small, as at the beginning costs are higher than keeping patients in the institutions.

Latvia has 26 specialised State social care homes for the mentally disabled. In 1999, there were 4255 persons in social care homes. The admission of persons with the relative symptoms into specialised social care homes is done according to the Instruction of the Ministry of Welfare: *On medical indications and contra-indications for admission into social care homes for the elderly and social care homes for the mentally disabled*. According to the Social Report 2000 of the Ministry of Welfare, most social care homes have 100 to 200 places. The large number of places "explains the emphasis not on individual work with the client to rehabilitate the person as far as possible, but on the provision of medical services."³ Although since 1998 the number of admitted clients in social care homes has increased, more than 100 persons are still waiting in the queue. The queue is not decreasing, as clients leave the social care homes only very rarely. According to the Social Report 2000 of the Ministry of Welfare "during 1999 of the 624 people with mental disabilities who left social care institutions, only 26 or 4% returned to their families and only 17 (2.7%) started independent lives."⁴ The Social Assistance fund mentions, as a reason for the queues is also the fact that care is completely covered by the State and neither local governments, nor the client's family has to pay for it. In 2000, the Social Assistance fund will announce tenders for local governments and private organisations in order to ensure care for another 100 clients.

As the mental hospitals are mostly for short-term care (except Vecpiebalga, Aknīste and Vīķi hospitals), there is a patients category, which does not fit into neither the mental hospitals as they need long-term care, nor social care homes. These are chronically ill patients with a large proportion of social indications who currently reside in mental hospitals (e.g. Jelgava Mental hospital has 140 chronically ill patients). This group of patients would need alternative care, outside of mental hospitals and social care homes.

Human rights problems in the social care homes

Mentally disabled persons in social care homes mostly spend the rest of their life there. Therefore, there should be created possibilities to integrate them into the community. Otherwise, although according to legislation social care homes are not closed institutions, in reality they usually are located far from inhabited areas and patients there are isolated from the outside world. Thus, unfortunately sometimes there have been human rights violations also in specialised social care homes for mentally disabled. For example, throughout 1998 the media periodically reported on human rights problems in various social care homes of this kind: at the Ludza district Istra facility in February, at the Vilce rural district social care centre “Ziedkalne” in November, and in the Liepāja district social care centre “Iļģi” in December.⁵ It means that there is a need for regular inspections of social care homes, carried out by the Social Assistance fund, as well the non- governmental organisations. The Latvian Centre for Human Rights and Ethnic Studies (an NGO) intends in 2001 to carry out research on the conditions and human rights situation in the social care homes for mentally disabled.

Funding

According to the Social Assistance fund the cost of one person’s care in a social care home is between Ls 143.38 (approximately USD 239) per month and Ls 1 720.51 (approximately USD 2 868). Altogether the care of all persons in all the 26 social care homes and four social care homes is calculated at Ls 8 604 689 (approximately USD 14 341 149). The costs of alternative care in 8 day care centres from the State budget and the budgets of local governments were Ls 218 720 (approximately USD 364 533). According to Social Assistance fund currently alternative care is more expensive: if the cost for one person in an institution is Ls 4.78 per day (approximately USD 8), then the cost in a day care centre is Ls 5.80 per day (approximately USD 9.66) (day care centre *Saule*, 1999). Social care homes also have been submitted projects to State Investments program (see attachment No. 2).

- **Integration of the mentally disabled into the society**

Summary – There have been several positive attempts to create new alternative models of care in Latvia during last five years. These models are open to the community and do not isolate the client as do the traditional institutions – mental hospitals, social care homes and specialised schools. Of the types of community based services most are day care centres for mentally retarded. At the moment, the amount of this service offered is minimal, there are many more potential clients than the current number of places. Another unrecognised problem group is mentally retarded orphans, who after reaching the age of 18 have the right to receive State housing. These persons need regular support when living outside of institutions, but it is not provided at the moment. In order to establish a complex system of services with the aim to integrate as much as possible, there should be guaranteed alternative care outside of institutions. For this reason it is necessary to continue to fund community based services projects. This is necessary, as there has to be established a mutually connected system, which would consist of: day care centres, supported employment, special workshops, group housing, and

family support centres, which would provide psychological assistance for the parents already after a child has been born.

The most effective way to implement the integration of the mentally ill and mentally retarded is to ensure regular alternative care outside of institutions – mental hospitals, social care homes, boarding schools, specialised schools – making it as much as possible close to a client's place of residence, as well as providing support for the client's family as much as possible. However the specialists of Department of Social Assistance (Ministry of Welfare) do not recommend the closing down completely of all the social care homes, as only part of the disabled (the 3rd group) could be integrated completely, but many clients with severe disabilities soon might become homeless.

The Social Assistance fund, which administers State social assistance, offers and financially supports also alternative forms of care, such as home care, trusteeship, foster families, adoption, day care centres, crisis centres and night shelters. According to Social Assistance fund the most common form of alternative care in Latvia is home care. Hitherto there have been a small number of projects with the aim of creating alternative care to social care homes.

According to the Law On Social Assistance, local governments must provide an opportunity for mentally disabled persons to have day care centre services. In order to stimulate local governments and NGOs to establish day care centres for mentally disabled, since 1996 a national support programme has been implemented. Within the framework of the program there have been organised tenders with the aim of providing State funding for opening and maintaining day care centres. State funding is allocated for the first four years from 80% in the first year to 20% in the fourth year. Beginning with the fifth year all the funding has to be covered by local government. At the moment Latvia has 9 day care centres of this kind: three of them in Rīga, the others are in Kuldīga, Tukums, Jēkabpils, Ilūkste, Saldus and Kandava. In 2000 there has been allocated funding for the establishment of two new day care centres in Engure and Liepāja.

NGOs' contribution

Hitherto particularly the NGOs – *Rūpju bērns* and *Bethpage US – Latvian branch* have been very active in the development of community based services. They have started several new pilot projects, which are also supported in principle by the Ministry of Welfare.

➤ Supported employment

In March 2000 the association *Rūpju bērns* started to implement a 2-year Phare project with the aim of initiating a system of supported jobs in Latvia. Eight work trainers will be trained in the first stage of the project. Although currently the supported employment system mostly has been targeted only for the clients of day care centres, during the training seminars some staff from boarding schools and the social care home *Ziedkalne* were also trained. The final goal of the project is to settle in supported jobs 30 persons. Project costs EUR 235 000. There will be needed additional funding for the professional training of the mentally retarded, especially those who have severe learning difficulties, as well for the development of training programmes.

As the system of supported employment is a completely new field for Latvia and has never been before, there will be needed legislative changes in order to define supported employment in order to ensure the rights of those who will have supported jobs, as well to ensure the interest of employers to engage mentally retarded persons.

➤ Group housing

In 2000 the organisation *Rūpju bērns* of the Latgale urban district of Rīga started a project of establishing the first group housing for the mentally retarded. It is planned to establish 12 group apartments. As this is the first service of this kind,

currently the legal status of the apartments is still unclear. Financial support for the project has been provided by local government, the Swedish and Finnish organisations *Star of Hope* and *Heart to Heart*, as well the Embassy of Denmark. In 2000, the Soros Foundation-Latvia within the framework of the *Mental Disability Advocacy Program* supported the development of a training program for the staff, families and mentally retarded clients, who will live in group housing.

➤ Integration classes

According to the Mental Health Care Centre Latvia have 6312 children and juveniles with mental retardation. In 1998, there were 1352 children with mental diseases and 3114 children with diseases of the nervous system. Education for mentally retarded children is provided either by specialised schools, integrated special classes or by individual teaching at home. Unfortunately most of the children attend neither specialised schools, nor regular schools. Only recently have there been started the teaching of children who have been perceived as impossible to teach (the first schools for such the children have been opened in Liepāja). In 1997/98 there were 3 schools for children with learning disabilities and mental development retardation, 43 schools for children with mental development disorders and 5 schools for children with psycho-neurological diseases.

Problems: 1) There has not been established a body for evaluating the stage of development of a child and predicting the further development and following the changes;

2) Sometimes the admission of a child into a specialised school depends from the availability of curricula for teaching such children. There are still children who are perceived as impossible to teach;

3) There has not been developed individualised curricula;

4) There have been allocated different funding for specialised schools and for integrated classes of regular schools. The children in integrated classes receive the same funding as other children of regular schools. The funding is not provided according to system – “money follows the client”, no matter which school he or she attends;

5) After graduating from the specialised school many children do not know where to go. Usually they have problems learning some profession. Therefore it would be necessary to introduce a life skills programmes for the children of specialised schools, as well as those clients of other institutions, who might be integrated in community in the future.

Integration classes have been established in some regular schools. For instance, in 1999/2000 there were three specialised classes in Sabile High school and 32 children studied there. Foundation Bethpage US – Latvian branch have opened an integration class for 14 mentally retarded children of pre-school age in the Mathew church. The same foundation supported also the establishment of an integration class in Liepāja Christian school. Currently there are two classes with 25 children with mental retardation and physical disabilities. The integrative program is financially funded by the local government of Liepāja.

Also so called Camphill village model claims to ensure alternative care. The main idea of this model is the creating of special villages with guaranteed life and employment conditions for mentally retarded persons. The open social foundation *Rozkalni* have been started the establishment of such a model in the Valmiera district, Rencēni parish. There have been started similar activities (project *Mauglis*) also by the NGO *Saulespuķe* in the Tukuma district, Smārde parish. Although the project implementers have good intentions, to my mind,

such the projects are not advisable for Latvia, as they does not promote integration, but rather segregation. Such projects form some kind of “ghetto”. Although there are better conditions than in institutions, patients are still isolated and separated from the community (project *Mauglis* is a farm, where mentally retarded juveniles live. The farm is located in a forest, 8 km from the parish centre).

- **Patients’ Advocacy and Rights’ Protection Mechanisms**

Summary – Latvia still has not adopted a law with a detailed catalogue of the rights of the mentally ill, including appeal procedures for involuntary commitment, as well as patients’ rights protection mechanisms. Until now the implementation of the rights of the mentally ill have been the concern of only some Latvian human rights activists and international organisations. Existing human rights organisations also accept and review the complaints of mentally ill patients. However, they are not working proactively. Patients usually do not know their rights, they are not informed about possibilities of seeking assistance and usually are afraid to do it, as they are completely dependent upon the psychiatric services which they are going to complain about.

In order to solve these problems it is recommended either to activate existing rights protection organisations or one should think of introducing new models of patients rights’ protection (see further in the text). It is advisable to provide greater support for the establishment of self-help groups for the mentally ill and relatives support groups, as they have a relevant role in the advocacy of this particular group of society.

Currently the field of psychiatry and patients rights is regulated the Law on Medical Treatment of the 1997. The includes also a chapter on “Mental diseases”, regulating psychiatric assistance in the country. The Section 65 of the Law contains a non-discrimination principle and states that persons with mental disorders or mental diseases have all the civil, political, economic and social rights. However, there is a lack of effective rights enforcement mechanisms in order to realise these principles and rights in real life.

With the financial and consultative support of the Canadian government there have been developed a new draft law On Psychiatric Assistance. The draft law includes a detailed catalogue of the rights of the mentally ill, as well as the procedures for admission to hospitals and using the court system to appeal the admission or involuntary commitment. The project was ready already in the spring of 1998 and currently it is still unclear when it might go to parliament.

Unfortunately, the new draft law has also some disadvantages. For instance, the law does not provide for the establishment of an independent control institution with the main aim to protect mentally ill patients’ rights and interests (inspects patients’ care in psychiatric establishments). The establishment of such the supervisory body is recommended also by the European Committee for the Prevention of Torture of the Council of Europe⁶, as well the World Health Organisation⁷. The control institution can have various forms. It can be a patients’ rights ombudsman, available in the hospitals, or it can be an independent governmental or non-governmental organisation with authority to inspect such the institutions.³ Formally such an institution is the court system, which is also included in the new draft law. However, the experience suggests that patients are not using the court for

³ Formally the National Human Rights Office has such a mandate. Unfortunately, up to now it has not been used effectively. At the end of 2000 and beginning of 2001, the Latvian Centre of Human Rights and Ethnic Studies is planning to start a human rights monitoring project in closed institutions (prisons, police cells and mental hospitals).

defending of their interests and rights, as this is along and an expensive process. There is also not clearly formulated a patient's rights of access to his or her medical records, which is also recommended by the international organisations, mentioned above.

Up to now the existing patients' rights protection mechanisms have been ineffective as regards advocacy of mentally ill patients. In Latvia mentally ill patients have a possibility to hand in complaints to the administration of the patient's hospital and governmental bodies: National Human Rights Office, Mental Health Care Centre, Medical Care and Work Ability Expert-examination Quality Control Inspection, as well to the court. There is also an opportunity to approach the NGOs: the Latvian Centre for Human Rights and Ethnic Studies, the Latvian Human Rights Committee. Informative assistance is available also in the Human Rights Support Network.

The nature of patients' complaints, the ways of solving problems:

Medical Care and Work Ability Expert-examination Quality Control Inspection (MCWAEQCI)

In 1999, there was a small number of complaints regards psychiatry. Approximately 5% of the 250 complaints were regarding psychiatry. At the first half of 2000, the number of complaints regarding psychiatry have been increased. 17 or 13.8% of 123 complaints were regarding psychiatric assistance. Patients have complained mostly about compulsory admission against the patient's will. However the Inspection have not found any grounds for the complaints, as usually there is a patient's signature regarding the admission in the registration documents. Patients themselves also recognise that they have signed something, but nobody has explained what they have signed.

Mental Health Care Centre

In 1999, the Mental Health Care Centre received 40 complaints and applications from individuals and institutions and 22 complaints and applications in 2000. The patients' applications have been regarding unjustified admission to the hospital, regarding access to medical records, the possibility of having a second opinion regarding the diagnose, as well as social issues, such as housing, pensions, registration of disability and receipt of allowances.

Administration of the hospitals

There have been a small number of patient's applications or complaints during 1999 – 2000. Complaints have been regarding food, communication problems with relatives or staff, the refusal to give written information regarding the diagnosis and unjustified admission to hospital. Some of the complaints regarding hospitals (Rīga, Strenči) have been handled by other institutions, for example the National Human Rights Office, the Office of Prosecutor General and the MCWAEQCI. The Aknīste Mental hospital that is for chronically ill patients frequently receives patients' requests to sign out from the hospital, as in their own mind they are healthy and able to function in the society.

National Human Rights Office

In 1999, the National Human Rights Office received three written and 17 oral complaints regarding a person's rights to humane treatment and respect of dignity in mental hospitals. As of 31 August 2000 there have been received 5 written and 35 oral complaints. Mostly patients complain regarding the refusal to give written information about the diagnosis and treatment. A couple of complaints have been regarding a wrong diagnosis and one complaint regarding the declaring of the person as incompetent.

Human Rights NGOs

The Latvian Centre for Human Rights and Ethnic Studies (LCHRES) provided legal aid to four patients/relatives during 1999-2000. The consultations were regarding the possibility of obtaining a second opinion, the unjustified placement in the mental hospital

(with the help of the police) and the health care of a mentally ill offender with diminished capacity.

Courts

Up to now patients have not actively used the court system in order to protect their rights. In 2000, two court processes were started regarding the refusal to give information to the patients of psychiatrists. One of the complaints submitted was regarding a patient's right to know the diagnosis of his or her illness and to receive a written extract from the medical record. The patient has tried to get documentation regarding the diagnosis and treatment for 20 years. In 1994, their employer asked the plaintiff to show written documentation regarding their mental health. The patient was diagnosed 36 years ago when he tried to avoid compulsory service in the Soviet army. Now the patient wants to consult independent experts in order to evaluate his health. For this reason he approached several hospitals, where he had been treated in order to receive a written extract from the medical record. All the hospitals, as well as the Mental Health Care Centre refused to give written information regarding the patient's mental health and diagnosis. With the assistance of the Legal Clinic of the University of Latvia, a complaint was filed in March 2000 against Ministry of Welfare, as there were four hospitals involved. In September 28, the City of Rīga Vidzeme urban district court rejected the plaintiff's complaint. However, the legal representative of the patient is going to appeal. Currently the outcome of the court process is relevant, as until now the refusal to give information has been justified with pretext that in psychiatry in Latvia there have not been such a practice – to give the information regarding a diagnosis. Moreover, the current new draft law on psychiatric assistance is under way and the outcome of the court hearing could influence the shape of new law regarding access to information about a diagnosis. One should mention that similar complaints have been submitted also to the European Court of Human Rights.

The role of self-help groups and relatives support groups in patients' advocacy

The so-called patients' self-help groups have a relevant role in encouraging patients to be aware of and able to solve their problems. Such organisations successfully have participated in the process of drafting legislative changes in several countries. Such the groups have not been developed in Latvia. In 1996 with the initiative of Mental Health Care Centre there was established the first Rīga based relatives support group *Gaismas stars*. In addition, the 3rd Rehabilitation ward of Aknīste Mental hospital (100 patients in the ward) since 1995 has a Council of Patients. The Council, which basically contains several principles of self-help groups, might be the potential beginning of a self-help group. The Patients' Council organises cultural and sporting events and participates in purchasing items for the ward. The Council has the right to suggest changes to the hospital's administration regarding the ward's regime, organisation of work therapy and the diet of patients. In 2000 under the Mental Health Care Centre there has been established also a support group for those, who have tried to commit suicide.

There is a need to initiate self-help groups, but before that it is necessary to work with staff, as well as with the most active relatives and patients. In 1999 – 2000 Latvian Centre for Human Rights and Ethnic Studies plans to organise informative seminars for the staff of institutions, as well as patients and relatives. The aim is to initiate self-help groups in the institutions and this might be done with the support of Association of Psychiatric Nurses. There is also possibility of applying for funding to the Hamlet Trust (United Kingdom), which supports such patients' organisations in all of Europe (LCHRES has invited the representatives of the Hamlet Trust to participate in the December seminar and intends to introduce them to the patients of Aknīste and Jelgava Mental hospitals).

The information on patients' rights

One of the main complaints of patients is the lack of information. In 1999 with the financial support of the East Europe Committee of the Swedish Health Care Community there

were issued the first booklet, explaining patients' rights, for mentally ill patients and their relatives. Mostly the booklet is targeted to the patients, who are in mental hospitals. The brochure was issued in 1000 copies. There is a need to think of a renewed edition (in case of legislative changes), as well its translation into Russian. It is also necessary to prepare explanatory materials on various mental diseases, for example, on schizophrenia, how to cope with it, as well as materials for the patient's relatives – what to do if patient have an acute condition, how to cope in crisis situations.

The idea of a patient's rights ombudsman

In December 2000, the Latvian Centre for Human Rights and Ethnic Studies in co-operation with US based organisation Mental Disability Rights International (MDRI) intends to organise a seminar for the mental health policy makers, administrations of hospitals, as well as the advocates of patient's rights, on the rights of the mentally ill. During the seminar there is planned a discussion about the ombudsman model for mentally ill and mentally retarded patients. The idea belongs to MDRI and it has carried out a similar project in Hungary and currently wants to start one in Lithuania and Latvia. LCHRES currently is not sure whether it is possible to implement this model in Latvia effectively. LCHRES has agreed to help to organise the discussion and may be in the future also participate in the drafting of the project. Probably it is possible to implement this idea as a pilot project either in one of the hospitals or outside of institutions altogether (in this case it might be affiliated to some already existing rights protecting organisation).

Issue for discussion – is it necessary to think of ways of how to use the already existing mechanisms more effectively, to ensure protection for patients, or is it worthwhile to think about the creation of a new model, specifically intended for the advocacy of the interests of the mentally ill and mentally retarded?

- **The high rate of suicides and attempted suicides**

Summary – Latvia has a high rate of suicides and attempted suicides. Among the reasons for this one should mention the socio-economic situation, as well as the high rate of undiagnosed depressions. It is necessary to work out and implement programmes for the reduction of suicides, as well as the prevention of depression, particularly paying attention to the so called risk groups. Currently depression has not been included in the list of those diagnoses, which can receive State funded medicine.

More than 8000 persons have committed suicide during the last ten years. There are approximately three suicide attempts for every completed suicide. Since 1994 the number of suicides has decreased, but the number of suicide attempts has not decreased. In 1999 there were 739 completed suicides, 565 of them were done by males and 174 by females. In 1999 according to data from the Central Statistics Bureau, also 20 children in the age groups from 10 to 19 have committed suicide. Approximately $\frac{3}{4}$ of those who committed suicide were in the working age group (18 to 59 years). The highest rates of suicides and suicide attempts is in Latgale, and the North-eastern part of Latvia. Paradoxically, but there has not been determined a high morbidity with mental illnesses in these areas. This indicates that a large part of the patients who have depression, are not under the care of physicians. Usually this depression is manifested either in alcoholism or in other ways. Psychiatric specialists recognise that, if there has been an attempt to commit suicide, it is usually repeated and also completed if there has not been any assistance in a 5 year period. Among the risk groups one should mention young men, men in the age group of 45 to 60, as well as single persons, who have not founded a family. The large number of suicides, as well as the morbidity of mental illnesses is also influenced by the socio-economic situation in the country.

Research indicates increasingly the connection between depression and suicide. Statistics shows that every third woman and every tenth man has a risk of becoming depressed. The World Health Organisation has predicted that depression will become the second largest reason for untimely death after heart and cardio-vascular diseases during next 20 years. According to the data of Mental Health Care Centre, approximately 150 000 or 6 % of people suffer from more or less manifested depression. Approximately 40% of depressions are not diagnosed, as they are manifested in a masked form, e.g. alcoholism. Therefore some kind of paradox has been formed– although males are diagnosed as depressed more rarely, they commit suicide 5 times more than females.

The risk group regarding morbidity for depression is women. Among the reasons influencing the mental health of woman there should also be mentioned domestic violence and rape. These reasons have been recognised as the most serious causes of women's death and disability. In 1999, the crisis centre *Skalbes*⁴ with the financial support of Soros Foundation-Latvia organised a telephone campaign. During the campaign, people were asked to call about cases of domestic violence. Of those that called 92% were women, mostly in the age group from 30 to 60 (the active working age).

- In 1999, in the framework of *Health Care Initiatives Programme*, the Soros Foundation- Latvia supported a project of the Psychiatric Centre regarding the creation of a positive insight and attitude in society towards depression as a mental illness. There have been organised educational events on depression for the inhabitants of Latvia and there have been established Depression clinics (where people can get a free doctor's consultation) in several towns of Latvia.

- **Diminished Capacity**

Summary – Since 1999 new legal term has been introduced in Latvia – diminished capacity. During the period of one year courts have sentenced several persons, recognised as being in a state of diminished capacity. However, currently there is not a separate place of imprisonment, where a person with diminished capacity could serve one's sentence. Currently research would need to be carried out in order to offer a solution to the problem: either additional changes in legislation are needed, or training of judges or the establishment of alternative forms of punishment. There is a need to commence discussion between specialists of medicine, law and home affairs in order to agree on specific action.

Until 1999 Latvia did not have special facility for involuntary commitment. Thus mentally ill offenders, who have committed crimes and who have to be treated in a closed institution according to a court judgment, were treated either in regular mental hospitals or in the hospital of the Rīga Central Prison. In April 1999 there was opened a new department of involuntary commitment and forensic expert-examination of the Mental Health Care Centre in Laktas iela. Thus, Latvia has eliminated a serious human rights violation. Currently the department with 60 places guarantees medical treatment in involuntary commitment, as well as the rehabilitation of the patient.

In April 1999 the new Criminal Law entered into force. The Law contains a new, for Latvia unknown before, legal term – diminished capacity. Section 14, Paragraph one defines

⁴ In 1999- 2000 approximately 10% of clients with possible mental diseases contacted the crisis centre. There is also a possibility of receiving consultations from a psychiatrist at the Centre. The Centre usually has mentally ill clients who do not have any other place where to turn for assistance.

the state of diminished capacity. It is stated that person is in a state of diminished capacity if “at the time of the commission of a criminal offence, due to mental disorder or mental disability, was not able to understand their acts fully or control them.” The law also states that the court may impose involuntary treatment as it is stated in the law. If the court sentences a person with diminished capacity with deprivation of liberty, the treatment of the person should be carried out in appropriate places of imprisonment (Article 68). If the sentence is not connected with deprivation of liberty, the court may impose an obligation on the person with diminished capacity to obtain treatment in a mental health institution near his or her place of residence.

Although currently not more than 10 persons have been recognised and sentenced as persons with diminished capacity, already now one can see several problems. Currently if a person has been sentenced with deprivation of liberty in prison and the court imposes involuntary commitment, such a person is put in prison, which is neither an appropriate place for treatment, nor for rehabilitation. Currently the prison staff tries to put these persons in better cells and in case of need also to provide medical treatment. One should also mention that in prison cells persons with diminished capacity also do not receive needed rehabilitation and the assistance of psychologists, teachers and social workers. Currently the Medical Department of the Latvian Prison Administration is working on an analysis of court judgments. However, there is a need for more extensive research in order to identify the problems and to find possible solutions.⁵

The Possible Role and Recommended Priorities of the Soros Foundation-Latvia in the Field of Psychiatric Assistance

Thus far, we have identified the most problematic areas of psychiatric assistance and indicated the necessary changes. On the whole there is a need for introduction of alternative forms of care, which would reduce the number of persons in institutions. It is also necessary to ensure the realisation of rights of the mentally ill and mentally retarded. Moreover, there is a general need of improving the conditions of care in existing institutions. Currently the Ministry of Welfare has adopted the Strategy of Psychiatric Assistance for the next three years. The Strategy foresees improving substantially the quality of psychiatric assistance. It also foresees the de-centralisation of psychiatric assistance, reducing of the number of beds and introducing community based services. However there is no funding for the planned reforms. Moreover, currently State cannot ensure adequate funding for the mental hospitals. Therefore it is unlikely that in the near future the State will fund the establishment of new services of alternative care.

The Goals of the Possible Soros Foundation-Latvia Program

- The improvement of care of mentally ill and mentally retarded persons and their integration into society;

⁵ In summer of 2000, a client repeatedly approached the Latvian Centre for Human Rights and Ethnic Studies for legal assistance. Her son was an offender with diminished capacity (he had committed some thefts). Considering the fact that he has been repeatedly treated in mental hospitals, the mother hoped that the court will sentence him to involuntary commitment in the special facility of the Mental Health Care Centre with the possibility of obtaining rehabilitation, as well as job training. The court sentenced him to deprivation of liberty for three years in closed prison. His mother asked the Centre’s assistance, but we could only suggest to appeal the court judgment, in order to ask the court to evaluate once more the sentence imposed.

- De-institutionalisation, the prevention of institutionalisation and support for the establishment of community based services;
- Strengthening the advocacy of the rights of the mentally ill and mentally retarded, in a general context of human rights;
- Changing attitudes and promoting of public awareness.

Efforts to date

Up to now there is only limited availability of established community based services in the field of psychiatric assistance. Several projects have been formed by mental hospitals and NGOs with the State, as well as international donors' funding. However, this has not been a systemic, State-funded reform.

The projects in the field of psychiatric assistance in Latvia have been funded by several international donors, such as the Queen Juliana foundation (Netherlands), the Government of Canada, the East Europe Committee of the Swedish Health Care Community, the World Bank, the Committee of Oberfranken district, Germany, the US Peace Corps and the Soros Foundation-Latvia (see attachment No.2). The Canadian government has allocated funding for the Baltic countries for developing community based services for period 2000 – 2003. It plans to support projects in collaboration with the Soros network.

Recommended priorities:

- As the main priority **support for the development of alternative care forms to institutions (or community based services) is recommended**. The aim of alternative care is to ensure the integration of the mentally ill and mentally retarded into the community in order to protect them from the consequences caused by institutionalisation. The stay of patients in mental hospitals should be as short as possible. There is a need for rehabilitation and support programmes for patients in order they become able to function in the society in a full capacity.

The development of alternative care forms or community based services has been included also in the Strategy of Psychiatric Assistance of the Ministry of Welfare. However ministry has not foreseen funding for it. Of the alternative care forms available it is recommended to support: the establishment of day care centres, the introduction of life skills programmes to specialised schools, mental hospitals and social care homes, the establishment of mobile psychiatric teams (providing health care mostly in patient's home and hospitalisation only in case of acute crisis), the establishment of half-way houses (providing care in the intermediate stage between the release of a patient from the hospital and starting a self-supporting life, and the establishment of group homes, as well as the development of models of supported employment or special workshops.

In 2000, the Soros Foundation-Latvia participated in the OSI Mental Disability Advocacy Program and supported several projects of community based services for Jelgava Mental hospital and *Rūpju bērns* in the City of Rīga Latgale urban district. It is recommended to continue supporting pilot projects in the future, as in the case of the successful implementation of such projects there might become established example models for other organisations.

- In the field of policy analysis it is recommended to resolve the issue of **diminished capacity**
- In the field of patients' rights it is recommended to **support the establishment and development of self-help groups** and the **establishment of protection mechanisms for patients' legal rights**. It is recommended to support also **the training for staff** on patients' rights. If needed, it is also recommended to provide support for **litigation**.⁸
- It is recommended to support the prevention of mental health in the population, particularly the prevention programmes for depression and suicides.
- It is recommended to support the programmes of changing public attitudes towards the mentally ill in order to diminish the prevalence of stereotypes and prejudices in society. This is also one of the reasons why people in problem situations do not attend the doctor. There is a need for regular educational work with children and juveniles in schools, as well the general public.
- It is recommended to establish support programmes for the parents of children with severe disabilities, in order to prevent their institutionalisation (a persons' commitment to social care homes).
- Funding is also needed for the development of the infrastructure of institutions (mental hospitals and social care centres).

¹ Ministry of Welfare, *Public Health Strategy, 2000*, draft,
http://www.lm.gov.lv/pdfsab_ves/doceng.pdf

² *Strategy of Psychiatric Assistance for the period 2000-2003*, adopted by the order No. 218, 21 July, 2000, Ministry of Welfare

³ Ministry of Welfare, *Social Report, 2000*,
http://www.lm.gov.lv/pdf/Soc_Zinojumi/SocZin_2000_eng.PDF

⁴ Ministry of Welfare, *Social Report, 2000*,
http://www.lm.gov.lv/pdf/Soc_Zinojumi/SocZin_2000_eng.PDF

⁵ For further information see Annual human rights reports of the Latvian Centre for Human Rights and Ethnic Studies: *Human Rights in Latvia in 1998*; *Human Rights in Latvia in 1999*

⁶ Council of Europe, *8th General Report on the CPT's Activities covering the Period 1 January to 31 December 1997*, CPT/Inf (98), 12, Strasbourg, 31 August 1998

⁷ WHO, *Quality Assurance in Mental Health Care, Check-lists & Glossaries*, Volume 2, Division of Mental Health and Prevention of Substance Abuse, Geneva 1997

⁸ Currently according to the initiative of OSI there has been developed a Regional Mental Disabilities Advocacy Centre. The Centre will be located in Tallinn (Estonia) and probably one of the Centre's functions will be to provide support for litigation.

Institutions and Organisations working in the Field of Psychiatric Assistance

Institutions under the control of the Ministry of Welfare

Mental Health Care Centre – Rīga Mental hospital, Vīķi Mental hospital for children and the Department of Involuntary commitment and forensic expert-examination are subject to the control of this Centre

Mental hospitals:

Jelgava Mental hospital *Ģintermuiža*
Liepāja Mental hospital
Daugavpils Mental hospital
Strenči Mental hospital
Aknīste Mental hospital
Ainaži Mental hospital
Vecpiebalga Mental hospital
Neurosis Centre (Jūrmala)

Psycho-neurological departments in Latvia's districts

In Aizkraukle, Alūksne, Balvi, Bauska, Cēsis, Daugavpils, Dobele, Gulbene, Jēkabpils, Jūrmala – Dubulti, Jūrmala – Kauguri, Krāslava, Kuldīga, Priekule, Limbaži, Ludza, Līvāni, Preiļi, Madona, Ogre, Rēzekne, Rīga district – Sigulda, Saldus, Talsi, Tukums, Valka, Valmiera and Ventspils

Social Assistance Fund

All the specialised social care centres for persons with mental disabilities are subject to the control of the Social Assistance Fund:

1. Social care centre *Kalkūni* for children – orphans
2. Specialised social care centre *Vegi* for children (Talsi district)
3. Specialised social care and rehabilitation centre *Baldone* for children (Rīga district)
4. Specialised 3rd State social care home of Rīga
5. Specialised social care centre *Ziedkalne* for juveniles (Jelgava district)
6. Specialised State social care home *Nītaure* (Cēsis district)
7. Specialised State social home *Lubāna* (Madona district)
8. Specialised State social home *Rauna* (Cēsis district)
9. Specialised State social home *Istra* (Ludza district)
10. Specialised State social home *Piltene* (Ventspils district)
11. Specialised State social home *Aizvīķi* (Liepāja district)
12. Specialised State social care centre *Valka* (Valka city)
13. Specialised State social care home *Regi* (Kuldīga district)
14. Specialised State social care home *Dundaga* (Talsi district)
15. Specialised State social care centre *Iecava* (Rīga district)
16. Specialised State social care centre *Krastiņi* (Krāslava district)
17. Specialised State social care home *Ķīši* (Tukums district)
18. Specialised State social care centre *Mēmele* (Aizkraukle district)
19. Specialised State social care centre *Kalupe* (Daugavpils district)

20. Social care centre *Gaiļezers* of Rīga
21. Specialised State social care centre *Allaži* (Rīga district)
22. Specialised State social care centre *Rūja* (Valmiera district)
23. Specialised State social care centre *Ropaži* (Rīga district)
24. Specialised State social care centre *Jelgava* (Jelgava city)
25. Specialised State social care centre *Litene* (Gulbene district)
26. Specialised state social care centre *Iļģi* (Liepāja district)
27. Enterprise (social care centre) *Ezerkrasti* (Rīga city)
28. Enterprise *Sloka* (Jūrmala, Sloka)
29. Enterprise *Saulstari* (Ogre town)
30. Enterprise *Atsaucība* (Rīga city)

Day Care Centres for the Mentally Retarded

1. Day care centre *Saule* (Rīga)
2. Day care centre *Cerību māja* (Rīga)
3. Day care centre *Cerību ligzda* (Rīga)
4. Day care centre *Cerību nams* (Ilūkste)
5. Day care centre of Kuldīga
6. Day care centre of Jēkabpils
7. Day care centre of Tukums
8. Day care centre of Saldus
9. Day care centre of Kandava

Non-governmental organisations

The Professional Associations - the Association of Psychiatrists of Latvia, the Psychiatry Development Foundation, the Association of Psychiatric Nurses of Latvia.

Medical Rehabilitation Centre for Victims of Torture – the rehabilitation of persons, who have suffered because of their political beliefs and of those who have been tortured by State institutions.

Parents association *Rūpju bērns (Child of Risk)* – established the first day care centres for mentally retarded persons in Latvia, continues to ensure the operation of centres and to develop other integration projects, for example, the project of supported employment.

Latvian association for children with Down's syndrome *Alternative*

Bethpage US-Latvian branch – supports the pre-school integration program for children and the program of a day group for mentally retarded persons.

Foundation *Baltā māja* of Līvāni – since 1996 implements projects involving the disabled in various activities and has established a public centre offering various activities, and a family support and crisis centre.

Public charity organisation – open public foundation *Soul of Man* – helps to solve social and material problems of the mentally ill. The organisation functions under the auspices of the Riga Mental hospital.

Relatives support group *Beam of Light* – the first support group for the relatives of the mentally ill patients, established in 1996. The group consists mostly of parents of mentally ill children.

Latvian Centre for Human Rights and Ethnic Studies – research and advocacy in the field of rights of mentally ill, as well provision of legal assistance.

Overview of State and Foreign Funding Allocated to Psychiatry

The Arrangement of funding for mental hospitals and specialised social care centres

In 2000, 11.8% or approximately Ls 7 000 000 (USD 11 666 666) was allocated to psychiatry from the total special health care budget.¹ Since 1994, the extent of funding have not increased substantially. Since 1996, the funding of hospitals comes from regional Sickness funds. The Sickness funds enter into contracts with hospitals and allocate the funding according to costs of a bed per one day. Currently the cost of a bed differs for each hospital, for instance, the Jelgava Mental hospital – Ls 5.20 (USD 8.66), Rīga Mental hospital – Ls 8.08 (USD 13.46). The lowest costs of a bed is for hospitals with chronically ill patients – Vīķi, Vecpiebalga and Aknīste – Ls 4.88 (USD 8.13).²

- **Costs in Rīga Mental hospitals**
In 1999 according to data of Rīga region Sickness fund the treatment of one patient by psychiatrist cost Ls 4.16 (USD 6.930 per day (these are one of the most expensive costs compared to, for example, treatment by a gynaecologist – Ls 1.26 (USD 2.1), treatment by a cardiologist – Ls 1.71 (USD 2.85), treatment by a surgeon – Ls 2.12 (USD 3.53), and treatment by a podiatrist, traumatologist – Ls 4.2 (USD 7)). In 1999 the funding for Rīga Mental hospital for in-patient care was Ls 1 452 574.09 (USD 2 420 956.6) and for out-patient care – Ls 133 452.39 (USD 222 420.65). In 1999, the average cost for one hospitalisation was Ls 248.81 (USD 414.46). There was a total of 5838 hospitalisations carried out in 1999.
- **Specialised State social care centres**
In 2000, according to the data of the Social Assistance fund the cost for one person's care in a social care home is between Ls 143.38 (USD 239) per month and Ls 1 720.51 (USD 2 868) per year. In 1999 altogether the care of all persons in all the 30 social care homes cost Ls 8 604 689.4 (USD 14 341 149).
- **Alternative forms of care**
The costs of alternative care in 8 day care centres from the State budget and the budgets of local governments was Ls 218 720 (USD 364 533). According to the data of the Social Assistance fund the cost for one person in institution is Ls 4.78 (USD 8), but in a day care centre – Ls 5.80 (USD 9.66) (day care centre *Saule*).

Supported projects in the framework of State budget and foreign funding

- Funding from State privatisation funds

¹ Slimokasu vēstis, VOVA, 1999. g., Nr. 8

² The cost of a bed per day is calculated according to the actual costs of previous years. Thus, is calculated the State minimum guarantee when the budget for the next year is formed.

1998

*Rūpju bērn*s of the Latgale urban district of Rīga – The establishment of a workshop – confectionery, in the day care centre *Cerību ligzda*, Ls 14 500 (USD 24 166).

- The supported projects within the framework of the State Investments program³
In order to attract funding from the State Investments program there has been developed a strategy of health care in the Welfare branch. Psychiatry is included there as one of the priorities in order to attract the funding of the State investments program for the period of 2001 – 2003.

Grant-in-aid has been requested for the year 2001 for several projects:

1. Mental Health Care Centre – The development of outpatient psychiatric care (the aim of the project is to establish a centre of outpatient care, day care and centre of employment for mentally ill persons in Rīga, Veldres iela 1a), Ls 157 000 (USD 261 666);
2. The establishment of a Rehabilitation complex in specialised State social care centre *Valka* (the introduction of alternative forms of care), Ls 207 000 (USD 345 000);
3. The reconstruction of the heating system of Jelgava Mental hospital *Ģintermuiža*, Ls 86 000 (USD 143 333);
4. Construction and repair of Strenči Mental hospital (it is also planned to build a new rehabilitation ward), Ls 95 000 (USD 158 333);
5. Reconstruction of the heating system of Vecpiebalga Mental hospital, Ls 28 000 (USD 46 666);
6. The establishment of a rehabilitation ward for mentally disabled in the specialised social care centre *Saulstari*, Ls 381 000 (USD 635 000);
7. The introduction of progressive methods for the production of heating and the rehabilitation of the mentally disabled in specialised social care centre *Krastiņi*, Ls 200 000 (USD 333 333);
8. The development of social care centre *Ropaži* – the promotion of quality social care, rehabilitation and employment services, Ls 195 000 (USD 325 000).

There has been prepared a project for the Local governments' investment program regarding the establishment of a social care centre *Rūpes* in Saldus town. The aim of the project is to provide services of alternative care to mentally disabled juveniles, Ls 166 000 (USD 276 666).

2000

1. The psycho-neurological care home *Ķīši* – the reconstruction of the heating system, Ls 34 000 (USD 56 666);
2. Specialised State social care centre *Iļģi* – the building of a boiler room, Ls 112 000 (USD 186 666);
3. Specialised social care and rehabilitation centre *Baldone* – the reconstruction of the roof and building of a mansard, Ls 120 000 (USD 200 000);

³ The projects of Welfare part of State Investments program for 2001 – 2003,
http://www.lm.gov.lv/saturs_finanses/finanses_aves_vip.html

4. Specialised social care centre *Iecava* – an outbuilding to main living block with a boiler house, biological refinement equipment and technological nets, Ls 157 000 (USD 261 666);
5. Specialised social care centre *Allaži*, the building of a sector of the household, Ls 108 000 (USD 180 000).

1999

Also in 1999 there has been allocated funding for the adjustment of infrastructure for several specialised social care centres: social care and rehabilitation centre for children *Baldone*, social care centre *Iecava*, social care centre for children *Veģi*, social care centre *Ropaži*, social care centre *Allaži*, social care centre *Ezerkrasti*, psycho-neurological care home *Ķīši* and social care centre *Iļģi*.

1998

Mental Health Care Centre – the establishment of the Department for Involuntary commitment and forensic expert-examination

- International financial assistance

Government of Canada (CIDA)

During 1997 – 1999, the Canadian government supported a consultative project on the development of a Mental health care concept. As the result of the project the Strategy of Psychiatric Assistance for the period 2000 – 2003 and the draft law On Psychiatric Assistance have been developed.

In 2000, the Canadian government supported the Saldus day care centre for mentally retarded with funding of Ls 3 920 (CAD 9 750) for equipment and furnishings.

The Canadian government has allocated funding for the Baltic countries for projects of developing community-based services in psychiatric care for the period 2000 – 2003. It is planned to support the projects in collaboration with Soros foundations.

The East Europe Committee of the Swedish Health Care Community

In 1999 the allocated funding for psychiatry in Latvia was SEK 1 080 000 (USD 110 000). The main fields of support were: education for all the professions in psychiatry, the establishment of outpatient services and support for friendship clinics (clinics with similar functions). The Committee also supports the translation and editing of various educational materials. There have been translated and issued several works, such as: *The Crisis and Development* by J. Cullberg, *Psychiatric Rehabilitation* by W.W. Anthony, M. Cohen, M. Farkas and *Book on Care* by A. Bakk & K. Grunewald. Committee also has supported a booklet by LCHRES, *A Guide to Patient's Rights: Information for Mentally Ill Patients and Their Relatives*.

There will be organised seminars on joint strategy against illnesses of dependence and financed the establishment of a psychiatric department at the Jēkabpils somatic hospital in the nearest future.

Queen Juliana Foundation (Netherlands)

Since 1996 Queen Juliana foundation has allocated NLG 210 000 (USD 84 000) for the projects of psychiatric assistance. The funding has been allocated to *Rūpju bērns*, the rehabilitation centre *Līdzās*, *Rūpju bērns* of Liepāja and the school *Patnis*.

World Bank

In 2000 the Mental Health Care Centre and Health Promotion Centre in the framework of the Health reform project (Chapter – The reform of public health) implements a project with the aim to promote mental health in society, to decrease suicides and to overcome crisis situations. The project includes the training of crisis specialists in the Valmiera, Balvi, Gulbene, Alūksne and Rēzekne districts.

The Committee of Oberfranken district, Germany

Since May 1998 there has been implemented a collaboration project with the Mental Health Care Centre on exchange of experience in the rehabilitation of the mentally disabled. There has been organised seminars on topical issues, such as involuntary commitment, depression, and occupational therapy. The specialists of Latvia has had an opportunity to practise for 10 – 18 days in clinics in Germany.

US Peace Corps

In 1997, it supported a project for the establishment of a day care centre of Jelgava Mental hospital, USD 3000.

Soros Foundation-Latvia

In 2000, the Soros Foundation-Latvia engaged in the OSI program *Mental Disability Advocacy Program*. There was organised a project tender with the aim of providing community-based alternatives to institutionalisation for people with mental disabilities. The following projects were supported:

1. Jelgava Mental hospital *Ģintermuiža* – the extension of the psycho-social rehabilitation department “Day Care centre”, Ls 6986 (USD 11 643)
2. *Rūpju bērns* of the Latgale urban district of Rīga – the establishment of first group housing in Latvia for the mentally retarded: the training program for staff, families and clients, Ls 5400 (USD 9000)
3. Jelgava Mental Hospital *Ģintermuiža* – the establishment and training of mobile teams for outpatient psychiatric assistance in Jelgava, Ls 5386 (USD 8976)

Several projects there have been supported outside of the tender:

1. Purmsāti Special boarding school – the social adaptation model *Hope* for mentally retarded juveniles, Ls 1495, 60 (USD 2492)

2. Latvian association *Rūpju bērns* – the advocacy of interests and rights of mentally retarded through raising the competence level of society, Ls 11 875 (USD 19 532)

1999

Health Care Initiatives program

Mental Health Care Centre – Increasing public understanding of depression as a mental illness, USD 3290

Education Transformation program – Initiative support

Purmsāti Special Boarding School – “The Joy of Living” – implementation of an interdisciplinary integration model, Ls 1 992 (USD 3320)

Human Rights and Ethnic Tolerance program

Latgale Suburb Division of the Latvian organisation for disabled children “Rūpju bērns” – “Art is Communication” – organisation of “Solis”, the first amateur artists festival for mentally handicapped children, Ls 1 885

Latgale Suburb Division of the Latvian Association “Rūpju bērns”, A Latvian language program for parents who have children with special needs, Ls 2 600

1998

Health Care Initiatives program

Mental Health Care Centre – Development of a suicide prevention service, USD 5212