

toolkit summary

what is institutionalisation
and how to promote

deinstitutionalisation



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Armenia lacks versatile mental health services offered to persons with mental health challenges. The few services are available in psychiatric and residential care institutions inherited from the Soviet Union.

In 2010, Armenia's ratification of the UN Convention on the Rights of Persons with Disabilities set up an obligation to close residential care and psychiatric institutions, to not open new institutions and to not adopt new service policies which entail institutionalisation. At the same time, Armenia committed to develop rights-based, versatile and multidisciplinary services that secure the protection of persons with mental health challenges and meet their needs. Armenia lags behind in implementing this entire process constituting **deinstitutionalisation**.

For the purposes of deinstitutionalisation, there is need, *inter alia*, to fill in the information gap enabling the public to understand which services and/or facilities constitute an institution. In other words, which components make a service institutional (with institution-specific elements)?

This is important, as neither in policy development, nor in professional, civil society and wider social

discussions, are public perceptions around the following issues unified:

- ⇒ which services constitute institutional services?
- ⇒ how can we fight for closing these services down and not opening similar ones and instead, develop new community-based services.

The goal of this toolkit is to review, summon and present answers to the following questions:

- what constitutes an institution, what is institutionalisation?
- what are the elements of an institution, institutionalisation?
- how does institutionalisation impact women* and children?
- how can we avoid creating institutions?
- how can deinstitutionalisation be achieved?

To address the above-stated questions, the toolkit briefly starts from presenting the historic injustice carried out towards persons with mental health experiences, which continues up to date, with prisons replaced by patient wards. The toolkit describes institutionalisation and the elements inherent to an institution and describes the types of institutions operating in Armenia. These include both residential care and psychiatric institutions,

centers for social care, elderly care, boarding schools, and those group-homes or small houses, children's villages, transition homes and other group-based facilities presented by the state as community-based services, which, however, unquestionably contain institutional elements.

The authors of this toolkit would like to emphasize that absence of one or more institutional elements, reforming or ruling out one or more institutional elements, is not sufficient for **not** considering a facility, its services, its environment an institution.

The authors reinstate their position in the toolkit **that institutions make inequalities and abuse permanent**. They particularly hone in on the impact of institutions on women* and children.



Women*

Psychiatric and residential care institutions have historically been sites of gender oppression. Women were often institutionalized for they behavior that was considered "non-compliant" with patriarchal notions, such as expression of autonomy or challenging traditional gender roles.

In their daily lives and particularly in institutions, women* with any mental health experience and/or

disability face multiple forms of discrimination on grounds of their gender identity, gender expression, state of mental health and/or disability.

Psychiatric and residential care institutions make gender inequalities permanent.

The experiences of women* placed in these institutions are mainly shaped by gender norms and power dynamics, wherein during psychiatric and care interventions women* may more frequently than others be subjected to sexual abuse, forced sterilization and other medical interventions without informed consent.

The toolkit also addresses the **importance of access to justice** for women, emphasizing the minimal reasonable adjustments that must be ensured in the process of deinstitutionalisation, including:

- ✓ **ruling out any restriction of legal capacity:** everywhere, women* have the right to stand in front of the law (legal standing) and any derogation of or reservation from this right is prohibited even in states of emergency;
- ✓ **accessibility of procedures: clear and easy to understand information** (availability of easy-read materials, information adjusted to



the needs of women* with various types of disabilities);

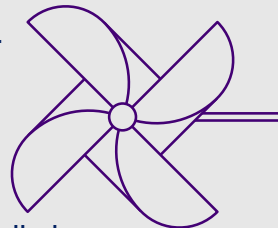
- ✓ **free legal counseling;**
- ✓ **effective remedies** in case they need to report to law enforcement bodies while still in institutions.

The authors emphasize that the above-listed issues must be taken into account in the design and entire implementation of deinstitutionalisation, however a particular emphasis is made on the premise that **women*** are not a uniform and homogeneous group **and have varying experiences and needs**, therefore any approach taken should not be a group-based approach.

According to the authors, it is clear that deinstitutionalisation in a legal sense is not sufficient and it is necessary to address the structural inequalities which create challenges for the lives of women*, such as poverty, systemic sexism, violence, discrimination, lack of mental health and sensitive social-healthcare service.

Children

Studies on child development indicate that family is the most favorable environment fostering the



development of the child. No matter how well-equipped a residential care institution may be with facilities and high-quality staff, it can never recreate the same environment fostering the development of the child.

In the context of the rights of children, an "institution" is any non-family-based facility. Institutions pretending to be "family-based" do not amount to an alternative to a family and family care.

The authors stress that institutionalisation can never be considered a form of protection for children with disabilities.

In institutions, children are more dependent, depersonalized, they cannot fully exercise their rights and are isolated from the society. This is more poignant in regards to children with disabilities.

In order to organize a family-based care for children with disabilities, a supportive environment must be secured by the following means:

- ✓ changing public perceptions on the experience of disability, wherein the public is supportive of families with children with disabilities on an equal basis,



- ✓ providing access to all those services designed for children with disabilities without detaching them from the family environment.

The toolkit also points out the importance of activities that exclude and do not reinforce institutions and emphasizes that **local and international finances must not be directed in support of institutions, various forms of institutional care, children's villages or group-homes or small homes created for children.** Group-homes (regardless of being small or large) are particularly harmful for children.

Instead, it is crucial to carry out an in-depth tailor-made assessment of the needs of children with disabilities living in residential and special social protection institutions, the results of which will lead to setting up an individual plan of care during a child's deinstitutionalisation by simultaneously expanding the geography of community-based social and particularly professional services. Establishment of a network of such services will safeguard from risks of reinstitutionalisation after leaving institutions.

The authors are emphasizing that children must have an opportunity to exercise their right to be

heard, they must express their will and preferences and must be engaged, age-specific, maturity- and need-specific, in matters of personal choice and public policy making.

The authors are reinstating their position that **being in an institution can never be interpreted as a "choice" made by the child with disabilities.**

The authors also discuss deinstitutionalisation in the context of the right to independent living and being included in the community by emphasizing that **independent living and inclusion in the community is not possible in any institution.**

The toolkit also talks about the question of **how to get prepared to deinstitutionalisation and what services need to be put in place in Armenia.**

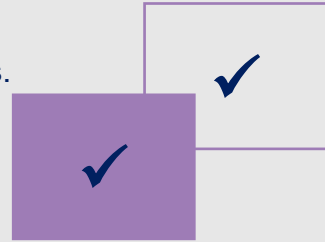
The authors state that persons who were formerly engaged in management of institutions in any manner or who promoted institutionalisation in one way or another, should not participate in the processes of deinstitutionalisation.

Highlighting the outstanding positive outcomes of deinstitutionalisation, the authors describe what will be the potential results of deinstitutionalisation and

the systemic changes that will follow and detail the personal experiences of persons who lead independent living and have returned to community.

The toolkit may be useful for:

- ✓ individuals and institutions developing policies, proposing policy improvement;
- ✓ professionals operating in this sphere;
- ✓ organizations/structures providing services in this sphere;
- ✓ researchers and other stakeholders.



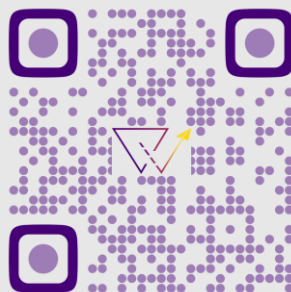
The toolkit may be used as:

- ✓ a guideline for defining the legal scope and practices of services operating in this sphere in Armenia, their improvement and reforms;
- ✓ a benchmark for current services (or service-providing organizations) or planned new models of services which can be further developed as domestic standards;
- ✓ reference material for researching issues related to this topic.

The authors will be glad to engage in discussions and activities aimed at designing and developing deinstitutionalisation services, to share their knowledge and to participate in the process of deinstitutionalisation in Armenia.

A thorough examination of the raised issues and recommended solutions is available in the Armenian edition of the toolkit.

for the Armenian version,
please scan the QR code:



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