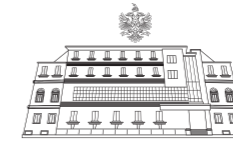


REPUBLIKA E SHQIPËRIË  
MINISTRIA E SHËNDETËSISË  
DHE MBROJTJES SOCIALE

# MENTAL HEALTH ACTION PLAN ALBANIA

2023  
2026





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With the support of World Health Organization



**ABBREVIATIONS**

ADHS	Albanian Demographic and Health Survey
AP	People's Advocate/The Ombudsperson
AHSCQA	Agency for Health and Social Care Quality Assurance
EU	European Union
CPT	European Committee for the Prevention of Torture, set up by the Council of Europe
GDP	General Directorate of Prisons
RDHCSO	Regional Directorate of Primary Health Care Services Operator
RDSSS	Regional Directorate of State Social Service
CHIF	Compulsory Health Insurance Fund
HBSC	Health Behavior in School-Aged Children
ICD	International Classification of Diseases
IPA	Instrument for Pre-accession Assistance
SHI	State Health Inspectorate
IPH	Institute of Public Health
CRPD	UN Convention on the Rights of Persons with Disabilities
NCMH	National Committee of Mental Health
CAD	Commissioner Against Discrimination
PHC	Primary Health Care
MES	Ministry of Education and Sports
MoJ	Ministry of Justice
MHPS	Mental Health and Psychosocial Support
MHSP	Ministry of Health and Social Protection
UHC	Universal Health Coverage
LHCU	Local Primary Health Care Unit
LSGU	Local Self-Government Unit
WHO	World Health Organization
UN	United Nations Organization
HCSO	Health Care Services Operator
SDG	Sustainable Development Goals
PWD	Persons with Disabilities
MTBP	Medium Term budget program
OPC	Official Publications Center
CMHC	Community Mental Health Center
NTRCC	National Therapeutic and Rehabilitation Center for Children
UHCT	University Hospital Center of Tirana
HC	Health Center
RCC	Regional Cooperation Council
RCMH	Regional Center for Mental Health
SEEHN	South Eastern European Health Network
NCD	Non-communicable diseases
CVD	Cardio-Vascular Diseases
NSDI	National Strategy for Development and Integration
ToT	Training of Trainers
UM	University of Medicine
UNICEF	United Nations Children's Fund
DCM	Decision of the Council of Ministers
VKM	Vendim i Këshillit të Ministrave

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# INTRODUCTION

Mental health is the state of mental well-being that enables people to cope with the stresses of life, realize their potential, learn and work, and contribute to their community. It is an integral component of health and well-being that supports our individual and collective skills to make decisions, build relationships and shape the world we live in. Mental health is a basic human right and is essential for personal, community and socio-economic development<sup>1</sup>.

Therefore, promotion, prevention, treatment, rehabilitation, care and recovery are considered the main indicators in response to mental health problems worldwide<sup>2</sup>.

In this perspective, MHSP has prioritized mental health in its 2030 Agenda, formalized in the national strategic health document, also aiming to fulfill the priorities of the UN SDGs, and pursuant to the NSDI.

The Mental Health Action Plan 2023-2026 is developed in support of the three previous plans in this area and reflects the development approach at the end of the Action Plan for the Development of Mental Health Services in Albania 2013-2022, drawn up pursuant to the Policy for Development of Mental Health Services in Albania (2003). This new policy document on mental health is in full compliance with the strategic framework in the field of health and social protection and inclusion, and in human rights.

The Mental Health Action Plan supports the “there is no health without mental health” principle, identifying strategic objectives and intervention measures based on post-pandemic challenges and sector developments towards universal health coverage and aims to provide sustainable solutions to respect the human rights and fundamental freedoms and persons with disabilities.

This action plan aims to provide a comprehensive approach to children and adolescents, young people, the elderly, persons with mental disabilities, migrants, victims of violence and trafficking, etc., as groups in need of special mental health care.

1 WHO. Strengthening our response. 2022. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>  
 2 WHO. Integrated Action Plan for Mental Health 2013-2030 <https://www.who.int/publications/item/9789240031029>

# SITUATION ANALYSIS

## Facts about mental health

Mental health and personal well-being are threatened by personal, social, and environmental factors, such as poverty, unemployment, social exclusion, violence, conflicts, or emergency situations.

Mental health problems can appear at any age. Childhood and adolescence are important raising and developmental periods. Therefore, adverse experiences and situations during these early stages of life can have detrimental effects on the development of cognitive and emotional skills or well-being and mental health in the future.

The WHO European Framework for Action on Mental Health, in its assessment of the mental health situation for the region, highlights that the number of persons with mental health disorders (including depression, anxiety disorders and psychosis in adults, as well as developmental and behavioral disorders in children and adolescents) in 2019 was reported at 125 million, or 13% of the population of the European region. When these and other cases refer to disability, persons with mental health issues account for 15% of those living with a disability. Globally, the number of suicides in 2019 was reported at 119,000, highlighting the increased number of suicides among young people<sup>3</sup>. Meanwhile, the COVID-19 pandemic significantly exacerbated the health and socio-economic consequences of people suffering from mental health disorders, increasing the need for services and support.<sup>4</sup>

In terms of *social impact*, the long-term social implications of the pandemic remain to be explored, but what is already very evident is that such impacts will be large and long-term, with an increasing demand for mental health support and psychosocial support<sup>5</sup>.

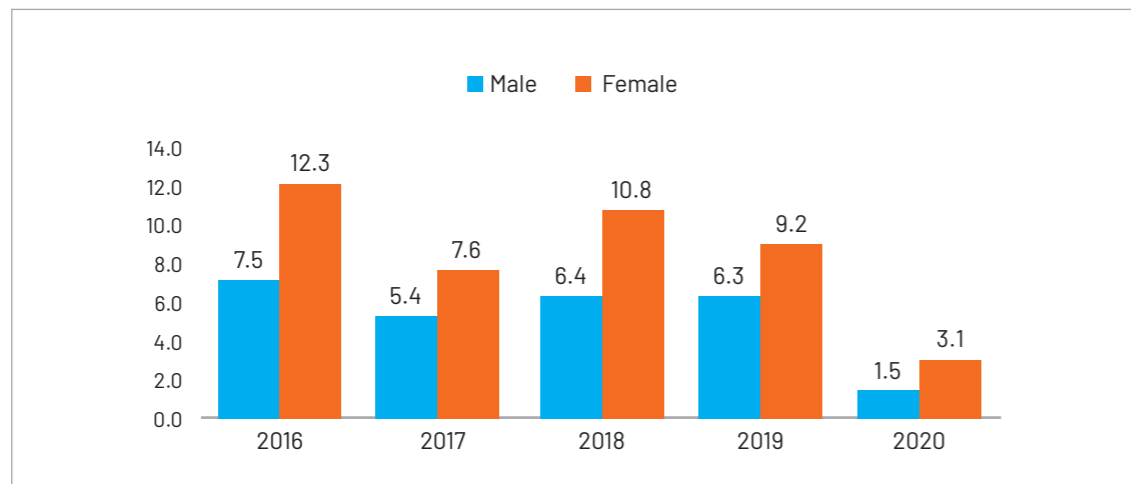
Even before the COVID-19 pandemic, exposure to negative mental health determinants and population aging in the European continent led to a significant increase in the prevalence and burden of mental health diseases in the last 30 years (since 1990)<sup>6</sup>.

From this perspective, the Albanian context displays problems similar to those in the region. According to UNICEF, the decline in fertility<sup>7</sup> (with a decrease in the fertility rate from 2.1 to 1.8 children per woman) and the aging of the population (with an increase of 15% of the population over 65 years old) are important factors, with a direct impact on the quality of life, and consequently, on the needs for health care, including mental health care. Research data report that 1 in 3 people (regardless of their age) show signs of depression. Physical and psychological violence is reported as predominant in 50% of childhood abuse cases<sup>8</sup>.

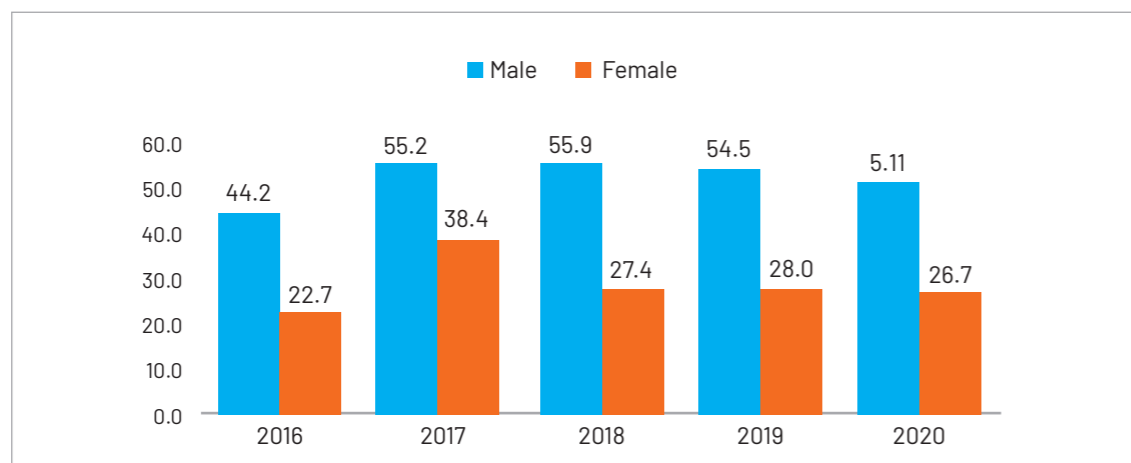
3 WHO. Global health assessments: life expectancy and leading causes of death and disability. In: Global Health Observatory 2019. <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>. 2022  
 4 WHO. European Regulatory Framework for Action on Mental Health 2021-2025  
 5 Source: <https://www.who.int/news-room/feature-stories/detail/the-impact-of-covid-19-on-mental-health-cannot-be-made-light-of>  
 6 Source: <https://www.who.int/health-topics/social-determinants-of-health>  
 7 UNICEF, Analysis of the situation of children and adolescents in Albania. 2021. <https://www.unicef.org/albania/media/4071/file/Situation%20Analysis%20of%20Children%20and%20Adolescents%20in%20Albania.pdf>  
 8 Idem.

The Demographic and Health Survey 2017-2018<sup>9</sup> highlights that women are more exposed to depression than men. 13% of girls and women and 18% of boys and men aged 15-59 reported feeling depressed for a long time. Meanwhile, in Albania, although the mortality rate from suicides, reported in 2018, remains significantly below the European average, with 2.8 per 100,000 women and 6.2 per 100,000 men, attention should continue to focus on their prevention and addressing challenges as appropriate.

During the COVID-19 pandemic, during 2020 in Albania, alcohol and drug use hospitalizations fell drastically (chart 3), while mental health hospitalizations, such as schizophrenia, remained stable (chart 4), regardless of the pandemic. This shows that rates have continued to remain more or less constant for serious mental health problems, while the drop in alcohol, drug and anxiety categories hospitalizations was due to the effects of the restrictive measures in the COVID-19 pandemic.<sup>10</sup>



**Chart 3:** Anxiety disorders and alcohol or drug addiction, hospitalizations by gender per 100,000 inhabitants



**Chart 4:** Schizophrenia, hospitalizations by gender per 100,000 inhabitants

A study by the Department of Public Health at the University of Medicine (2020) with the participation of 2,200 health professionals reported problems of anxiety, stress, and depression due to the pandemic.

<sup>9</sup> Institute of Statistics, Institute of Public Health, ICF, 2018. Albania Demographic and Health Survey 2017-18.

<https://dhsprogram.com/pubs/pdf/FR348/FR348.pdf>

<sup>10</sup> Source: IPH

Regarding the age group of children, adolescents and young people, it is difficult to measure and especially address mental health concerns in this age group without understanding the contexts that create concern. A mix of genetics, experiences, and environmental factors from the earliest days of childhood, including parenting, schooling, quality of relationships, exposure to violence or abuse, discrimination, poverty, humanitarian crises, and health emergencies can shape and influence the mental health of children, adolescents and young people throughout their lives. On the other hand, parental love and understanding, a supportive school atmosphere, and positive peer relationships can all help reduce the risk of mental disorders, as summarized in the table below.

*Table 1: Support/protection and risks of different contexts*

Context	Risks	Protection
<b>Family</b>	Neglect and abuse. Young people need more support than parents	Loving parents and caregivers provide understanding and support often provide
<b>School</b>	High academic pressure, unsupportive and abusive teachers.	Safe and supportive school environments
<b>Peers</b>	Abusive and bullying peers	Positive peer relationships, friendships, trust

Meanwhile, according to the Health Behavior in School-Aged Children (HBSC) studies conducted in 2014 and 2018 in Albania, there is evidence that indicators such as low mood or sleeping difficulty in 2018 improved compared to 2014, or remained at the same levels, while feelings of irritation and nervousness showed an increasing trend. Boys were consistently more likely to report better mental well-being, and these gender differences increased with age. The prevalence of nervousness, and low mood, increases with age in girls, as shown in the table below.

Feeling low mood more than once a week						
	11 years old		13 years old		15 years old	
	2014	2018	2014	2018	2014	2018
Girls	12%	9%	24%	20%	38%	30%
Boys	12%	8%	14%	17%	18%	16%
Feeling irritated more than once a week						
	11 years old		13 years old		15 years old	
	2014	2018	2014	2018	2014	2018
Girls	13%	19%	21%	34%	37%	40%
Boys	10%	14%	12%	21%	18%	20%
Feeling nervous more than once a week						
	11 years old		13 years old		15 years old	
	2014	2018	2013/14	2017/18	2013/14	2018
Girls	15%	24%	26%	31%	39%	41%
Boys	12%	17%	16%	18%	22%	24%

Sleeping difficulties more than once a week						
	11 years old		13 years old		15 years old	
	2014	2018	2014	2014	2018	2014
Girls	9%	10%	8%	14%	20%	20%
Boys	8%	9%	9%	16%	11%	11%

Table 2: Some indicators from the Health Behavior in School-Aged Children (HBSC) studies conducted in 2014 and 2018 in Albania

## Orientating developmental framework of the action plan

The 2030 Agenda for Sustainable Development Goals (SDGs)<sup>11</sup> considers health vital for the future of the world and requires commitment from all countries and health care sectors and not only, to ensure healthy lives and promote well-being for all, at all ages, leaving no one behind. Although the Agenda dedicates one SDG to health: *SDG 3 "Ensure healthy lives and promote well-being for all at all ages"*, it is also linked and contributes to the development and implementation of other SDGs, in different ways and forms, particularly in mental health and human rights, because of the close links between mental health and other goals, including equality, inclusion and justice.

This global initiative for sustainable development has been instrumentalized by WHO/Europe in the European Work Program 2020-2025.

In terms of WHO's strategic context in the field of mental health, the *Comprehensive Plan of Action for Mental Health 2013-2030*<sup>12</sup>, with the extension of the deadlines from 2020 to 2030 and the update of 2021, defines clear actions to promote mental health and well-being for all, to prevent mental health disorders for those at risk and to achieve universal coverage for mental health services. The updated action plan includes new and updated indicators and implementation options, while the four main objectives remain unchanged: more effective leadership and governance for mental health; provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of the promotion and prevention strategies; and strengthening information, data and research systems.

Meanwhile, the *WHO European Framework for Action on Mental Health 2021-2025*<sup>13</sup> provides a coherent basis for intensified action to integrate, promote and protect mental well-being as an integral element of the response and recovery from COVID-19; to combat stigma and discrimination related to mental health problems; and advocate and promote investment in accessible mental health services. The implementation and monitoring of this Action Framework is strengthened by the establishment and functioning of the Pan-European Mental Health Coalition, a key initiative of the WHO European Work Program 2020-2025 that Albania has acceded, too<sup>14</sup>.

The Convention on Human Rights, the Convention on the Rights of Persons with Disabilities and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatments or Punishments, and the recommendations of the *European Committee for the Prevention of Torture and Inhuman or*

11 <https://sdgs.un.org/2030agenda>

12 <https://www.who.int/publications/i/item/9789240031029>

13 <https://www.who.int/europe/publications/i/item/9789289057813> WHO, 2021. <https://apps.who.int/iris/bitstream/handle/10665/344609/WHO-EURO-2021-3147-42905-59865-eng.pdf?sequence=1&isAllowed=y#:~:text=The%20WHO%20European%20Framework%20for,mental%20health%20and%20well%20being>

14 Source: <https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition>

*Degrading Treatment or Punishment of the Council of Europe*<sup>15</sup>, for the prevention of ill-treatment of persons deprived of their liberty, remain essential in the work for the preparation of the Mental Health Action Plan 2023-2026.

The *National Strategy for Development and Integration*<sup>16</sup> (NSDI) is the main cross-sectoral strategy of Albania, which combines the EU integration agenda with the sustainable development of the country (SDG), projecting the vision of democracy and socio-economic development of the country through sustainable economic growth, increased welfare standards and the protection of human rights. This document echoes the community approach in the development of mental health services. The new 2030 strategic document identifies that mental health care will also be important, as it enables people to realize their mental and emotional potential and to successfully face challenges, thereby contributing to the communities in which they live.

In the framework of the *European integration process*, mental health issues are mostly dealt with under chapter 28 "Protection of consumers and public health", sub-chapter "Public Health". The EU *Acquis Communautaire* package on mental health is part of the "Soft Acquis". This package mainly includes: Council Conclusions on the "European Pact for Mental Health and Well-Being: results and future actions"; Council Conclusions of 15 November 2001 on combating stress and depression-related problems; Council Conclusions, of 2 June 2003, on combating stigma and discrimination related to mental illness; Conclusions of the Council of 3 June 2005 on Community Mental Health Action. In addition, the Package of Joint Actions and the documents drawn up pursuant to it, are part of the *Acquis* on mental health covering mental health issues, such as: whole-of-policy mental health, mental health and schools, towards community-based comprehensive mental health and social services, mental health in the workplace and prevention of depression and suicide, and e-health, etc., which project the development path of mental health in the framework of the European integration.

The *National Health Strategy 2021-2030 and its Action Plan*, approved by DCM No. 210, dated 06.04.2022<sup>17</sup>, remains the main strategic document in the field of health, determining that the treatment of mental health disorders requires policies, sustainable, culturally adapted awareness programs, building the human resources capacities, improving access to mental health services through integration with primary health care and utilization of existing care pathways. Future strategies aimed at treating mental health need to consider the heavy physical burden associated with mental health problems, prioritize workplace interventions and, most importantly, address the deterioration of the population's mental health from the COVID-19 pandemic. Mental health issues are mostly addressed under *Policy Goal I "Investment in the health of the population across the life course"* of this document, namely in *Specific Objective 6 "Improvement of socio-health (integrative) mental health support programs, and resources and capacities for early detection of and interventions in mental health disorders"*. Different aspects of mental health are also addressed in other policy goals, such as "Progress towards universal health coverage", "Strengthening the integrated health system", "Strengthening the system's response to emergencies", and "Digital health".

15 Source: KPT, 2020. The last report on Albania, which guided the legal amendments to the law on mental health; <https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-publishes-the-response-of-the-albanian-authorities-to-the-report-on-the-2021-visit>

16 [https://www.kryeministria.al/wp-content/uploads/2017/09/SKZHI\\_FINAL\\_OBZ.pdf](https://www.kryeministria.al/wp-content/uploads/2017/09/SKZHI_FINAL_OBZ.pdf)

17 <https://www.qbz.gov.al/eli/vendim/2022/04/06/210/8590c194-dc8b-4fa3-aa49-4140d87e11bb;q=strategjia%20kombetare%20e%20shendetesise>

Mental health has been given a special focus at the PHC level, through special provisions in the first strategic document “*Strategy on the Development of Primary Health Care Services, the Development of Primary Health Care 2020-2025*”<sup>18</sup>, approved by DCM No. 405, dated 20.5.2020. This document aims to provide integrated, quality, accessible, affordable, and timely health care for the entire community, through the creation of new service models to cover the locally identified needs at community level, such as prevention and control of non-communicable diseases (NCDs), home care service for the elderly, care models through digital technology, especially in remote areas, public health service delivery, etc., and better access of vulnerable communities to health care services in fulfillment of the long-term objective: UHC. Strengthening HCs with integrated socio-health services (increased psychosocial staff in PHC teams), with the main focus on mental health problems, but also services for children and young people and palliative care, is one of the most ambitious interventions of MHSP within the framework of the PHC development, which has already started its implementation.

The strategic framework for NCDs (*Program for the Prevention and Control of Noncommunicable Diseases (NCDs) 2021-2030 in Albania*)<sup>19</sup>, identifies that mental health is important for the prevention and effective management of NCDs, because it interacts with physical health in many ways and is a common comorbidity. The NCD mortality is two to three times higher in persons with mental health problems. Chronic stress, loneliness or social isolation increases the risk of newly diagnosed coronary heart diseases. Short-term emotional stress can trigger cardiac episodes in individuals with advanced atherosclerosis, and long-term stress can increase the risk of recurrent coronary heart disease episodes and mortality among those with existing diseases. In addition, psychological stress contributes to the worsening of asthma and in people with type 2 diabetes, it often increases blood glucose levels. Management of psychosocial risk factors has been recommended as part of a multimodal and patient-centered approach to CVD prevention in clinical practice. Given that half of mental health disorders begin before the age of 14, their prevention should aim to include children.

Meanwhile, the *Health Promotion Action Plan 2022-2030*<sup>20</sup> emphasizes the crucial role that health promotion plays in promoting healthy public policies and developing supportive health environments, improving social conditions and personal skills, including psychosocial conditions and mental health.

Under the strategic framework of social inclusion and the national and international legislation on human rights, centered on persons with disabilities, line ministries and institutions have defined clear objectives in the new strategic document for PWDs, “*National Plan for Persons with Disabilities 2021-2025*”<sup>21</sup>, placing mental health and behavioral disorders among the main measures and indicators for monitoring, aiming at the enforcement of the applicable legislation. The plan aims at inclusion and integration in society, prevention of discrimination and elimination of barriers to access to services and their rights.

Under the key strategic goals of the *Policy Document on the Reform of Disability Assessment in the Social Protection System and its Action Plan 2019-2024*<sup>22</sup>, in the last years, important interventions have been implemented for the protection and inclusion of persons with disabilities, including persons with mental disabilities, through the implementation of the Disability Assessment Reform, which is based on the review of the current disability assessment system, shifting from the medical assessment model towards the bio-psycho-social model.

18 Source: COP. 2022 <https://qbz.gov.al/preview/f61689e7-a6b0-4e0a-95a1-ec652c465d3f/fz>

19 [https://shendetesia.gov.al/Programi-Kombetar-i-SJT-2021-2025\\_compressed.pdf](https://shendetesia.gov.al/Programi-Kombetar-i-SJT-2021-2025_compressed.pdf) (shendetesia.gov.al)

20 [https://shendetesia.gov.al/wp-content/uploads/2022/10/Plani-i-Kombetar-i-Promocionit-Shendetesor\\_compressed.pdf](https://shendetesia.gov.al/wp-content/uploads/2022/10/Plani-i-Kombetar-i-Promocionit-Shendetesor_compressed.pdf)

21 <https://shendetesia.gov.al/wp-content/uploads/2021/11/Plani20Komb%C3%ABtar20p%C3%ABr20Personat20m20Aft%C3%ABsi20t%C3%AB20Kufizuar202021-2025-4.pdf>

22 Source: COP. 2022. <https://www.qbz.gov.al/eli/vendim/2019/06/05/380/e516592c-df01-4ceb-b320-bd77fae709ad;q=Dokumentit%20të%20Politikave%20të%20Reformës%20së%20Verësimit%20të%20Aftësisë%20së%20Kufizuar%20në%20Sistemin%20e%20Mbrojtjes%20sociale%20>

The new assessment criteria are based on the WHO's International Classification of Functioning, Disability and Health (children and adults have separate ICFs) and the International Classification of Diseases/ICD 10, and take into account the principles expressed in CRPD.

The child and adolescent age group, their health issues, including mental health, are also addressed in the document “*National Agenda for the Rights of the Child 2021-2026*”<sup>23</sup>. The agenda represents an important step in the achievement of national and international commitments in the field of children's rights while simultaneously addressing the most significant challenges in the implementation of issues related to and for children, including those caused by the COVID-19 pandemic. This document promotes the right of children to live in a clean and healthy planet and a protective environment, to relax, play and enjoy cultural and artistic activities and to enjoy, and respect the natural environment, through interventions for their best interest.

In the education sector, the *National Education Strategy 2021-2026*<sup>24</sup> and its action plan<sup>25</sup> is the basic document for the development of education with a 5-year mandate. MES vision for the education sector aims to build a qualitative education system that successfully addresses the individual needs of all children, pupils and students, treating them equally and with respect, based on their diversity.

The *Cross-Sectoral Justice Strategy 2021-2025*<sup>26</sup> foresees interventions aimed at protecting the mental health of persons with criminal status and multidisciplinary treatment and rehabilitation of persons with mental health disorders within this status, under Policy Objective 3 of this document “Building the criminal justice system on prevention, rehabilitation, reintegration and respect for human rights”.

Further measures to improve the treatment and care of persons with mental health disorders with imposed medical measures, strengthening the provision of health care for prisoners, including mental health care, are planned to be addressed in the new action plan for the prison system, which is being drafted, after the completion of the *Action Plan for the Development of the Prison System 2019-2022*<sup>27</sup>.

23 Source: UNICEF, 2022. <https://www.unicef.org/albania/sq/documents/agjenda-kombetare-te-drejtat-e-femijeve-2021-2026>

24 [https://arsimi.gov.al/wp-content/uploads/2021/11/Vendim-621\\_date-22.10.2021\\_Per-miratimin-e-SKA-2021-2026.pdf](https://arsimi.gov.al/wp-content/uploads/2021/11/Vendim-621_date-22.10.2021_Per-miratimin-e-SKA-2021-2026.pdf)

25 Source: DCM no. 621. Ministry of Education. <https://arsimiparauniversitar.gov.al/vendim-nr-621-date-22-10-2021-per-miratimin-e-strategjise-kombetare-per-arsimin-2021-2026-dhe-te-planit-te-veprimit-per-zbatimin-e-saj/>

26 Source: DCM no. 823. Ministry of Justice. <https://drejtesia.gov.al/wp-content/uploads/2022/01/VKM-Nr.-823-dt.-24.12.2021-%E2%80%9CStrategjia-Nd%C3%ABrsektoriale-e-Drejt%C3%ABsis%C3%AB-si-dhe-Plani-i-Saj-i-Veprimit-2021-2025.pdf>

27 Source: Strategic Plan of the General Directorate of Prisons. 2019-2021. <https://rm.coe.int/actionplan-prison-system/native/1680968ab1>

## Mental health services

There is a wide range of mental health services that can provide different forms of support (beyond specialist services) to persons with mental health disorders (physical or online formats), which are included in Table 3:

Table 3: Mental health services

Institutional context, system level,	Services
Pre-university education institutions	Peer counseling (school counselors) Psychological; Social; Educational support for children with disabilities
Primary Health Care	Medical Psychological; Social; Pharmaceutical
Community Mental Health Centers	Psychiatric; Psychological; Social; Rehabilitating (physiotherapy, speech therapy, occupational therapy, etc.).
Hospital service	Medical
Supported Homes	Medical; Psychological; Social; Rehabilitating (physiotherapy, occupational, etc.);
Specialized inpatient mental health services	Medical; Psychological; Social; Pharmaceutical
NTRCC,	Medical; Psychological; Social; Rehabilitating
Development Centers for PWD	Medical; Psychological; Social; Rehabilitating
Residential care centers for the elderly	Medical; Psychological; Social; Rehabilitating
Community	Informal support; Non-governmental associations

The introduction of new typologies of specialized community-based mental health services, respectively of CMHCs and Supported Homes led to reducing the number of hospital beds/ inpatient psychiatric services, with a particular focus on reducing the number of chronic residents accommodated in these services (persons with mental health disorders or mental disabilities accommodated for more than 5 years at these service centers). Such intervention enabled the two inpatient mental health service centers, in Tirana and Shkodra respectively, to now function as acute/ subacute service centers, according to the mandate of these services and within the framework of international strategies and guidelines supporting deinstitutionalization and transition to mental health services in the community. In this context, the process of reducing the number of psychiatric beds, implemented in parallel with the addition of community-based services, has dropped the number of beds in mental health services from 900 beds in 2000 to 600 in 2023.

As far as community services are concerned, 14 supported homes have been set up and are operating at national level, in which rehabilitating treatment is provided on an individual basis, for people with chronic mental health disorders, mainly former chronic residents of psychiatric hospitals. The "residents" age group ranges from 27 to 79 years old, presenting a great challenge for the design and implementation of individual rehabilitation and support plans, which dictates the need for the categorization of these services, within the typology of "supported homes". This reorganization should also address the growing need from the community for short-term rehabilitation services in order to avoid frequent and long hospitalizations of people with chronic and serious mental health disorders.

The hub of the integrated mental health service system is the Community Mental Health Center. So far, 10 CMHCs have been set up, 4 of which have multidisciplinary teams dedicated to children and adolescents, and have facilitated and supported persons with mental health disorders, focusing on severe disorders to live in the community.

For years now, the mental health service has been including a multidisciplinary treatment approach with psychiatrists, nurses, psychologists, social workers, occupational therapists, speech therapists, etc., whose number is increasing year by year under the implementation of the opening of medical specializations policy and implementation of other incentive policies.

Moreover, within the PHC reform, pursuant to the socio-health approach on the provision of services at this level of service provision, 50 psychosocial staff have been appointed to the HCs, in order to better address the needs of vulnerable groups, especially persons with mental health problems, aiming for better integration of mental health services in PHC. Other job profiles, such as physiotherapists and speech therapists, are recently being introduced to the PHC, enriching the multidisciplinary approach of the family medicine team at this level of service provision.



# EVALUATION OF THE NATIONAL ACTION PLAN FOR THE DEVELOPMENT OF MENTAL HEALTH SERVICES IN ALBANIA 2013-2022

The evaluation process of the National Action Plan for the Development of Mental Health Services 2013-2022 was undertaken during 2022, focusing on the implementation of the planned measures and interventions, identification of recommendations for an individual-centered approach, and integrated services that rely on social cohesion and human rights.

The methodology of this evaluation consisted of a detailed assessment of all interventions and activities carried out for the implementation of this action plan, vis-a-vis the activities foreseen for each intervention level (policy level, service level, human resources level and promotion level), the expected results and deadlines for their implementation, and collection of data from various sources of central and/or local institutions (MHSP, HCSO, CHIF, IPH, AHSCQA, etc). In addition, mental health service needs were assessed, especially for children, adolescents and young people, as a missing component in the previous action plan, taking into account the recommendations of WHO, UNICEF dhe RCC/Youth Lab on Mental Health, etc.

The findings of this evaluation are the basis on which the new Mental Health Action Plan was drawn up, taking into special consideration the national and international strategic documents developed in recent years in this field, with measurable and well-defined indicators.

This in-depth reflection process guided the preparation of the new action plan 2023-2026, based on the recommendations organized according to the following intervention levels.

**Policy level:** Reorganization of governing mechanisms at the central and local levels, including the contribution of mental health service users and their family members, and strengthening the regulatory framework in the field of mental health;

**Service level:** Strengthening community services in assessing needs according to age group, gender and the post-COVID-19 situation, through the accelerated processes for the deinstitutionalization and decentralization of mental health services and the standardization and strengthening of socio-health services for the preparation and support for independent living of persons with mental health disorders, including the introduction of digitalization and information technology in mental health.

**Human resources level:** Increasing the number of staff dedicated to socio-health services and their continuous strengthening, and standardizing the practice of professional profiles.

**Promotion level:** Development of interventions for the promotion and protection of mental health, with a focus on the age group of children and adolescents, young people and the third age, and on the workplace, hand in hand with the implementation of preventive programs. Recognizing the prevalence of mental health problems in the general population and specific age groups, and the effectiveness of these prevention programs in reducing such prevalence.

# MENTAL HEALTH ACTION PLAN 2023-2026

Mental Health represents an integral part of an individual's ability to think, experience emotions, interact with others, earn a living and enjoy life<sup>28</sup>.

The new Mental Health Action Plan aims to renew the MHSP commitments on the protection and improvement of the mental health of the population towards Universal Health Coverage, through integrated health and social interventions, in addressing the health challenges of the present and the future, and based on the lessons learned in the past.

This document was drafted in line with the regulatory framework in force on health care, mental health and related services, and international commitments undertaken by the ratification of international law in order to guarantee fundamental rights and freedoms, with a focus on disability and vulnerable groups of the population, such as children, adolescents and young people.

This document is in line with the commitments of the Albanian Government in the European Integration process.

## VISION

Positive mental health and personal well-being for every citizen of the Republic of Albania.

## PURPOSE

This Plan aims to promote care for the mental health and well-being of every citizen in the Republic of Albania, through health and social care for mental health disorders, across the life course, through integrated socio-health programs, prevention and awareness of vulnerable groups, and development of information systems and research.

## PRINCIPLES

The new Action Plan is based on the following principles:

1. *Universal health coverage*

Regardless of age, gender, socio-economic status, race, ethnicity or sexual orientation, and following the principle of equality, persons with mental disorders should have access to basic health and social services that enable them to achieve recovery and the highest achievable health standard.

28 WHO. Mental health. 2016. <http://www.who.int/mediacentre/factsheets/fs220/en/>  
Reference for terms and definitions Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/key-terms-and-definitions-in-mental-health#health>)

2. *Human rights and inclusiveness*

Strategies, actions and interventions in mental health, for treatment, prevention and promotion, must be in line with the human rights conventions ratified by the Albanian state and the national legal and regulatory framework in this field.

3. *Evidence-based practice*

Mental health strategies and interventions for treatment, prevention and promotion should be based on scientific evidence and/or best practices, taking into account the cultural context.

4. *Integrated approach across the life course*

Mental health policies, plans and services should consider health and social needs at all life course stages, including infancy, childhood, adolescence, youth, adulthood and old age.

5. *Socio-health and cross-sectoral approach*

A comprehensive and coordinated response to mental health requires better integration of health and social interventions, but also a partnership with multiple public sectors, such as education, employment, justice, housing, and with the private or non-public sector.

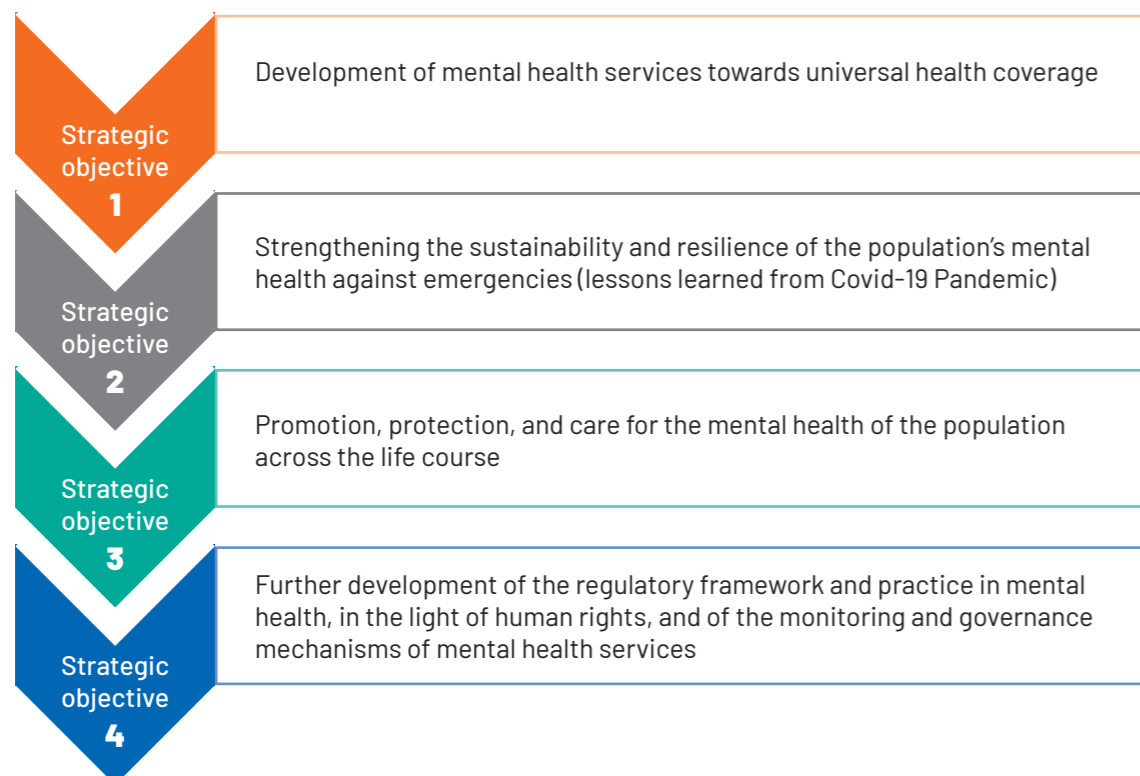
6. *Empowerment of persons with mental health disorders and mental disabilities*

Persons with mental health disorders and mental disabilities should be empowered and supported to live independently and to contribute to the community in which they live.

7. *Gender sensitive intervention*

The strategic document on mental health should ensure appropriate gender sensitivity, including interventions targeting the special needs of both men and women.

The purpose of this document is intended to be achieved through the implementation of 4 Strategic Objectives.



## Strategic objective 1:

**Development of mental health services towards universal health coverage**

**Expected results:** The mental health service typologies at all levels of care have improved; vulnerable categories of the population have been identified and focused upon; human resources have improved; the infrastructure has expanded, also through the commitment of the local government; the national data system offers opportunities for research and studies, responding to the complex needs of the population for integrated life-course socio-health services.

The integration of mental health services within Primary Health Care is one of the main directions of the strategic development of mental health services towards UHC, taking into consideration the COVID-19 pandemic impact. The two-way strengthening of community services specialized in mental health together with the better integration of mental health services in the primary care system (qualification of the general practitioners and integration of psychosocial services at this level of service provision) is important for implementing the process of deinstitutionalization and decentralization of these services, in order to guarantee care across the life course. Continuous support for increasing the capacity to provide these services, through the standardization of tools and protocols and referral mechanisms, or continuous professional training activities in the field of mental health, (treatment, recovery, prevention, respect for the dignity and human rights, etc.) are fundamental elements in increasing access to and quality in mental health services.

## Strategic objective 2:

**Strengthening the sustainability and resilience of the population's mental health during emergencies (lessons learned from COVID-19 Pandemic).**

**Expected results:** Vulnerable categories of the population have been identified and focused upon; human resources have improved through mental health and psychological support; the infrastructure has expanded through the commitment of the local government; the legal and administrative framework has improved to address emergency plans, with a focus on mental health; the national data system offers opportunities for research and studies.

Data shows that the spread of COVID-19 severely affected the mental health of the population, generating widespread worry, stress and anxiety. Meanwhile, the people who were infected, and their close contacts, had an increased anxiety related to being at risk of the most severe forms of the disease, with more long-term implications or fatal consequences. It has been found that strict measures to contain the further spread of the disease, such as isolation, lockdowns and closures of schools and workplaces, had an effect on mental health for many people opposite to the effect on protection from infection, especially among children and adolescents. But it has had the greatest impact on people with previous mental health problems and those with mental disabilities.

Furthermore, personal contact was harshly restricted and replaced by remote modes of support; staff and infrastructure were reorganized and inpatient institutions were isolated because of the risk of infections or deeper isolation. The pandemic impacts have started to be felt in the increased demand for psychosocial support and mental health care, especially among the most vulnerable

groups of society that were most affected by restrictive interventions, such as children, adolescents and young people, persons with mental health disorders, the elderly, etc. This Action Plan aims to address these issues by heeding the preparations for intervention plans related to coping with and recovering from emergencies.

The interventions also focus on improving mental health and the psychosocial support of the health and social service providers themselves, in coping with different types of emergencies.

The regulatory framework, intervention protocols and treatment and follow-up plans require continuous improvement of the human resource capacities (direct service providers) to address emergency measures.

### Strategic objective 3:

**Promotion, protection, and care for the mental health of the population across the life course.**

**Expected results:** More conscious and resilient communities for the protection and promotion of mental health and well-being, and access to and appropriate use of mental health services; increased number of different sectors involved in the promotion of mental health, cognitive interventions, and evidence on the mental health of the population; vulnerable categories of the population have been identified and focused upon.

Health has several components, regardless of the narrow perception related to the presence or absence of a disease, and in the multitude of these components, a specific role is played by the mental health component. Mental health and personal well-being are put at risk by a variety of individual, social and environmental factors, including poverty, unemployment, social exclusion, violence, conflict and different types of emergencies, such as the case of the SARS-CoV-2 pandemic (COVID-19). Strategic interventions for its promotion and protection must be implemented at a horizontal level, with a cross-sectoral approach; and at vertical level from the systems to the individual.

Interventions in the mental health promotion must apply a comprehensive, person-centered approach, and consequently, targeted by the needs for health care in mental health by ensuring equal opportunities and resources, respect for basic rights, human dignity and protection from discrimination. This includes creating a supportive environment, increasing access to information, and developing skills and opportunities to make sound choices. People cannot reach their full health potential unless they are able to have control over the things that determine their health. In addition, the introduction of mental health services and the benefits of access to preventive and treatment services is one of the main pillars of interventions to maintain the best possible mental health.

### Strategic objective 4:

**Further development of the regulatory framework and practice in mental health, in the light of human rights, and of the monitoring and governance mechanisms of mental health services**

**Expected results:** Standardized mental health services and service providers empowered with standardized tools, supported by improved monitoring mechanisms and better governance and advocacy in this area, reflecting a comprehensive approach and respect for human rights.

In the context of ongoing efforts to develop specialized mental health services through new community-based typologies and increased professional profiles, the need for standardization of services and professional practices has been identified, in line with the reorganization of health care services and with the latest developments in PHC. These auxiliary roles will contribute to the improvement of the identification, referral and follow-up of specific cases and the improvement of the psychosocial care service. Furthermore, the reorganization and strengthening of monitoring and governing mechanisms, at the central and local levels, also through the strengthening of advocacy skills in this field, will contribute to improving the performance of mental health services and therefore to increasing the quality of these services. Special attention will also be paid to the standardization of cross-sectoral services for mental health and psychosocial support for children and adolescents, through clear referral pathways, in order to optimize this service provision.

### Description of specific objectives and measures to achieve the strategic objectives:

#### Strategic objective 1:

**Development of mental health services towards universal health coverage**

##### Specific objective 1.1: Improvement of mental health services in PHC

##### Indicators:

- Guideline for the management of mental health disorders in PHC, approved.
- The first 6 trainers trained for Training of Trainers for the implementation of the guideline;
- Training program, accredited;
- 100% of general practitioners, family physicians and family nurses trained to implement the new guideline for the management of mental health disorders in PHC;
- 2 trainings with general practitioners on the diagnosis and management of depression and anxiety;
- A two-day training, organized;
- At least 100 nurses trained to provide home-based services for the elderly, focusing on mental health problems;
- At least 6 meetings in the 6 regions where the CMHCs have been established and are operating, organized;

- 100 psychosocial service providers appointed to the HCs by 2023;
- 100% of HCs provided with psychosocial staff;
- At least 12 local meetings organized between primary mental health service providers and community-based specialist mental health services, and local government representatives;

#### Measures:

- 1.1.1 Development of the package for the management of mental health disorders in PHC in order to strengthen the integration of mental health at this level of service provision;
- 1.1.2 Strengthening the capacities of general practitioners and nurses in the identification, treatment, timely referral and continuous follow-up of mental health problems, at national level, according to the package developed for this purpose and through cascade trainings, accredited;
- 1.1.3 Refreshing the knowledge and capacities of the primary health care staff in managing mental health disorders in PHC;
- 1.1.4 Strengthening the capacities of the staff who provide home care services, including the elderly, focusing on their mental health;
- 1.1.5 Information on mental health issues for sensitive groups, with a special focus on the elderly, part of PHC home care services, in all regions where specialized mental health services have been set up and are operating;
- 1.1.6 Extending and strengthening the psychosocial services in PHC and improving the interaction with specialized mental health services;

### Specific objective 1.2: Strengthening mental health services for children, adolescents, and young people

#### Indicators

- 100 % of Child Consulting doctors trained to implement updated protocols in mental health;
- 100% of Child Consulting nurses trained to implement updated mental health protocols;
- At least 4 new multidisciplinary teams for children and adolescents are added and operate at CMHCs established at the regional level (Tirana, Korça, Vlora and Berat);
- 5 days of training for the 4 new teams for the mental health of children and adolescents trained at CMHCs providing this service;
- At least one training organized on managing mental health disorders in PHC;
- 100% of health staff trained, in a given region, on the care of post-partum women in need of mental health and psychological support;
- Package of mental health, psychosocial well-being and development services for children and adolescents in PHC, revised;
- Package of mental health, psychosocial well-being and development services for children and adolescents at CMHC level, drawn up;
- Package of mental health, psychosocial well-being and development services for children and adolescents at the pre-university education level, revised;
- Guideline for referral pathways, developed;
- Work protocols, developed;
- Roles, responsibilities and competencies of each practitioner, developed;
- Feasibility study for the establishment of Regional Therapeutic and Rehabilitation Centers (in Elbasan or Vlora), according to the NTRCC model;
- At least 10 trainings held for health staff in providing psychosocial support and positive parenting advice;

- Training package developed for the provision of integrated services for the mental health and well-being and psychosocial development of children, adolescents and their families;
- 1 session of Training of Trainers held for the provision of integrated services for the mental health and well-being and psychosocial development of children, adolescents and their families;
- Cascade training held for the provision of integrated services for the mental health and well-being and psychosocial development of children, adolescents and their families;
- Supervision of skilled staff for the provision of integrated services for the mental health and well-being and psychosocial development of children, adolescents and their families;
- Guide for non-professional providers and caregivers on strategies for promoting and protecting the mental health and reducing self-harm and other risks, based on the WHO and UNICEF toolkit "Helping adolescents thrive toolkit", adopted;
- Guide for teachers "Teacher's Guide and Comic Book", part of the WHO and UNICEF package "Helping adolescents thrive toolkit", adapted and its users, informed;

#### Measures

- 1.2.1 Improving the work of the Child Consulting Centers in PHC, with regard to the identification, referral and follow-up of mental health problems, especially for the 0-6 age group, pursuant to the updated protocols;
- 1.2.2 Improving and expanding the existing mental health services for children and adolescents, provided by CMHCs, including the skills to identify, treat and refer cases with mental health problems, such as developmental and behavioral problems in children and adolescents, and cases manifesting self-harm thoughts among adolescents.
- 1.2.3 Implementation of sessions to share experiences between community mental health teams;
- 1.2.4 Refreshing the health staff knowledge at the Child Consulting Centers in PHC, with regard to the identification, referral and follow-up of mental health problems, especially for the age group 0-6 years old, pursuant to the updated protocols, within the compulsory health education package;
- 1.2.5 Development of PHC institutional capacities in delivering mental health and psychosocial well-being services for post-partum women with mental health problems, taking into consideration their status as caregivers of newborn children;
- 1.2.6 Strengthening the care system for the provision of integrated, accessible and child-friendly services in terms of mental health, well-being and psychosocial development of children-adolescents, and their families, including specialized community-based mental health care services, primary health care, psychosocial services in pre-university education, etc.;
- 1.2.7 Development of integrated cross-sectoral pathways for the identification, treatment, care and rehabilitation of children and adolescents in need of mental health and psychological support, including guidelines for referral pathways, work protocols, referral regulations, roles and responsibilities of each professional, competencies, etc.;
- 1.2.8 Extension of the service model provided by NTRCC to the regional level;
- 1.2.9 Increasing the capacity of health workers to provide parents and other caregivers with psychosocial and positive parenting support;
- 1.2.10 Development of a training package for practitioners providing care and treatment for children and adolescents in need of mental health and psychological support;
- 1.2.11 Development of capacities for the care of children and adolescents in need of mental health and psychological support, in a pre-identified region, through training of trainers, supported supervision, round of trainings through trained trainers and continuous follow-up;
- 1.2.12 Adapting, testing and finalizing a guide for non-professional providers and caregivers on strategies for promoting and protecting the mental health of adolescents and reducing self-harm and other risks, based on the WHO and UNICEF toolkit "Helping adolescents thrive toolkit";

- 1.2.13 Adaptation and use in schools, within the mental health promotion programs of the “Teacher’s Guide and Comic Book”, part of the WHO and UNICEF “Helping adolescents thrive toolkit”, in order to facilitate understanding of and discussion about various mental health issues.

**Specific objective 1.3: Accelerating the deinstitutionalization and decentralization process of mental health services, rapidly shifting resources towards community-based mental health and social care services**

**Indicators:**

- The 10 CMHCs and 14 supported homes are financially supported to fully operate;
- A working group of managing the secondary CMHCs revenues;
- At least 4 established and operational CMHCs in the largest regions of the country;
- 8 (5-day) training sessions of the existing community mental health services, to train the multidisciplinary staff of the new community services, organized;
- Inpatient mental health services are provided with financial support for full operation;
- The premises of Vlora Psychiatric Hospital, where the chronic resident patients are accommodated and treated - reconstructed and furnished;
- The preliminary project for the reconstruction of Elbasan Psychiatric Hospital, completed;
- Reconstruction and hotel and industrial equipment of Elbasan Psychiatric Hospital, completed;
- Reconstruction of the Psychiatric Service, at the UHCT, completed;
- Establishment of at least 4 (four) supported homes for the rehabilitation of persons with chronic mental health disorders referred by the community;
- Feasibility project for the establishment of a psychiatric ward/inpatient mental health service in a regional hospital, completed;
- Draft proposal (Action Fiche) and Action Document for the establishment of the Special Medical Institution funded by IPA, drawn up, also addressing the recommendations of the national (PA, CAD, etc.) and international (CPT) monitoring bodies;
- At least 3 (three) meetings per year of the health teams and social services structures of the local self-government units, focusing on community services for persons with mental health disorders, coordinated by the mental health sectors at the LHCUs;
- 2 (two) supported apartments (capacity 3-4 people/each)- established and operational, at the supported homes of Kavaja and Tirana, to prepare the persons with mental health disorders who have benefited from the rehabilitation service of the supported homes, in their independent living;
- 6-8 people benefit from independent living services in supported apartments;
- 2 (two) cross-sectoral technical groups (LSGU, RDSSS, Regional Employment Directorates, etc., according to identified needs) set up and operational under the coordination of the relevant LHCUs (Tirana and Kavaja)/ RDHCSO, Tirana for the provision of independent living services;
- At least 6 psychoeducation sessions for caregivers/personal assistants and family members of persons with mental health disabilities, beneficiaries of the supported apartments service, through information to identify the socio-health needs and strengthening advocacy skills for these persons;
- Specialized psychiatric support service for the Lezha Health Care Institution staff through the involvement of psychiatrists- ensured;

- Various clinical-biochemical examinations, imaging, specialized consultations, etc., and specialized treatment (surgical intervention, etc.) for various health problems of persons with mental health disorders with imposed medical measures accommodated in the Lezha Health Care Institution - provided by health services;
- Public health services provided according to the needs of persons with mental health disorders with imposed medical measures, accommodated in the Lezha Health Care Institution.

**Measures:**

- 1.3.1 Ensuring continuity and sustainability of community mental health services;
- 1.3.2 Strengthening the financial autonomy of CMHCs in self-managing secondary revenues from these services to optimize the conditions and rehabilitative interventions they provide;
- 1.3.3 Enrichment of the network of community mental health services (CMHC), mainly in the large regions of the country;
- 1.3.4 Capacity building of new multidisciplinary staff on typologies of community-based mental health services;
- 1.3.5 Ensuring the continuity of the provision of inpatient mental health services;
- 1.3.6 Reorganization of the residential service (chronic residents) of psychiatric hospitals in order to provide a more dignified and individualized rehabilitation service;
- 1.3.7 Improving the conditions and treatment of persons with mental health disorders in specialized inpatient mental health services, in respect of human dignity and human rights;
- 1.3.8 Providing support with rehabilitating services delivered in the format of supported homes for persons with chronic mental health disorders referred by the community;
- 1.3.9 Integration of inpatient mental health services into general health services by piloting of (acute/subacute) psychiatric beds/psychiatric wards at a regional hospital;
- 1.3.10 Improving the treatment and rehabilitation services of persons with mental health disorders with imposed medical measures, in compliance with international standards and recommendations of national (PA, CAD etc.) and international (CPT), monitoring bodies, and the European Convention on Human Rights;
- 1.3.11 Strengthening cooperation with social service structures in local self-government units, focusing on community services for persons with mental health disorders;
- 1.3.12 Piloting a support service for independent living and supported decision-making for persons with mental disabilities and appropriate support for personal caregivers/assistants and family members of persons with mental health disabilities;
- 1.3.13 Provision specialized psychiatric support for the staff of Lezha Health Care Institution through the engagement of doctors, as needed;
- 1.3.14 Providing diagnostics (clinical-biochemical examinations, imaging, specialized consultations, etc.) and specialized treatment (surgical intervention, etc.) for various health problems of persons with mental health disorders with imposed medical measures accommodated in the Lezha Health Care Institution, through the Lezha Regional Hospital and other university hospital structures;
- 1.3.15 Providing laboratory examinations, epidemiological screenings, and assistance for diagnosis, through the Institute of Public Health, according to the needs of persons with mental health disorders with imposed medical measures, accommodated in the Lezha Health Care Institution;

#### Specific objective 1.4: Capacity building of socio-health service providers in the provision of mental health services

##### Indicators:

- At least 8 doctors attend the specialization in adult psychiatry and 4 in child and adolescent psychiatry, quotas covered by the MHSP;
- University medical and nursing curricula updated on mental health issues;
- Community Mental Health Centers and Supported Homes with the best practice, and HCs with the best psychosocial service provide university practices;
- At least 300 multidisciplinary staff of specialized mental health services trained according to "WHO Quality Rights";
- Standard Procedures and Mental Health Assessment Tools for violent extremists, with a special focus on released prisoners at risk of radicalization, have been designed/improved and successfully piloted;
- Handbook/guide on the mental health of victims of trafficking and violence and abuse, developed;
- Mental health handbook/guide for migrants, developed;
- 12 multisectoral trainings in the 12 regions of the country on the mental health of vulnerable groups (victims of trafficking, violent extremism, victims of violence and abuse, mixed migratory flows, etc., completed);
- 100% of HCs are completed with integrated psychosocial service through the appointment of psychosocial staff at this level of service provision and their qualification in addressing mental health issues;
- 100% of LSGU staff have been informed about the socio-economic problems of persons with mental health disorders and the services these problems can be addressed through;
- The criteria for performing a risk assessment and classification for persons with mental health disorders with imposed medical measures, completed;
- Assistance in drawing up individual treatment plans for persons with mental health disorders with imposed medical measures, provided;
- Rehabilitation programs for persons with mental health disorders with imposed medical measures, developed;
- 100% of providers of rehabilitation programs for persons with mental health disorders with imposed medical measures trained for the implementation of such programs;
- On-the-job training curricula for the provision of psychiatric services for persons with mental health disorders with imposed medical measures, developed;
- 100% of clinical staff trained to provide multidisciplinary services to persons with mental health disorders, with imposed medical measures.

##### Measures:

- 1.4.1 Continuation of the policy of opening specializations and maintaining the annual quotas in specializations in adult psychiatry and child and adolescent psychiatry as quotas covered by MHSP;
- 1.4.2 Enriching the medical and nursing university curricula with modules with a special focus on community mental health;
- 1.4.3 Expanding and enriching specialized mental health services where the general medicine and nursing residency is carried out;
- 1.4.4 Improving attitudes and practices in mental health through the implementation of a rights-based and recovery-oriented approach to mental health services, according to the "WHO QualityRights" principles;

- 1.4.5 Improving knowledge and addressing mental health problems by mental health service providers, particularly those of vulnerable groups, such as: victims of trafficking, violent extremism, victims of violence and abuse, mixed migratory flows, etc.
- 1.4.6 Establishment and strengthening of the psychosocial service in PHC within the socio-health integration;
- 1.4.7 Increasing the capacities of the social staff of LSGUs on the identification of the socio-economic needs of persons with mental health disorders and their referral to services, under the applicable legal and regulatory framework, in line with the principles of inclusiveness, non-discrimination and respect for basic human rights;
- 1.4.8 Classification of persons with mental health disorders with imposed medical measures by their level of risk by qualified staff on these procedures;
- 1.4.9 Implementation of structured interventions and in response to the needs of persons with mental health disorders with imposed medical measures through the design of individual treatment plans;
- 1.4.10 Optimizing rehabilitation interventions for persons with mental health disorders with imposed medical measures;  
Support of clinical staff for the provision of mental health services for persons with mental health disorders with imposed medical measures.

#### Specific objective 1.5: Digitalization of mental health services and improvement of information in mental health as a need for decision-making in improving the health and well-being of citizens.

##### Indicators:

- 100% of specialized mental health services, included in digital health systems;
- 100% of staff, users of electronic systems, trained;
- All the psychosocial staff at the CMHC make a preliminary assessment, orientate and support access to the online service through the "ifightdepression" instrument (tool);
- The psychosocial staff of the HCs know the "ifightdepression" tool and use it;
- Good practices documented and recommendations issued on the support of an online service platform for adolescents in need of mental health and psychological support;
- Official websites and social media of IPH and 36 LHCUs enriched with updated information on mental health;
- Database reported by specialist mental health services, updated;
- Mental health data from the primary care system, collected and accessible;
- The national online counseling line for mental health problems is operational;
- Digital self-help tools introduced to the most vulnerable groups and those at a high risk of mental health problems.

##### Measures:

- 1.5.1 Development of digitalization in specialized mental health services, part of the health services digitalization projects;
- 1.5.2 Increasing access to online formats for mental health services and promoting good practices related to e-mental health ("ifightdepression" tool);
- 1.5.3 Supporting an online service platform for adolescents in need of psychosocial support and mental health;
- 1.5.4 Enrichment of the official communication websites or networks of the main health institutions (IPH, LHCU) in the field of mental health promotion, with special focus on the most vulnerable groups (Possible source Pan-European Coalition for Mental Health);

- 1.5.5 Improving information and essential indicators (disaggregated by gender and age) for the mental health system, towards the digitalization of this system;
- 1.5.6 Further development of digital systems in the PHC, centered on the individual and their electronic health record aiming at increasing transparency in communication with the public about the population health status, including mental health, using available resources;
- 1.5.7 Setting up and running a national online advice line for mental health problems (funded by the Social Fund).
- 1.5.8 Introducing digital self-help tools (such as MENTINA or "ifightdepression") among vulnerable groups with an increased risk of mental health problems, targeting mainly young people, older adults, the unemployed, etc.

## Strategic objective 2:

**Strengthening the sustainability and resilience of the population's mental health during emergencies (lessons learned from COVID-19 Pandemic).**

**Specific objective 2.1: Consolidation of the national emergency preparedness framework, including the mental health and psychosocial support component, response to and recovery after emergencies**

### Indicators:

- The emergency plan revised and complemented with the MHPS component;
- At least 4 (four) regional information meetings, at RDsHCSO, with mental health specialists at LHCUs on the new provisions of the emergency framework;
- At least 36 meetings with multidisciplinary mental health and primary care staff on the new emergency framework;
- 10 national meetings on the impact of emergencies on vulnerable populations;
- The regulation on mental health services contains provisions on mental health and psychosocial support in emergencies.

### Measures:

- 2.1.1 Revision of the emergency plan and integration of mental health interventions and psychosocial support;
- 2.1.2 Informing the specialists at RDHCSO/ LHCU about the new national health emergency preparedness framework;
- 2.1.3 Informing multidisciplinary mental health and primary care staff about the new national health emergency preparedness framework;
- 2.1.4 Informing about the impact of emergencies, especially on the most vulnerable populations;
- 2.1.5 Development of regulatory acts, in addition to interventions in emergency situations.

## Specific objective 2.2: Strengthening and improving the mental health and resilience of health workers dealing with emergencies

### Indicators

- 36 mental health and psychosocial support units established and trained;
- 1000 health care providers trained to improve their mental health and resilience skills in dealing with health emergencies;

### Measures:

- 2.2.1 Formalization of units (composed of ToTs, the mental health sector in LHCU, the psychosocial staff in PHC, etc.) to provide mental health and psychological support to health professionals in case of health emergencies;
- 2.2.2 Cascade trainings of health workers on improving their mental health and resilience skills in coping with health emergencies, according to the accredited package;

**Specific objective 2.3: Mental health support for vulnerable groups during emergencies (such as persons with existing mental health disorders/problems, children and adolescents out of school, elderly people confined to their homes, refugees and migrants, etc.) and increasing the resilience of health professionals**

### Indicators

- 4 guidelines for vulnerable categories, drafted/revised;
- 1000 frontline workers trained in providing mental health and psychological support during emergencies, according to the WHO and UNICEF package;
- 100 PHC psychosocial staff trained on the mental health of health workers coping with emergencies;

### Measures:

- 2.3.1 Drafting specific guidelines on mental health and psychosocial support to vulnerable groups during emergencies (development centers for 0-21 year-olds, orphanages according to age groups, residential centers for young people, residential centers for the elderly, specialized 24/7 mental health services);
- 2.3.2 Providing trainings for the staff who deliver services for vulnerable groups on mental health and psychosocial support;
- 2.3.3 Training of the PHC psychosocial staff and the hospital service to improve the mental health and resilience skills of health workers in coping with health emergencies, according to the accredited package, as the main points of peer support;

## Strategic objective 3:

Promotion, protection, and care for the mental health of the population across the life course.

**Specific objective 3.1: Increasing mental health awareness interventions in order to address stigma, social exclusion and discrimination, with a sensitive approach to specific groups (children, adolescents, young people, women, the elderly, and health professionals)**

### Indicators:

- A plan of thematic activities at national level for the Mental Health Day and promotional materials distributed by the Pan-European Coalition for Mental Health;
- 70% of schools in urban areas and 60% of schools in rural areas are involved in programs that promote positive mental health and address risk behaviors such as substance abuse, violence, and bullying;
- A program in against mental health stigma, with the engagement of adolescents and young people, youth organizations, based on evidence-informed interventions, (peer to peer program), implemented;
- "Mental Health: Challenging Stigma" toolkit designed by young people themselves, as a toolkit that provides knowledge on different aspects of mental health, better understanding of social factors that lead to stigma and lack of awareness; as a guide to address personal mental health challenges, to seek professional help and manage the problem of stigma; and as a work model with young people and a starting point for mental health advocacy;
- Youth conference "Improving youth mental health services and challenging stigma", organized;
- 36 local information meetings by the LHCUs with young people on Youth Mental Health and challenging stigma and familiarization with the toolkit designed for this purpose;
- A national youth mental health campaign, carried out;
- At least one informative meeting per year for each region, in the premises most visited by the elderly (part of the Day of the Elderly) on the mental health of the elderly, organized by the LHCU in cooperation with local stakeholders;
- Local meetings at LSGUs and LHCUs with representatives from mental health service users, their caregivers or family members on their socio-health needs, organized;
- % of the population using the mental health components of the Checkup package 35-70 years old;
- At least one website set up focusing on positive parenting and the mental health of children and adolescents;
- Designing promotional and informative materials on various mental health issues, ways to achieve and maintain mental health well-being, how to manage worry, burn-out, depression and anxiety;
- Thematic public promotional materials on self-help, drafted: physical activity, sleep hygiene, relaxation techniques, self-help, etc.;
- School curriculum and extracurricular programs developed on mental health promotion issues;
- Annual school meetings with parents and children to inform the socio-health services of mental health provided in PHC for early identification, timely referral and continuous follow-up of mental health problems and challenging stigma;
- Activities that support healthy behaviors take place in schools;
- Training of health promotion staff at the central and local levels in the field of mental health with special focus on interventions in schools;

- At least 4 (four) annual meetings held between stakeholders involved in effective coordination of mental health service provision in schools;
- HBSC study periodically carried out;
- Staff involved in research - trained, especially for studies on the mental health of children and adolescents;
- Report on mental health and psychosocial well-being of children and adolescents, based on the findings of the HBSC Study in Albania;
- Number of periodic informative and supportive meetings held with various health system professionals, on mental health issues.

### Measures:

- 3.1.1 Organization of annual promotional activities, under the slogan of World Mental Health Day, under the coordination of WHO/Europe;
- 3.1.2 Organization of promotional interventions in schools, on the mental health of children and adolescents;
- 3.1.3 Implementation of tools for the active engagement of adolescents and young people in discussions about mental health, through peer education and other communication channels in the community, using the "HAT toolkit" (Helping adolescents thrive) of UNICEF and WHO;
- 3.1.4 Expanding knowledge of adolescents and young people on various aspects of mental health, ways of addressing personal mental health challenges and advocacy models;
- 3.1.5 Strengthening engagement and dialogue with young people on mental health issues, with a special focus on stigma and discrimination, and cooperation with public institutions in co-designing policies for their well-being and mental health;
- 3.1.6 Raising awareness of adolescents and young people on their mental health at the national level, also through interventions against stigma and discrimination, by launching messages based on success stories and positive role models;
- 3.1.7 Information on the mental health of the third age, challenges and ways of managing them and seeking professional help;
- 3.1.8 Informing the population about the benefits of screening for signs of depression, within the Checkup Program 35-70 years old, aiming at reducing the stigma that has led to lower use of this component, within this preventive program and encouraging persons with mental health disorders to use this program for their physical comorbidities;
- 3.1.9 Development of advocacy skills among users of mental health services, their caregivers or family members;
- 3.1.10 Promotion of care and mental health for children and adolescents (positive parenting and self-care), also through the use of technology, evidence-based information (INSPIRE package of WHO), focusing on children and adolescents as the most vulnerable age group affected by misinformation;
- 3.1.11 Promotion of and information about various mental health issues, ways to achieve and maintain mental health well-being, and how to manage mental health concerns;
- 3.1.12 Informing the public on aspects of self-help, including topics such as: physical activity, sleep hygiene, relaxation techniques, self-help, etc.;
- 3.1.13 Quality review of school curriculum and development of extracurricular programs on mental health promotion issues, including adaptation to different situations, unhealthy behaviors, such as substance abuse, violence and bullying;
- 3.1.14 Communication campaign on a primary service as friendly as possible for children, adolescents and young people;
- 3.1.15 Establishing supportive environments for the promotion of positive health in schools;



- 3.1.16 Strengthening the capacities of health promotion specialists at the local level in the field of mental health with special focus on interventions in schools;
- 3.1.17 Strengthening the relationship among teachers-parents-psychosocial school staff and specialists of mental health services, in order to have an effective coordination between the main stakeholders in the provision of mental health services in schools;
- 3.1.18 Conducting periodical studies and research on the mental health and psychosocial well-being of children and adolescents, such as HBSC, ACE, etc.;
- 3.1.19 Reviewing, analyzing primary data and conducting secondary analysis of the HBSC Study in Albania 2021-2022, producing a report on mental health and psychosocial well-being for children and adolescents with findings and recommendations in this area, and training of persons involved in the implementation of research;
- 3.1.20 Awareness raising of health professionals on the importance of mental health.

**Specific objective 3.2: Development of interventions to promote positive mental health and well-being in the workplace as one of the crucial determinants of an individual's overall health**

**Indicators:**

- Programs promoting positive mental health in the workplace, implemented;
- All health institutions have designated the contact person for the implementation of programs that protect health in the workplace;
- 2 educational workshops organized for mental health well-being in the workplace;
- Training of health staff on support among colleagues and stress management in the workplace;
- An awareness raising campaign on mental health in the workplace, with a special focus on health practitioners;
- 50 trainers trained to train staff in schools on sustainability and resilience of mental health.

**Measures:**

- 3.2.1. Development of programs that promote positive mental health in the workplace, with a special focus on health institutions and schools, in line with European and international standards in this field;
- 3.2.2. Formalization of the network of contacts at the main health institutions for the implementation of programs that promote positive mental health in the workplace;
- 3.2.3. Promotion of mental health in the workplace and information on mental and physical health problems, complemented also with information on sources of support, non-health professionals at high risk of deterioration of mental health due to the profession (technology and information and construction sectors as the highest risk sectors);
- 3.2.4. Strengthening the capacities of health professionals on peer support, and managing stress in the workplace and promoting positive mental health;
- 3.2.5. Stakeholders' awareness raising on the promotion and support of mental health in the workplace;
- 3.2.6. Increasing the capacities of psychosocial staff in schools for the implementation of interventions on sustainability and resilience related to mental health of school staff.

**Specific objective 3.3: Development of the National Suicide Prevention Program, with a special focus on adolescents and young people, and other preventive interventions in groups at high risk.**

**Indicators:**

- Assessment carried out on the current situation of suicides;
- Approval of the intervention plan for the prevention of suicides;
- Dedicated program for the prevention of suicides of prisoners;
- Trainings for the staff implementing the program for the prevention of suicides of prisoners;
- Number of informative meetings held in schools;
- A training with media journalists on proper reporting of suicides;
- 100% of PHC psychosocial staff capable of providing psychosocial support, based on evidence to reduce the risk of self-harm and other behavioral risks mainly among adolescents and young people.

**Measures:**

- 3.3.1 Presentation with the current situation of suicides, cases in the last 10 years, causes and age groups, etc. in order to design informed interventions;
- 3.3.2 Drafting the intervention plan for the implementation of the National Suicide Prevention Program;
- 3.3.3 Development of a program for the prevention of suicides of prisoners and increase of implementation capacities;
- 3.3.4 Information on the importance of talking about suicide, especially among adolescents and young people, and seeking help;
- 3.3.5 Strengthening the responsible media reporting on suicides aiming to recognize the impact of the way news is reported on this phenomenon and how such power (media reporting) can contribute to improving the public health of the population through responsible media reporting;
- 3.3.6 Developing the capacities of the PHC psychosocial staff to provide psychosocial support, based on evidence, to reduce the risk of self-harm and other behavioral risks, mainly among adolescents and young people.

## Strategic objective 4:

**Further development of the regulatory framework and practice in mental health, in the light of human rights, and of the monitoring and governance mechanisms of mental health services**

**Specific objective 4.1: Development of the mental health regulatory package in the light of human rights**

**Indicators:**

- By-laws revised in line with the new WHO mental health regulatory framework;
- Regulatory framework in mental health, updated;
- Standards of specialized mental health services, approved;
- At least 3 specialized mental health services accredited according to standards;
- DCM on the regulations of establishment and operation of special medical institutions, approved;
- Mental health regulation, updated;
- Package of home-based socio-health service, approved.

**Measures:**

- 4.1.1 Revision of the relevant by-laws, in line with the new WHO mental health legislation guide, CRPD standards and the EU Acquis on mental health;
- 4.1.2 Updating the regulatory framework that enables and optimizes the provision of and access to integrated cross-sectoral services for children and adolescents in need of mental health and psychosocial support;
- 4.1.3 Designing the standards of specialized mental health services and starting the accreditation process;
- 4.1.4 Drafting regulations for the establishment and operation of Special Medical Institutions, in line with international standards and recommendations of national (PA, CAD, etc.) and international (CPT) monitoring bodies in this field;
- 4.1.5 Harmonization of the operation of specialized mental health services, in line with the new PHC services and the roles and responsibilities of the psychosocial staff in PHC;
- 4.1.6 Provision of home-based socio-health services for the elderly, focusing on mental health problems in this age group.

#### Specific objective 4.2: Development of the package for multidisciplinary staff practice for mental health services

**Indicators:**

- Roles and responsibilities of the mental health sector at the LHCU approved;
- Updating the roles and responsibilities of each professional profile, part of multidisciplinary mental health teams;
- 4 (four) regional meetings (at RDHCSO level) organized to acquaint with the new roles of mental health service providers;
- 100% of the psychosocial staff of CMHCs know their roles and use unified assessment tools;
- Approval of the practical guide for logopedists (speech therapists) and physiotherapists of socio-health and rehabilitation centers, according to the categories of services;
- Drafting guidelines for the provision of care for persons with mental health disorders with imposed medical measures.

**Measures:**

- 4.2.1 Updating the roles of professionals of specialized mental health services, within the development of the psychosocial service and home-based service in PHC;
- 4.2.2 Building the capacities of mental health service providers in the light of respecting the rights of persons with mental health disorders;
- 4.2.3 Informing the staff of specialized mental health service providers on the update of the applicable regulatory framework in this field, in order to facilitate its implementation;
- 4.2.4 Improving the quality of the psychosocial service at the CMHCs;
- 4.2.5 Improving the quality of rehabilitation services in socio-health and rehabilitation centers, according to the categories of services;
- 3.1.6 Continuous improvement of the quality of the service provided to persons with mental health disorders with imposed medical measures, in response to the CPT recommendations.

#### Specific objective 4.3: Improving monitoring, governance, and advocacy mechanisms in mental health

**Indicators:**

- DCM no. 456, dated 22.05.2013 "On the composition and operational method of the National Mental Health Committee", as amended;
- Establishing the subcommittee for the mental health and psychosocial well-being of children and adolescents and holding at least two meetings of the NCMH per year;
- Periodic meetings of the subcommittee for mental health and psychosocial well-being of children and adolescents;
- Signing of the cooperation agreement between MHSP and MES for the implementation of promotional interventions in schools, on the mental health of children and adolescents and multidisciplinary school staff;
- The joint action plan between MHSP and MoJ, for the improvement of the conditions and treatment of persons with mental health disorders with the medical measures "forced treatment", revised;
- Periodic meetings of the working group for monitoring the implementation of the joint action plan for the improvement of the conditions and treatment of persons with mental health disorders with imposed medical measures;
- Comparative study on the treatment of persons with mental health disorders with the medical measures "forced treatment", including the policies of release/discharge of these patients from the institution;
- Transfer of infrastructural, human and financial resources of the CMHCs and supported homes of the regions of Elbasan and Vlora to the respective LHCUs;
- Elbasan Psychiatric Hospital, Vlora Psychiatric Hospital, Inpatient Mental Health Service Shkodra, Community Mental Health Centers and Supported Homes are funded by CHIF;
- Roles and responsibilities of the mental health sector at the approved LHCUs;
- Annual reports of the mental health sectors of the LHCUs at each RDHCSO forwarded to the MHSP;
- Number of meetings of the WHO Pan-European Mental Health Coalition, regional meetings of this coalition and the Western Balkans network with the participation of the relevant member from Albania;
- Number of Regional Mental Health Network (SEEHN/RCMH) meetings;
- Number of experience and knowledge sharing activities, and the technical support provided for the mental health and psychosocial well-being of children and adolescents;
- Annual inspection reports of mental health services from SHI submitted to MHSP;
- 4 regional plans pursuant to this action plan drawn up, with the section of mental health and psychosocial well-being of children and adolescents integrated;
- The advocacy plan on the mental health and psychosocial well-being of children and adolescents presented to the relevant NCMH subcommittee;
- Analysis of the cross-sectoral legal and strategic framework for the mental health and psychosocial well-being of children and adolescents, carried out;
- A set of indicators for monitoring and evaluating services for the mental health and well-being of children and adolescents, drafted;
- Number of trained staff for monitoring and evaluating services for mental health and well-being of children and adolescents;
- Manual for the provision of free legal aid services for persons with mental health disorders, in line with the applicable legal framework, drafted;

- A national conference on the mental health and psychosocial well-being of children and adolescents with their wide participation, organized;
- At least two study visits in the provision of health care services for persons with mental health disorders with imposed medical measures, organized;
- Two (medium-term and final) evaluation reports on the implementation of the Mental Health Action Plan 2023-2026, drafted.

#### Measures:

- 4.3.1 Strengthening of the National Committee for Mental Health (expansion of membership and competences) in order to implement the comprehensive approach of mental health governance, through the expansion of participation with representatives of line ministries, health and social institutions at central level, the local government, independent agencies and civil society stakeholders;
- 4.3.2 Strengthening leadership, governance and advocacy for the mental health and psychosocial well-being of children and adolescents;
- 4.3.3 Formalization of cross-sectoral cooperation at the highest level between MHSP and MES for the implementation of promotional interventions in schools, on the mental health of children and adolescents and multidisciplinary school staff (cooperation agreement);
- 4.3.4 Review of the activities of the joint action plan between MHSP and MoJ, annex to the cooperation agreement, for the improvement of the conditions and treatment of persons with mental health disorders with the medical measures "forced treatment", in order to reflect the developments and address the obstacles identified in its implementation;
- 4.3.5 Ensuring the continuous operation of the working group on monitoring the implementation of the joint action plan between MHSP and MoJ, for the improvement of the conditions and treatment of persons with mental health disorders with the medical measures "forced treatment";
- 4.3.6 Getting to know different international practices on the treatment of persons with mental health disorders with the medical measures "forced treatment" through the realization of a comparative study, including the policies of release/discharge of these patients from the institution;
- 4.3.7 Standardization of the institutional dependency of community mental health services, from the dependency on the inpatient mental health service to the LHCU, in order to strengthen and improve their community function;
- 4.3.8 Reorganization and funding of specialized mental health services, from the single health service purchaser, CHIF; based on the Law no. 10107, dated 30.03.2009, "On health care in the Republic of Albania", as amended and Law No. 44/2012 "On mental health", as amended;
- 4.3.9 Drafting the roles and responsibilities of the mental health sector at the LHCU, mainly in terms of coordination, monitoring and promotion of the population mental health according to the catchment area;
- 4.3.10 Strengthening the role of the sector covering mental health in MHSP through engagement in European and regional mental health mechanisms; WHO and other international organizations;
- 4.3.11 Increasing expertise in terms of mental health governance, with a special focus on the mental health of children and adolescents, through international support and sharing of knowledge and best experiences;
- 4.3.12 Strengthening the inspection role of the SHI in mental health services;
- 4.3.13 Strengthening the role of local stakeholders of governance and advocacy for the mental health and psychosocial well-being of children and adolescents, through the drafting of 4 (four) regional plans (according to the HCSO division);
- 4.3.14 Advocacy development for the mental health and psychosocial well-being of children and adolescents with the engagement of the civil society;

- 4.3.15 Evaluation of the cross-sectoral strategic and legal framework (health, social, child protection, education, etc.) on the mental health and psychosocial well-being of children and adolescents in order to inform relevant decision-making;
- 4.3.16 Developing a monitoring framework for integrated cross-sectoral care for children and adolescents who need support for their mental health and psychosocial well-being;
- 4.3.17 Capacity building in monitoring and evaluating the monitoring framework on integrated cross-sectoral care for children and adolescents who need mental health and psychological support;
- 4.3.18 Enhancing the access of persons with mental health disorders to free legal aid services, in line with the applicable legal framework;
- 4.3.19 Supporting broad consultations for sharing ideas, experiences, challenges and plans for the future, among stakeholders in the mental health and psychosocial well-being of children and adolescents;
- 4.3.20 Sharing experiences with countries with advanced systems of providing health care services for persons with mental health disorders with imposed medical measures;
- 4.3.21 Continuous evaluation of this Action Plan implementation to identify barriers and address them timely.

## MONITORING AND EVALUATION OF THE MENTAL HEALTH ACTION PLAN 2023-2026

The Mental Health Action Plan 2023-2026 will be monitored through the indicators of each measure which will be disaggregated by gender and age group where possible.

Data will be collected by national institutions responsible for specific activities, national and international reports, standardized assessments, policy and program studies, and other sources.

The Action Plan is scheduled to undergo a medium-term review in 2024, which will be presented to the NCMH and then to the Minister of Health, and a final report will be prepared for the Governing Bodies in 2026.

### Narrative Budget and Action Plan Matrix

#### Estimated costs and funding sources

The methodology used to estimate the cost of the Mental Health Action Plan is based on the measure-based costing method, specifically: activities. This method evaluates costs as a process consisting of two stages a) from resources to activities; and b) from activities to the cost of objectives.

The estimated costs for each activity were calculated on the basis of three main categories of budget expenditures: Costs of current expenditures (602), Human resources (600+601), and Investments (201).

Through the cost estimation, it has become possible to identify various funding sources, a decisive element for costing, which are the following:

- Firstly, the contribution of public funds through the state budget, using the Medium-Term Budget Program (MTBP) 2023-2025, approved and estimated allocations for the relevant ministry and budget programs;
- Secondly, the contribution of potential donors who will be able to enhance the implementation of the various activities of the present action plan.

The assessment of the main resources against the estimated cost of the activities makes it possible to identify the financial gap (GAP) in terms of the amounts and funding sources for each measure, for each objective, and the general deficiency/gap in funding this Plan Action.

The estimated costs included in the Action Plan will be reviewed at least biennially, to identify to what extent it will be possible to mobilize additional allocations from the State Budget for the policies of the Mental Health Action Plan 2023- 2026, and donor contributions in the future.

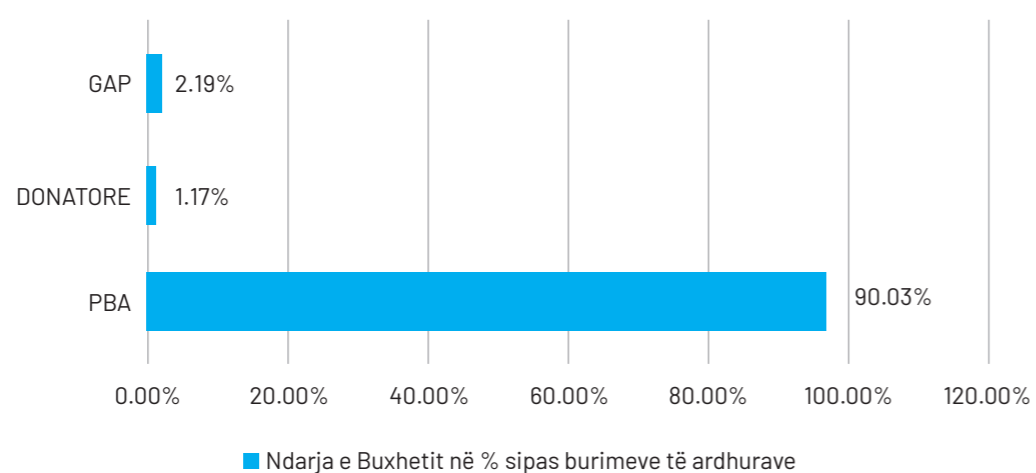
It has been estimated that the total cost for the implementation of the Action Plan will be ALL 3,500,774,000, for the period 2023-2026.

Budget estimates as required by the strategic priority are presented in the table below.

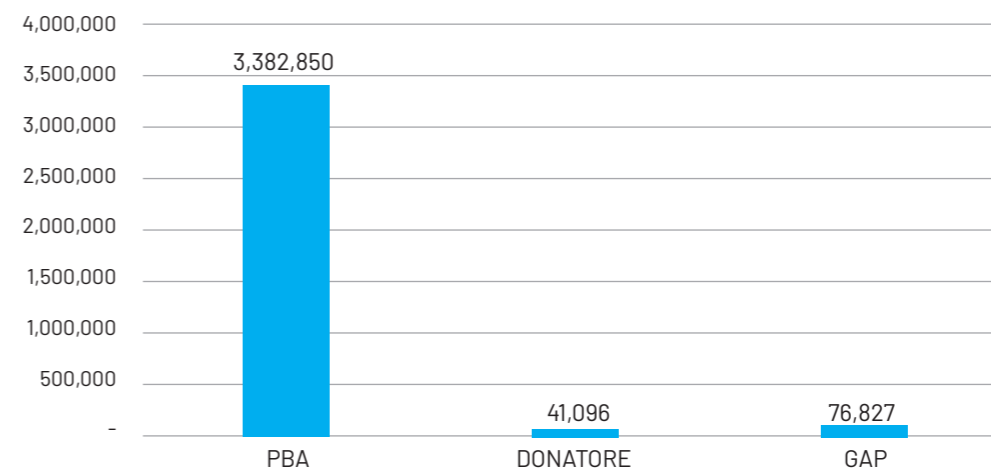
The chart shows details about the percentage of state budgetary funding against the donors' funding and the total budget allocation according to the 4 objectives.

In the funding sources allocation, MTBP covers the largest share vis-a-vis the Donors because investments and the salary fund for the planned health staff have the greatest burden (see tables 1 and 2). On the other hand, each objective requires different funding sources. Objective 1 includes high-cost interventions in its measures (for example: investments with new constructions of houses, reconstructions of hospitals and centers, etc.), and increased staffing (annual salary fund) for the implementation of this plan. As a result, these costs are mainly part of the item related to MTBP funding, while the drafting of various documents, the increased capacities and promotional interventions under Action Plan measures that dominate in objectives 2, 3 and 4 are partly funded by MTBP and the rest from donors. In this plan, there is a gap created by the difference between these two items above, which mainly consist of technical assistance and organization of activities, part of operating costs.

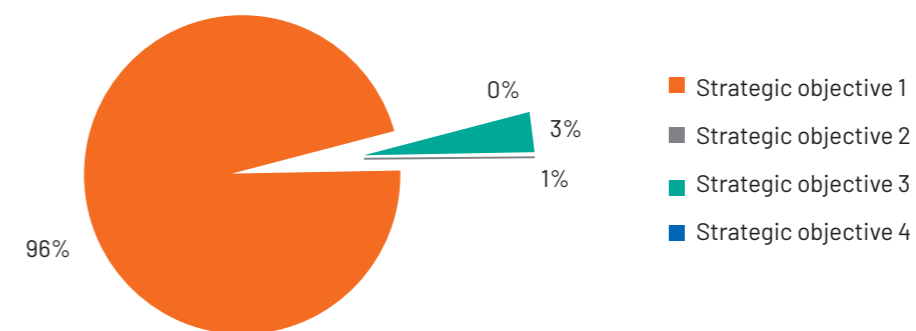
**Figure 1. Total budget by Funding Sources in %**



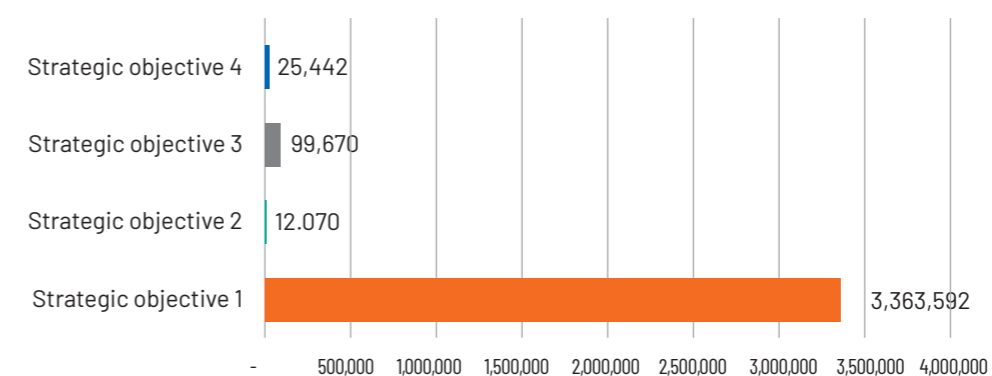
**Figure 2. Total budget by Funding Sources in ALL(/1000)**



**Figure 3. Budget allocated for each objective in %**



**Figure 4. Budget allocated for each objective in ALL(/1000)**



# Mental Health Budget and Action Plan Matrix 2023 – 2026

Measures	Implementing Institutions/ Agencies	Indicators	Years of implementation	Activity Cost (000/ ALL)				MTBP (000/ALL)			MTBP	Donors (000/ALL)	GAP (000/ALL)	
				Human Resources (600+601)	Current Costs (602)	Investments (231)	Total	Human Resources (600+601)	Current Costs (602)	Investments (231)				
<b>Strategic objective 1: Development of mental health services towards universal health coverage</b>					2,345,631	49,168	968,793	3,363,592	2,344,081	34,109	960,972	3,339,162	12,210	12,220
<b>Specific objective 1.1: Improvement of mental health services in PHC</b>														
1	Development of the package for the management of mental health disorders in PHC in order to strengthen the integration of mental health at this level of service provision;	MHSP, HAP, AHSCQA, HCSO/ LHCU	Guideline for the management of mental health disorders in PHC, approved	2023	224	-	-	224	224	-	-	224	-	-

2	Strengthening the capacities of general practitioners and nurses in the identification, treatment, timely referral and continuous follow-up of mental health problems, at national level, according to the package developed for this purpose and through cascade trainings, accredited	MHSP, HAP, AHSCQA, HCSO / LHCU	The first 6 trainers trained for Training of Trainers for the implementation of the guideline	2023	90	-	-	90	90	-	-	90	-	-
			Training program, accredited; 100% of general practitioners, family physicians and family nurses trained to implement the new guideline for the management of mental health disorders in PHC; 2 trainings with general practitioners on the diagnosis and management of depression and anxiety	2023-2026	420	-	-	420	120	-	-	120	180	120
3	Refreshing the knowledge and capacities of the primary health care staff in managing mental health disorders in PHC	MHSP, HCSO / LHCU	A two-day training, organized	2026	20	-	-	20	20	-	-	20	-	-
4	Strengthening the capacities of the staff who provide home care services, including the elderly, focusing on their mental health	MHSP, HAP, AHSCQA, HCSO / LHCU	At least 100 nurses trained to provide home-based services for the elderly, focusing on mental health problems;	2024-2026	1,155	120	-	1,275	1,155	120	-	1,275	-	-

5	Information on mental health issues for sensitive groups, with a special focus on the elderly, part of PHC home care services, in all regions where specialized mental health services have been set up and are operating	MHSP, HCSO / LHCU, LSGU	At least 6 meetings in the 6 regions where the CMHCs have been established and are operating, organized	2024-2026	139	-	-	139	139	-	-	139	-	-
6	Extending and strengthening the psychosocial services in PHC and improving the interaction with specialized mental health services	MHSP, HCSO / LHCU	100 psychosocial service providers appointed to the HCs by 2023; 100% of HCs provided with psychosocial staff  At least 12 local meetings organized between primary mental health service providers and community-based specialist mental health services, and local government representatives	2023-2026; 2023-2024	280	-	-	280	280	-	-	280	-	-
<b>Specific objective 1.2: Strengthening mental health services for children, adolescents and young people</b>														
1	Improving the work of the Child Consulting Centers in PHC, with regard to the identification, referral and follow-up of mental health problems, especially for the 0-6 age group, pursuant to the updated protocols	MHSP, HCSO	100 % of Child Consulting doctors trained to implement updated protocols in mental health;  100% of Child Consulting nurses trained to implement updated mental health protocols	2023-2026	447	-	40	487	447	-	40	487	-	-

2	Improving and expanding the existing mental health services for children and adolescents, provided by CMHCs, including the skills to identify, treat and refer cases with mental health problems, such as developmental and behavioral problems in children and adolescents, and cases manifesting self-harm thoughts among adolescents.	MHSP/ HCSO	At least 4 new multidisciplinary teams for children and adolescents are added and operate at CMHCs established at the regional level (Tirana, Korça, Vlora and Berat)	2024-2026	1,152	-	-	1,152	1,152	-	-	1,152	-	-
3	Implementation of sessions to share experiences between community mental health teams	MHSP, HCSO	5 days of training for the 4 new teams for the mental health of children and adolescents trained at CMHCs providing this service	2024-2026	916	-	-	916	916	-	-	916	-	-
4	Refreshing the health staff knowledge at the Child Consulting Centers in PHC, with regard to the identification, referral and follow-up of mental health problems, especially for the age group 0-6 years old, pursuant to the updated protocols, within the compulsory health education package	MHSP	At least one training organized on managing mental health disorders in PHC	2026	109	-	-	109	109	-	-	109	-	-

5	Development of PHC institutional capacities in delivering mental health and psychosocial well-being services for post-partum women with mental health problems, taking into consideration their status as caregivers of newborn children	MHSP, UNICEF	100% of health staff trained, in a given region, on the care of post-partum women in need of mental health and psychological support	2024	155	-	1,834	1,989	155	-	-	155	1,834	-
6	Strengthening the care system for the provision of integrated, accessible and child-friendly services in terms of mental health, well-being and psychosocial development of children-adolescents, and their families, including specialized community-based mental health care services, primary health care, psychosocial services in pre-university education, etc.	MHSP, MES, UNICEF, WHO	Package of mental health, psychosocial well-being and development services for children and adolescents in PHC, revised; Package of mental health, psychosocial well-being and development services for children and adolescents at CMHC level, drawn up; Package of mental health, psychosocial well-being and development services for children and adolescents at the pre-university education level, revised;	2023	155	-	809	964	155	-	-	155	809	-

7	Development of integrated cross-sectoral pathways for the identification, treatment, care and rehabilitation of children and adolescents in need of mental health and psychological support, including guidelines for referral pathways, work protocols, referral regulations, roles and responsibilities of each professional, competencies, etc.	MHSP, MES, WHO	Guideline for referral pathways, developed Work protocols, developed Roles, responsibilities and competencies of each practitioner, developed	2023	77	-	432	509	77	-	-	77	432	-
8	Extension of the service model provided by NTRCC to the regional level	MHSP	Feasibility study for the establishment of Regional Therapeutic and Rehabilitation Centers (in Elbasan or Vlora), according to the NTRCC model	2025-2026	132,841	-	100,000	232,841	132,841	-	100,000	232,841	-	-
9	Increasing the capacity of health workers to provide parents and other caregivers with psychosocial and positive parenting support	MHSP, DONORS	At least 10 trainings held for health staff in providing psychosocial support and positive parenting advice	2025-2026	1,261	-	-	1,261	1,261	-	-	1,261	-	-

10	Development of a training package for practitioners providing care and treatment for children and adolescents in need of mental health and psychological support	MHSP; WHO	Training package developed	2023	-	-	324	324	-	-	-	-	324	-
11	Development of capacities for the care of children and adolescents in need of mental health and psychological support, in a pre-identified region, through training of trainers, supported supervision, round of trainings through trained trainers and continuous follow-up	MHPS, WHO, UNICEF	1 session of Training of Trainers organized; Cascade training held; Supervision of skilled staff, provided	2023	232	-	1,079	1,311	232	-	-	232	1,079	-
12	Adapting, testing and finalizing a guide for non-professional providers and caregivers on strategies for promoting and protecting the mental health of adolescents and reducing self-harm and other risks, based on the WHO and UNICEF toolkit "Helping adolescents thrive toolkit"	MHPS, MES, WHO	Guide for non-professional providers and caregivers on strategies for promoting and protecting the mental health and reducing self-harm and other risks, based on the WHO and UNICEF toolkit "Helping adolescents thrive toolkit", adopted	2023	77	-	540	617	77	-	-	77	540	-

13	Adaptation and use in schools, within the mental health promotion programs of the "Teacher's Guide and Comic Book", part of the WHO and UNICEF "Helping adolescents thrive toolkit", in order to facilitate understanding of and discussion about various mental health issues.	MHSP, MES, UNICEF	Guide for teachers "Teacher's Guide and Comic Book", part of the WHO and UNICEF package "Helping adolescents thrive toolkit", adapted and its users, informed	2024	91	-	-	91	91	-	-	91	-	-
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**Specific objective 1.3: Accelerating the deinstitutionalization and decentralization process of mental health services, rapidly shifting resources towards community-based mental health and social care services**

1	Ensuring continuity and sustainability of community mental health services	MHSP	The 10 CMHCs and 14 supported homes are financially supported to fully operate	2023-2026	1,178,585	-	-	1,178,585	1,178,585	-	-	1,178,585	-	-
2	Strengthening the financial autonomy of CMHCs in self-managing secondary revenues from these services to optimize the conditions and rehabilitative interventions they provide	MHSP	A working group of managing the secondary CMHCs revenues	2025	155	-	-	155	155	-	-	155	-	-
3	Enrichment of the network of community mental health services (CCMH), mainly in the large districts of the country;	MHSP	At least 4 established and operational CMHCs in the largest regions of the country	2025-2026	531,362	-	200,000	731,362	531,362	-	200,000	731,362	-	-



4	Capacity building of new multidisciplinary staff on typologies of community-based mental health services	MHSP	8 (5-day) training sessions of the existing community mental health services, to train the multidisciplinary staff of the new community services, organized	2025-2026	208	-	-	208	208	-	-	208	-	-
5	Ensuring the continuity of the provision of inpatient mental health services	MHSP	Inpatient mental health services are provided with financial support for full operation	2023-2026	695	-	-	695	695	-	-	695	-	-
6	Reorganization of the residential service (chronic residents) of psychiatric hospitals in order to provide a more dignified and individualized rehabilitation service	MHSP	The premises of Vlora Psychiatric Hospital, where the chronic resident patients are accommodated and treated - reconstructed and furnished; The preliminary project for the reconstruction of Elbasan Psychiatric Hospital, completed; Reconstruction and hotel and industrial equipment of Elbasan Psychiatric Hospital, completed;	2023-2025	-	-	240,000	240,000	-	-	240,000	240,000	-	-
7	Improving the conditions and treatment of persons with mental health disorders in specialized inpatient mental health services, in respect of human dignity and human rights	MHSP, WB	Reconstruction of the Psychiatric Service, at the UHCT, completed	2023-2024	-	-	180,932	180,932	-	-	180,932	180,932	-	-

8	Providing support with rehabilitating services delivered in the format of supported homes for persons with chronic mental health disorders referred by the community	MHSP	Establishment of at least 4 (four) supported homes for the rehabilitation of persons with chronic mental health disorders referred by the community	2025-2026	83,373	-	240,000	323,373	83,373	-	240,000	323,373	-	-
9	Integration of inpatient mental health services into general health services by piloting of (acute/subacute) psychiatric beds/ psychiatric wards at a regional hospital	MHSP	Feasibility project for the establishment of a psychiatric ward/ inpatient mental health service in a regional hospital, completed	2026	-	20,000	-	20,000	-	20,000	-	20,000	-	-
10	Improving the treatment and rehabilitation services of persons with mental health disorders with imposed medical measures, in compliance with international standards and recommendations of national (PA, CAD etc.) and international (CPT), monitoring bodies, and the European Convention on Human Rights	MHSP, SASPAC MoJ, GDP	Draft proposal (Action Fiche) and Action Document for the establishment of the Special Medical Institution funded by IPA, drawn up, also addressing the recommendations of the national (PA, CAD, etc.) and international (CPT) monitoring bodies	2023	682	-	-	682	682	-	-	682	-	-
11	Strengthening cooperation with social service structures in local self-government units, focusing on community services for persons with mental health disorders	MHSP	At least 3 (three) meetings per year of the health teams and social services structures of the local self-government units, focusing on community services for persons with mental health disorders, coordinated by the mental health sectors at the LHCUs	2023-2026	218	-	-	218	218	-	-	218	-	-

12	Piloting a support service for independent living and supported decision-making for persons with mental disabilities and appropriate support for personal caregivers/assistants and family members of persons with mental health disabilities	MHSP, HCSO / SANT'EGIDIO	<p>2 (two) supported apartments (capacity 3-4 people/each)- established and operational, at the supported homes of Kavaja and Tirana, to prepare the persons with mental health disorders who have benefited from the rehabilitation service of the supported homes, in their independent living; 6-8 people benefit from independent living services in supported apartments;</p> <p>2 (two) cross-sectoral technical groups (LSGU, RDSSS, Regional Employment Directorates, etc., according to identified needs) set up and operational under the coordination of the relevant LHCU (Tirana and Kavaja)/ RDHCSO, Tirana for the provision of independent living services;</p> <p>At least 6 psychoeducation sessions for caregivers/personal assistants and family members of persons with mental health disabilities, beneficiaries of the supported apartments service, through information to identify the socio-health needs and strengthening advocacy skills for these persons</p>	2023-2024	3,840	507	2,803	7,150	3,840	507	-	4,347	2,803	-
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13	Provision specialized psychiatric support for the staff of Lezha Health Care Institution through the engagement of doctors, as needed	MHSP	Specialized psychiatric support service for the Lezha Health Care Institution staff through the involvement of psychiatrists- ensured	2023-2026	13,680	-	-	13,680	13,680	-	-	13,680	-	-
14	Providing diagnostics (clinical-biochemical examinations, imaging, specialized consultations, etc.) and specialized treatment (surgical intervention, etc.) for various health problems of persons with mental health disorders with imposed medical measures accommodated in the Lezha Health Care Institution, through the Lezha Regional Hospital and other university hospital structures	MHSP	Various clinical-biochemical examinations, imaging, specialized consultations, etc., and specialized treatment (surgical intervention, etc.) for various health problems of persons with mental health disorders with imposed medical measures accommodated in the Lezha Health Care Institution - provided by health services	2023-2026	2,073	4,800	-	6,873	2,073	4,800	-	6,873	-	-
15	Providing laboratory examinations, epidemiological screenings, and assistance for diagnosis, through the Institute of Public Health, according to the needs of persons with mental health disorders with imposed medical measures, accommodated in the Lezha Health Care Institution	MHSP	Public health services provided according to the needs of persons with mental health disorders with imposed medical measures, accommodated in the Lezha Health Care Institution	2023-2026	1,036	-	-	1,036	1,036	-	-	1,036	-	-

Specific objective 1.4: Capacity building of socio-health service providers in the provision of mental health services														
1	Continuation of the policy of opening specializations and maintaining the annual quotas in specializations in adult psychiatry and child and adolescent psychiatry as quotas covered by MHSP	MHSP, MES, FM	At least 8 doctors attend the specialization in adult psychiatry and 4 in child and adolescent psychiatry, quotas covered by the MHSP	2023-2026	34,560	-	-	34,560	34,560	-	-	34,560	-	-
2	Enriching the medical and nursing university curricula with modules with a special focus on community mental health	MHSP, MES, FM	University medical and nursing curricula updated on mental health issues	2025-2026	2,045	2,400	-	4,445	2,045	-	-	2,045	-	2,400
3	Expanding and enriching specialized mental health services where the general medicine and nursing residency is carried out	MHSP, FM	Community Mental Health Centers and Supported Homes with the best practice, and HCs with the best psychosocial service provide university practices	2025-2026	186	-	-	186	186	-	-	186	-	-
4	Improving attitudes and practices in mental health through the implementation of a rights-based and recovery-oriented approach to mental health services, according to the "WHO QualityRights" principles	MHSP, WHO,	At least 300 multidisciplinary staff of specialized mental health services trained according to "WHO Quality Rights"	2024-2025	224	-	-	224	224	-	-	224	-	-

5	Improving knowledge and addressing mental health problems by mental health service providers, particularly those of vulnerable groups, such as: victims of trafficking, violent extremism, victims of violence and abuse, mixed migratory flows, etc.	MHSP, MB, CVE, CoE, DONORS	Standard Procedures and Mental Health Assessment Tools for violent extremists, with a special focus on released prisoners at risk of radicalization, have been designed/improved and successfully piloted; Handbook/guide on the mental health of victims of trafficking and violence and abuse, developed; Mental health handbook/guide for migrants, developed; 12 multisectoral trainings in the 12 regions of the country on the mental health of vulnerable groups (victims of trafficking, violent extremism, victims of violence and abuse, mixed migratory flows, etc., completed;	2024-2026	1,559	8,500	-	10,059	309	-	-	309	1,250	8,500
6	Establishment and strengthening of the psychosocial service in PHC within the socio-health integration	MHSP	100% of HCs are completed with integrated psychosocial service through the appointment of psychosocial staff at this level of service provision and their qualification in addressing mental health issues	2023-2026	336,000	-	-	336,000	336,000	-	-	336,000	-	-

7	Increasing the capacities of the social staff of LSGUs on the identification of the socio-economic needs of persons with mental health disorders and their referral to services, under the applicable legal and regulatory framework, in line with the principles of inclusiveness, non-discrimination and respect for basic human rights	MHSP, HCSO / LHCU, LSGU	100% of LSGU staff have been informed about the socio-economic problems of persons with mental health disorders and the services these problems can be addressed through	2023-2026	3,091	800	-	3,891	3,091	-	-	3,091	800	-
8	Classification of persons with mental health disorders with imposed medical measures by their level of risk by qualified staff on these procedures	MHSP, MoJ, GDP, CoE, HFIII	Working group trainings organized to determine the criteria for performing a risk assessment and classification for persons with mental health disorders with imposed medical measures;	2024	1,091	-	-	1,091	1,091	-	-	1,091	-	-
9	Implementation of structured interventions and in response to the needs of persons with mental health disorders with imposed medical measures through the design of individual treatment plans	MHSP, MoJ, GDP, CoE, HFIII	Assistance in drawing up individual treatment plans for persons with mental health disorders with imposed medical measures, provided	2024-2025	1,091	-	-	1,091	1,091	-	-	1,091	-	-

10	Optimizing rehabilitation interventions for persons with mental health disorders with imposed medical measures	MHSP, MoJ, GDP, CoE, HFIII	Rehabilitation programs for persons with mental health disorders with imposed medical measures, developed; 100% of providers of rehabilitation programs for persons with mental health disorders with imposed medical measures trained for the implementation of such programs	2024-2025	1,091	-	-	1,091	1,091	-	-	1,091	-	-
11	Support of clinical staff for the provision of mental health services for persons with mental health disorders with imposed medical measures	MHSP, MoJ, GDP, CoE, HFIII	On-the-job training curricula for the provision of psychiatric services for persons with mental health disorders with imposed medical measures, developed; 100% of clinical staff trained to provide multidisciplinary services to persons with mental health disorders, with imposed medical measures	2024	1,364	2,400	-	3,764	1,364	1,200	-	2,564	-	1,200

**Specific objective 1.5: Digitalization of mental health services and improvement of information in mental health as a need for decision-making in improving the health and well-being of citizens.**

1	Development of digitalization in specialized mental health services, part of the health services digitalization projects	MHSP	100% of specialized mental health services, included in digital health systems; 100% of staff, users of electronic systems, trained	2024-2026	2,398	50	-	2,448	2,398	50	-	2,448	-	-
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2	Increasing access to online formats for mental health services and promoting good practices related to e-mental health ("ifightdepression" tool)	<b>MHSP, MEENT-BEST</b>	All the psychosocial staff at the CMHC make a preliminary assessment, orientate and support access to the online service through the "ifightdepression" instrument (tool);  The psychosocial staff of the HCs know the "ifightdepression" tool and use it	2024-2026	2,398	50	-	2,448	2,398	50	-	2,448	-	-
3	Supporting an online service platform for adolescents in need of psychosocial support and mental health	<b>MHSP, WHO, UNICEF</b>	Good practices documented and recommendations issued on the support of an online service platform for adolescents in need of mental health and psychological support	2024	-	2,159	-	2,159	-	-	-	-	2,159	-
4	Enrichment of the official communication websites or networks of the main health institutions (IPH, LHCU) in the field of mental health promotion, with special focus on the most vulnerable groups (Possible source Pan-European Coalition for Mental Health)	<b>MHSP, IPH, HCISO / LHCU</b>	Official websites and social media of IPH and 36 LHCUs enriched with updated information on mental health	2023-2026	836	-	-	836	836	-	-	836	-	-

4	Improving information and essential indicators (disaggregated by gender and age) for the mental health system, towards the digitalization of this system	<b>MHSP, CHIF, IPH, HCISO</b>	Database reported by specialist mental health services, updated	2024	314	-	-	314	314	-	-	314	-	-
6	Further development of digital systems in the PHC, centered on the individual and their electronic health record aiming at increasing transparency in communication with the public about the population health status, including mental health, using available resources	<b>MHSP, CHIF, IPH</b>	Mental health data from the primary care system, collected and accessible	2023-2026	-	1,382	-	1,382	-	1,382	-	1,382	-	-
7	Setting up and running a national online advice line for mental health problems (funded by the Social Fund).	<b>MHPS</b>	The national online counseling line for mental health problems is operational	2025-2026	-	6,000	-	6,000	-	6,000	-	6,000	-	-
8	Introducing digital self-help tools (such as MENTINA or "ifightdepression") among vulnerable groups with an increased risk of mental health problems, targeting mainly young people, older adults, the unemployed, etc.	<b>MHPS, MENT-BEST</b>	Digital self-help tools introduced to the most vulnerable groups and those at a high risk of mental health problems.	2024-2026	1,636	-	-	1,636	1,636	-	-	1,636	-	-

Strategic objective 2: Strengthening the sustainability and resilience of the population's mental health against emergencies (lessons learned from Covid-19 Pandemic).				11,570	500	-	12,070	11,570	500	-	12,070	-	-	
<b>Specific objective 2.1: Consolidation of the national emergency preparedness framework, including the mental health and psychosocial support component, response to and recovery after emergencies</b>														
1	Revision of the emergency plan and integration of mental health interventions and psychosocial support	MHSP, IPH	The emergency plan revised and complemented with the MHPS component	2024	209	-	-	209	209	-	-	209	-	-
2	Informing the specialists at RDHCSO/ LHCU about the new national health emergency preparedness framework	MHSP, IPH, HCSO / LHCU	At least 4 (four) regional information meetings, at RDsHCSO, with mental health specialists at LHCUs on the new provisions of the emergency framework	2024	63	40	-	103	63	40	-	103	-	-
3	Informing multidisciplinary mental health and primary care staff about the new national health emergency preparedness framework	MHSP, IPH, HCSO / LHCU	At least 36 meetings with multidisciplinary mental health and primary care staff on the new emergency framework	2024	565	360	-	925	565	360	-	925	-	-
4	Informing about the impact of emergencies, especially on the most vulnerable populations	MHSP, IPH, HCSO / LHCU, LSGU	10 national meetings on the impact of emergencies on vulnerable populations	2024-2025	1,045	100	-	1,145	1,045	100	-	1,145	-	-
5	Development of regulatory acts, in addition to interventions in emergency situations.	MHSP	The regulation on mental health services contains provisions on mental health and psychosocial support in emergencies.	2024	52	-	-	52	52	-	-	52	-	-

<b>Specific objective 2.2: Strengthening and improving the mental health and resilience of health workers dealing with emergencies</b>														
1	Formalization of units (composed of ToTs, the mental health sector in LHCU, the psychosocial staff in PHC, etc.) to provide mental health and psychological support to health professionals in case of health emergencies	MHSP, HCSO / LHCU	36 mental health and psychosocial support units established and trained	2023-2024	91	-	-	91	91	-	-	91	-	-
2	Cascade trainings of health workers on improving their mental health and resilience skills in coping with health emergencies, according to the accredited package	MHSP, HCSO / LHCU	1000 health care providers trained to improve their mental health and resilience skills in dealing with health emergencies	2023-2024	3,696	-	-	3,696	3,696	-	-	3,696	-	-
<b>Specific objective 2.3: Mental health support for vulnerable groups during emergencies (such as persons with existing mental health disorders/problems, children and adolescents out of school, elderly people confined to their homes, refugees and migrants, etc.) and increasing the resilience of health professionals</b>														
1	Drafting specific guidelines on mental health and psychosocial support to vulnerable groups during emergencies (development centers for 0-21 year-olds, orphanages according to age groups, residential centers for young people, residential centers for the elderly, specialized 24/7 mental health services)	MHSP	4 guidelines for vulnerable categories, drafted/ revised	2024 - 2025	364	-	-	364	364	-	-	364	-	-

2	Providing trainings for the staff who deliver services for vulnerable groups on mental health and psychosocial support	<b>MHSP, HCSO, SARPC, DONORS</b>	1000 frontline workers trained in providing mental health and psychological support during emergencies, according to the WHO and UNICEF package	2025-2026	3,636	-	-	3,636	3,636	-	-	3,636	-	-
3	Training of the PHC psychosocial staff and the hospital service to improve the mental health and resilience skills of health workers in coping with health emergencies, according to the accredited package, as the main points of peer support	<b>MHSP, HCSO</b>	100 PHC psychosocial staff trained on the mental health of health workers coping with emergencies	2023-2024	1,848	-	-	1,848	1,848	-	-	1,848	-	-
<b>Strategic objective 3: Promotion, protection, and care for the mental health of the population across the life course</b>					<b>26,474</b>	<b>73,196</b>	<b>-</b>	<b>99,670</b>	<b>12,872</b>	<b>3,800</b>	<b>-</b>	<b>15,672</b>	<b>21,658</b>	<b>62,340</b>
<b>Specific objective 3.1: Increasing mental health awareness interventions in order to address stigma, social exclusion and discrimination, with a sensitive approach to specific groups (children, adolescents, young people, women, the elderly, and health professionals)</b>														
1	Organization of annual promotional activities, under the slogan of World Mental Health Day, under the coordination of WHO/Europe	<b>MHSP, WHO</b>	A plan of thematic activities at national level for the Mental Health Day and promotional materials distributed by the Pan-European Coalition for Mental Health	2023-2026	6,479	-	-	6,479	-	-	-	-	6,479	-

2	Organization of promotional interventions in schools, on the mental health of children and adolescents	<b>MHSP, MES, IPH</b>	70% of schools in urban areas and 60% of schools in rural areas are involved in programs that promote positive mental health and address risk behaviors such as substance abuse, violence, and bullying	2023-2026	1,312	15,200	-	16,512	1,312	-	-	1,312	-	15,200
3	Implementation of tools for the active engagement of adolescents and young people in discussions about mental health, through peer education and other communication channels in the community, using the "HAT toolkit" (Helping adolescents thrive) of UNICEF and WHO	<b>MHSP, WHO, UNICEF</b>	A program in against mental health stigma, with the engagement of adolescents and young people, youth organizations, based on evidence-informed interventions, (peer to peer program), implemented	2023-2024	4,319	-	-	4,319	-	-	-	-	4,319	-
4	Expanding knowledge of adolescents and young people on various aspects of mental health, ways of addressing personal mental health challenges and advocacy models	<b>MHSP, RCC, YOUTH ORGANIZATIONS</b>	"Mental Health: Challenging Stigma" toolkit designed by young people themselves, as a toolkit that provides knowledge on different aspects of mental health, better understanding of social factors that lead to stigma and lack of awareness as a guide to address personal mental health challenges, to seek professional help and manage the problem of stigma and as a work model with young people and a starting point for mental health advocacy	2023	224	-	-	224	-	-	-	-	224	-

5	Strengthening engagement and dialogue with young people on mental health issues, with a special focus on stigma and discrimination, and cooperation with public institutions in co-designing policies for their well-being and mental health	<b>MHSP, RCC, YOUTH ORGANIZATIONS</b>	Youth conference "Improving youth mental health services and challenging stigma", organized	<b>2023</b>	<b>93</b>	<b>216</b>	-	<b>309</b>	<b>93</b>	-	-	<b>93</b>	<b>216</b>	-
6	Raising awareness of adolescents and young people on their mental health at the national level, also through interventions against stigma and discrimination, by launching messages based on success stories and positive role models	<b>MHSP, MES, HCSO / LHCU / LSGU/ YOUTH ORGANIZATIONS</b>	36 local informational meetings by the LHCUs with young people on Youth Mental Health and challenging stigma and familiarization with the Toolkit designed for this purpose;  A national youth mental health campaign carried out;	<b>2023-2024; 2026</b>	<b>745</b>	<b>3,800</b>	-	<b>4,545</b>	<b>745</b>	<b>3,800</b>	-	<b>4,545</b>	-	-
7	Information on the mental health of the third age, challenges and ways of managing them and seeking professional help;	<b>MHSP, HCSO / LHCU, SHI/ EDSSS, LSGU</b>	At least one informative meeting per year for each region, in the premises most visited by the elderly (part of the Day of the Elderly) on the mental health of the elderly, organized by the LHCU in cooperation with local stakeholders	<b>2023-2026</b>	<b>93</b>	-	-	<b>93</b>	<b>93</b>	-	-	<b>93</b>	-	-

8	Informing the population about the benefits of screening for signs of depression, within the Checkup Program 35-70 years old, aiming at reducing the stigma that has led to lower use of this component, within this preventive program and encouraging persons with mental health disorders to use this program for their physical comorbidities	<b>MHSP, IPH, HCSO / LHCU</b>	% of the population using the mental health components of the Checkup package 35-70 years old	<b>2023-2026</b>	<b>1,312</b>	<b>15,200</b>	-	<b>16,512</b>	<b>1,312</b>	-	-	<b>1,312</b>	-	<b>15,200</b>
9	Development of advocacy skills among users of mental health services, their caregivers or family members	<b>MHSP, OSHSH/ LHCU, LSGU</b>	Local meetings at LSGUs and LHCUs with representatives from mental health service users, their caregivers or family members on their socio-health needs, organized	<b>2023-2026</b>	<b>93</b>	-	-	<b>93</b>	<b>93</b>	-	-	<b>93</b>	-	-
10	Promotion of care and mental health for children and adolescents (positive parenting and self-care), also through the use of technology, evidence-based information (INSPIRE package of WHO), focusing on children and adolescents as the most vulnerable age group affected by misinformation	<b>MHSP, WHO, IPH</b>	At least one website set up focusing on positive parenting and the mental health of children and adolescents	<b>2026</b>	-	<b>1,120</b>	-	<b>1,120</b>	-	-	-	-	<b>1,120</b>	-



11	Promotion of and information about various mental health issues, ways to achieve and maintain mental health well-being, and how to manage mental health concerns	<b>MHSP, IPH, MEENTBEST</b>	Designing promotional and informative materials on various mental health issues, ways to achieve and maintain mental health well-being, how to manage worry, burn-out, depression and anxiety	<b>2024-2026</b>	<b>984</b>	<b>11,400</b>	-	<b>12,384</b>	<b>984</b>	-	-	<b>984</b>	-	<b>11,400</b>
12	Informing the public on aspects of self-help, including topics such as: physical activity, sleep hygiene, relaxation techniques, self-help, etc.	<b>MHSP, IPH, MEENTBEST</b>	Thematic public promotional materials on self-help, drafted: physical activity, sleep hygiene, relaxation techniques, self-help, etc.	<b>2024-2026</b>	<b>984</b>	<b>11,400</b>	-	<b>12,384</b>	<b>984</b>	-	-	<b>984</b>	-	<b>11,400</b>
13	Quality review of school curriculum and development of extra-curricular programs on mental health promotion issues, including adaptation to different situations, unhealthy behaviors, such as substance abuse, violence and bullying	<b>MHSP, IPH, MES, ASCAP</b>	School curriculum and extracurricular programs developed on mental health promotion issues	<b>2024-2025</b>	<b>1,082</b>	-	-	<b>1,082</b>	<b>1,082</b>	-	-	<b>1,082</b>	-	-

14	Communication campaign on a primary service as friendly as possible for children, adolescents and young people	<b>MHSP, IPH, MES, HCSO / LHCU</b>	Annual school meetings with parents and children to inform the socio-health services of mental health provided in PHC for early identification, timely referral and continuous follow-up of mental health problems and challenging stigma	<b>2023-2026</b>	<b>93</b>	-	-	<b>93</b>	<b>93</b>	-	-	<b>93</b>	-	-
15	Establishing supportive environments for the promotion of positive health in schools	<b>MHSP, IPH, MES</b>	Activities that support healthy behaviors take place in schools	<b>2023-2026</b>	<b>93</b>	-	-	<b>93</b>	<b>93</b>	-	-	<b>93</b>	-	-
16	Strengthening the capacities of health promotion specialists at the local level in the field of mental health with special focus on interventions in schools	<b>MHSP, IPH, HCSO / LHCU</b>	Training of health promotion staff at the central and local levels in the field of mental health with special focus on interventions in schools	<b>2023-2024</b>	<b>773</b>	-	-	<b>773</b>	<b>773</b>	-	-	<b>773</b>	-	-
17	Strengthening the relationship among teachers-parents-psychosocial school staff and specialists of mental health services, in order to have an effective coordination between the main stakeholders in the provision of mental health services in schools	<b>MHSP, MES, HCSO / LHCU</b>	At least 4 (four) annual meetings held between stakeholders involved in effective coordination of mental health service provision in schools	<b>2023-2026</b>	<b>93</b>	-	-	<b>93</b>	<b>93</b>	-	-	<b>93</b>	-	-

18	Conducting periodical studies and research on the mental health and psychosocial well-being of children and adolescents, such as HBSC, ACE, etc	<b>MHSP, IPH, WHO</b>	HBSC study periodically carried out;	<b>2026</b>	-	<b>4,000</b>	-	<b>4,000</b>	-	-	-	-	<b>4,000</b>	-
19	Reviewing, analyzing primary data and conducting secondary analysis of the HBSC Study in Albania 2021-2022, producing a report on mental health and psychosocial well-being for children and adolescents with findings and recommendations in this area, and training of persons involved in the implementation of research	<b>MHSP, WHO, UNICEF</b>	Staff involved in research - trained, especially for studies on the mental health of children and adolescents;  Report on mental health and psychosocial well-being of children and adolescents, based on the findings of the HBSC Study in Albania	<b>2024</b>	<b>863</b>	-	-	<b>863</b>	<b>863</b>	-	-	<b>863</b>	-	-
20	Awareness raising of health professionals on the importance of mental health.	<b>MHSP, IPH, HCSO / LHCU</b>	Number of periodic informative and supportive meetings held with various health system professionals, on mental health issues.	<b>2023-2026</b>	<b>62</b>	-	-	<b>62</b>	<b>62</b>	-	-	<b>62</b>	-	-

<b>Specific objective 3.2: Development of interventions to promote positive mental health and well-being in the workplace as one of the crucial determinants of an individual's overall health</b>														
1	Development of programs that promote positive mental health in the workplace, with a special focus on health institutions and schools, in line with European and international standards in this field	<b>MHSP, IPH, MES</b>	Programs promoting positive mental health in the workplace, implemented	<b>2025-2026</b>	<b>1,500</b>	-	-	<b>1,500</b>	-	-	-	-	<b>1,500</b>	-
2	Formalization of the network of contacts at the main health institutions for the implementation of programs that promote positive mental health in the workplace	<b>MHSP, IPH, HCSO / RDHC-SO / LHCU</b>	All health institutions have designated the contact person for the implementation of programs that protect health in the workplace	<b>2023-2024</b>	<b>81</b>	-	-	<b>81</b>	<b>81</b>	-	-	<b>81</b>	-	-
3	Promotion of mental health in the workplace and information on mental and physical health problems, complemented also with information on sources of support, non-health professionals at high risk of deterioration of mental health due to the profession (technology and information and construction sectors as the highest risk sectors)	<b>MHSP,</b>	2 educational workshops organized for mental health well-being in the workplace	<b>2023</b>	<b>91</b>	<b>20</b>	-	<b>111</b>	<b>91</b>	-	-	-	<b>111</b>	-

4	Strengthening the capacities of health professionals on peer support, and managing stress in the workplace and promoting positive mental health	<b>MHSP, IPH</b>	Training of health staff on support among colleagues and stress management in the workplace	<b>2023-2024</b>	<b>182</b>	<b>40</b>	-	<b>222</b>	<b>182</b>	-	-	-	<b>222</b>	-
5	Stakeholders' awareness raising on the promotion and support of mental health in the workplace	<b>MHSP, IPH</b>	An awareness raising campaign on mental health in the workplace, with a special focus on health practitioners	<b>2025-2026</b>	<b>656</b>	<b>7,600</b>	-	<b>8,256</b>	<b>656</b>	-	-	<b>656</b>	-	<b>7,600</b>
6	Increasing the capacities of psychosocial staff in schools for the implementation of interventions on sustainability and resilience related to mental health of school staff.	<b>MHSP, MES</b>	50 trainers trained to train staff in schools on sustainability and resilience of mental health.	<b>2023-2024</b>	<b>580</b>	<b>3,040</b>	-	<b>3,620</b>	<b>580</b>	-	-	<b>580</b>	<b>1,500</b>	<b>1,540</b>
<b>Specific objective 3.3: Development of the National Suicide Prevention Program, with a special focus on adolescents and young people, and other preventive interventions in groups at high risk</b>														
1	Presentation with the current situation of suicides, cases in the last 10 years, causes and age groups, etc. in order to design informed interventions	<b>MHSP, IPH, PARTNERS</b>	Assessment carried out on the current situation of suicides	<b>2025-2026</b>	<b>1,080</b>	-	-	<b>1,080</b>	-	-	-	-	<b>1,080</b>	-
2	Drafting the intervention plan for the implementation of the National Suicide Prevention Program	<b>MHSP, IPH</b>	Approval of the intervention plan for the prevention of suicides;	<b>2026</b>	<b>1,200</b>	-	-	<b>1,200</b>	<b>1,200</b>	-	-	<b>1,200</b>	-	-

3	Development of a program for the prevention of suicides of prisoners and increase of implementation capacities	<b>MHSP, MoJ, GDP, CoE, HF III</b>	Dedicated program for the prevention of suicides of prisoners; Trainings for the staff implementing the program for the prevention of suicides of prisoners;	<b>2026</b>	<b>682</b>	-	-	<b>682</b>	<b>682</b>	-	-	<b>682</b>	-	-
4	Information on the importance of talking about suicide, especially among adolescents and young people, and seeking help;	<b>MHSP, MES, IPH, HCSO / IPH</b>	Number of informative meetings held in schools	<b>2026</b>										
5	Strengthening the responsible media reporting on suicides aiming to recognize the impact of the way news is reported on this phenomenon and how such power (media reporting) can contribute to improving the public health of the population through responsible media reporting	<b>MHSP, IPH, MENTBEST</b>	A training with media journalists on proper reporting of suicides	<b>2024-2025</b>	<b>364</b>	<b>80</b>	-	<b>444</b>	<b>364</b>	-	-	-	<b>444</b>	-
6	Developing the capacities of the PHC psychosocial staff to provide psychosocial support, based on evidence, to reduce the risk of self-harm and other behavioral risks, mainly among adolescents and young people.	<b>MHSP, IPH, HCSO/ LHCU, MENTBEST</b>	100% of PHC psychosocial staff capable of providing psychosocial support, based on evidence to reduce the risk of self-harm and other behavioral risks mainly among adolescents and young people.	<b>2024-2025</b>	<b>364</b>	<b>80</b>	-	<b>444</b>	<b>364</b>	-	-	-	<b>444</b>	-

<b>Strategic objective 4: Further development of the regulatory framework and practice in mental health, in the light of human rights, and of the monitoring and governance mechanisms of mental health services</b>				<b>18,532</b>	<b>6,910</b>	<b>-</b>	<b>25,442</b>	<b>15,946</b>	<b>-</b>	<b>-</b>	<b>15,946</b>	<b>7,229</b>	<b>2,267</b>	
<b>Specific objective 4.1: Development of the mental health regulatory package in the light of human rights</b>														
1	Revision of the relevant by-laws, in line with the new WHO mental health legislation guide, CRPD standards and the EU Acquis on mental health	<b>MHSP, WHO</b>	By-laws revised in line with the new WHO mental health regulatory framework	<b>2024-2025</b>	<b>1,273</b>	<b>-</b>	<b>-</b>	<b>1,273</b>	<b>386</b>	<b>-</b>	<b>-</b>	<b>386</b>	<b>886</b>	<b>-</b>
2	Updating the regulatory framework that enables and optimizes the provision of and access to integrated cross-sectoral services for children and adolescents in need of mental health and psychosocial support	<b>MHSP, WHO,</b>	Regulatory framework in mental health, updated	<b>2023</b>	<b>512</b>	<b>-</b>	<b>-</b>	<b>512</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>512</b>	<b>-</b>
3	Designing the standards of specialized mental health services and starting the accreditation process	<b>MHSP, AHSC-QA, HCSO / LHCU</b>	Standards of specialized mental health services, approved; At least 3 specialized mental health services accredited according to standards;	<b>2023-2024</b>	<b>1,159</b>	<b>-</b>	<b>-</b>	<b>1,159</b>	<b>1,159</b>	<b>-</b>	<b>-</b>	<b>1,159</b>	<b>-</b>	<b>-</b>

4	Drafting regulations for the establishment and operation of Special Medical Institutions, in line with international standards and recommendations of national (PA, CAD, etc.) and international (CPT) monitoring bodies in this field	<b>MHSP, MoJ, GDP, UHCT</b>	DCM on the regulations of establishment and operation of special medical institutions, approved	<b>2026</b>	<b>773</b>	<b>-</b>	<b>-</b>	<b>773</b>	<b>773</b>	<b>-</b>	<b>-</b>	<b>773</b>	<b>-</b>	<b>-</b>
5	Harmonization of the operation of specialized mental health services, in line with the new PHC services and the roles and responsibilities of the psychosocial staff in PHC	<b>MHSP</b>	Mental health regulation, updated;	<b>2023-2024</b>	<b>545</b>	<b>-</b>	<b>-</b>	<b>545</b>	<b>545</b>	<b>-</b>	<b>-</b>	<b>545</b>	<b>-</b>	<b>-</b>
6	Provision of home-based socio-health services for the elderly, focusing on mental health problems in this age group	<b>MHSP, HAP, AHSCQA, HCSO / LHCU</b>	Package of home-based socio-health service approved	<b>2023-2024</b>	<b>259</b>	<b>-</b>	<b>-</b>	<b>259</b>	<b>259</b>	<b>-</b>	<b>-</b>	<b>259</b>	<b>-</b>	<b>-</b>
<b>Specific objective 4.2: Development of the package for multidisciplinary staff practice for mental health services</b>														
1	Updating the roles of professionals of specialized mental health services, within the development of the psychosocial service and home-based service in PHC	<b>MHSP, IPH, HCSO</b>	Roles and responsibilities of the mental health sector at the LHCU approved;	<b>2023</b>	<b>545</b>	<b>-</b>	<b>-</b>	<b>545</b>	<b>545</b>	<b>-</b>	<b>-</b>	<b>545</b>	<b>-</b>	<b>-</b>

2	Building the capacities of mental health service providers in the light of respecting the rights of persons with mental health disorders	<b>MHSP, AHSC-QA, IPH,</b>	Roles and responsibilities of each professional profile, part of multidisciplinary mental health teams, updated;	<b>2024</b>	<b>545</b>	-	-	<b>545</b>	<b>545</b>	-	-	<b>545</b>	-	-
3	Informing the staff of specialized mental health service providers on the update of the applicable regulatory framework in this field, in order to facilitate its implementation	<b>MHSP, HCSC / RDHCSO / LHCU</b>	4 (four) regional meetings (at RDHCSO level) organized to acquaint with the new roles of mental health service providers	<b>2024</b>	<b>18</b>	-	-	<b>18</b>	<b>18</b>	-	-	<b>18</b>	-	-
4	Improving the quality of the psychosocial service at the CMHCs	<b>MHSP, IPH, HCSC / LHCU</b>	100% of the psychosocial staff of CMHCs know their roles and use unified assessment tools	<b>2023</b>	<b>545</b>	-	-	<b>545</b>	<b>545</b>	-	-	<b>545</b>	-	-
5	Improving the quality of rehabilitation services in socio-health and rehabilitation centers, according to the categories of services	<b>MHSP, NTRCC, HCSC / LHCU</b>	Document of practice for logopedists (speech therapists) and physiotherapists of socio-health and rehabilitation centers, according to categories of services, approved.	<b>2023-2024</b>	<b>545</b>	-	-	<b>545</b>	<b>545</b>	-	-	<b>545</b>	-	-
6	Continuous improvement of the quality of the service provided to persons with mental health disorders with imposed medical measures, in response to the CPT recommendations.	<b>MHSP, MoJ, GDP, CoE, HF III</b>	Drafting guidelines for the provision of care for persons with mental health disorders with imposed medical measures.	<b>2025-2026</b>	<b>386</b>	-	-	<b>386</b>	<b>386</b>	-	-	<b>386</b>	-	-

**Specific objective 4.3: Improving monitoring, governance, and advocacy mechanisms in mental health**

1	Strengthening of the National Committee for Mental Health (expansion of membership and competences) in order to implement the comprehensive approach of mental health governance, through the expansion of participation with representatives of line ministries, health and social institutions at central level, the local government, independent agencies and civil society stakeholders	<b>MHSP</b>	DCM no. 456, dated 22.05.2013 "On the composition and operational method of the National Mental Health Committee", as amended;	<b>2023</b>	<b>545</b>	-	-	<b>545</b>	<b>545</b>	-	-	<b>545</b>	-	-
2	Strengthening leadership, governance and advocacy for the mental health and psychosocial well-being of children and adolescents	<b>MHSP, WHO, UNICEF</b>	Establishing the subcommittee for the mental health and psychosocial well-being of children and adolescents and holding at least two meetings of the NCMH per year;  Periodic meetings of the subcommittee for mental health and psychosocial well-being of children and adolescents	<b>2023-2024</b>	<b>55</b>	<b>324</b>	-	<b>378</b>	<b>55</b>	-	-	<b>55</b>	<b>324</b>	-

3	Formalization of cross-sectoral cooperation at the highest level between MHSP and MES for the implementation of promotional interventions in schools, on the mental health of children and adolescents and multidisciplinary school staff (cooperation agreement)	<b>MHSP, IPH, MES</b>	Signing of the cooperation agreement between MHSP and MES for the implementation of promotional interventions in schools, on the mental health of children and adolescents and multidisciplinary school staff	<b>2023</b>	<b>136</b>	-	-	<b>136</b>	<b>136</b>	-	-	<b>136</b>	-	-
4	Review of the activities of the joint action plan between MHSP and MoJ, annex to the cooperation agreement, for the improvement of the conditions and treatment of persons with mental health disorders with the medical measures "forced treatment", in order to reflect the developments and address the obstacles identified in its implementation	<b>MHSP, MoJ</b>	The joint action plan between MHSP and MoJ, for the improvement of the conditions and treatment of persons with mental health disorders with the medical measures "forced treatment", revised	<b>2023</b>	<b>174</b>	-	-	<b>174</b>	<b>174</b>	-	-	<b>174</b>	-	-

5	Ensuring the continuous operation of the working group on monitoring the implementation of the joint action plan between MHSP and MoJ, for the improvement of the conditions and treatment of persons with mental health disorders with the medical measures "forced treatment"	<b>MHSP, MoJ</b>	Periodic meetings of the working group for monitoring the implementation of the joint action plan for the improvement of the conditions and treatment of persons with mental health disorders with imposed medical measures	<b>2023-2026</b>	<b>618</b>	-	-	<b>618</b>	<b>618</b>	-	-	<b>618</b>	-	-
6	Getting to know different international practices on the treatment of persons with mental health disorders with the medical measures "forced treatment" through the realization of a comparative study, including the policies of release/discharge of these patients from the institution	<b>MHSP, MoJ, CoE HFIII</b>	Comparative study on the treatment of persons with mental health disorders with the medical measures "forced treatment", including the policies of release/discharge of these patients from the institution	<b>2023</b>	<b>77</b>	<b>1,080</b>	-	<b>1,157</b>	<b>77</b>	-	-	<b>77</b>	-	<b>1,080</b>
7	Standardization of the institutional dependency of community mental health services, from the dependency on the inpatient mental health service to the LHCU, in order to strengthen and improve their community function	<b>MHSP, HCSO</b>	Transfer of infrastructural, human and financial resources of the CMHCs and supported homes of the regions of Elbasan and Vlora to the respective LHCUs	<b>2024-2025</b>	<b>193</b>	-	-	<b>193</b>	<b>193</b>	-	-	<b>193</b>	-	-

8	Reorganization and funding of specialized mental health services, from the single health service purchaser, CHIF based on the Law no. 10107, dated 30.03.2009, "On health care in the Republic of Albania", as amended and Law No. 44/2012 "On mental health", as amended	<b>MHSP, CHIF, HCSO</b>	Elbasan Psychiatric Hospital, Vlora Psychiatric Hospital, Inpatient Mental Health Service Shkodra, Community Mental Health Centers and Supported Homes are funded by CHIF	<b>2024-2025</b>	<b>386</b>	-	-	<b>386</b>	<b>386</b>	-	-	<b>386</b>	-	-
9	Drafting the roles and responsibilities of the mental health sector at the LHCU, mainly in terms of coordination, monitoring and promotion of the population mental health according to the catchment area	<b>MHSP, HCSO / LHCU</b>	Roles and responsibilities of the mental health sector at the approved LHCUs; Annual reports of the mental health sectors of the LHCUs at each RDHCSO forwarded to the MHSP	<b>2023-2026</b>	<b>6,782</b>	-	-	<b>6,782</b>	<b>6,782</b>	-	-	<b>6,782</b>	-	-
10	Strengthening the role of the sector covering mental health in MHSP through engagement in European and regional mental health mechanisms WHO and other international organizations	<b>MHSP, WHO, SEEHN</b>	Number of meetings of the WHO Pan-European Mental Health Coalition, regional meetings of this coalition and the Western Balkans network with the participation of the relevant member from Albania; Number of Regional Mental Health Network (SEEHN/RCMH) meetings	<b>2023-2026</b>	<b>185</b>	-	-	<b>185</b>	<b>185</b>	-	-	<b>185</b>	-	-

11	Increasing expertise in terms of mental health governance, with a special focus on the mental health of children and adolescents, through international support and sharing of knowledge and best experiences	<b>MHSP, MES, WHO</b>	Number of experience and knowledge sharing activities, and the technical support provided for the mental health and psychosocial well-being of children and adolescents	<b>2023-2024</b>	-	<b>2,159</b>	-	<b>2,159</b>	-	-	-	-	<b>2,159</b>	-
12	Strengthening the inspection role of the SHI for mental health services;	<b>MHSP, SHI</b>	Annual inspection reports of mental health services from SHI submitted to MHSP	<b>2023-2026</b>	<b>193</b>	-	-	<b>193</b>	<b>193</b>	-	-	<b>193</b>	-	-
13	Strengthening the role of local stakeholders of governance and advocacy for the mental health and psychosocial well-being of children and adolescents, through the drafting of 4 (four) regional plans (according to the HCSO division)	<b>MHSP, WHO</b>	4 regional plans pursuant to this action plan drawn up, with the section of mental health and psychosocial well-being of children and adolescents integrated	<b>2023</b>	-	<b>540</b>	-	<b>540</b>	-	-	-	-	<b>540</b>	-
14	Advocacy development for the mental health and psychosocial well-being of children and adolescents with the engagement of the civil society	<b>MHSP, WHO</b>	The advocacy plan on the mental health and psychosocial well-being of children and adolescents presented to the relevant NCMH subcommittee	<b>2023</b>	-	<b>432</b>	-	<b>432</b>	-	-	-	-	<b>432</b>	-

15	Evaluation of the cross-sectoral strategic and legal framework (health, social, child protection, education, etc.) on the mental health and psychosocial well-being of children and adolescents in order to inform relevant decision-making	<b>MHSP, WHO,</b>	Analysis of the cross-sectoral legal and strategic framework for the mental health and psychosocial well-being of children and adolescents, carried out	2023	-	432	-	432	-	-	-	-	432	-
16	Developing a monitoring framework for integrated cross-sectoral care for children and adolescents who need support for their mental health and psychosocial well-being	<b>MHSP, WHO,</b>	A set of indicators for monitoring and evaluating services for the mental health and well-being of children and adolescents, drafted	2023	-	540	-	540	-	-	-	-	540	-
17	Capacity building in monitoring and evaluating the monitoring framework on integrated cross-sectoral care for children and adolescents who need mental health and psychological support	<b>MHSP, WHO,</b>	Number of trained staff for monitoring and evaluating services for mental health and well-being of children and adolescents	2023	-	324	-	324	-	-	-	-	324	-
18	Enhancing the access of persons with mental health disorders to free legal aid services, in line with the applicable legal framework	<b>MHSP, PARTNERE</b>	Manual for the provision of free legal aid services for persons with mental health disorders, in line with the applicable legal framework, drafted	2024	540	-	-	540	-	-	-	-	-	540

19	Supporting broad consultations for sharing ideas, experiences, challenges and plans for the future, among stakeholders in the mental health and psychosocial well-being of children and adolescents	<b>MHSP, UNICEF,</b>	A national conference on the mental health and psychosocial well-being of children and adolescents with their wide participation, organized	2024	-	1,080	-	1,080	-	-	-	-	1,080	-	
20	Sharing experiences with countries with advanced systems of providing health care services for persons with mental health disorders with imposed medical measures	<b>MHSP, MoJ, GDP, CoE, HF III</b>	At least two study visits in the provision of health care services for persons with mental health disorders with imposed medical measures, organized	2024-2025	648	-	-	648	-	-	-	-	-	648	
21	Continuous evaluation of this Action Plan implementation to identify barriers and address them timely.	<b>MHSP, HCSO, IPH, CHIF</b>	Two (medium-term and final) evaluation reports on the implementation of the Mental Health Action Plan 2023-2026, drafted.	2024; 2026	891	-	-	891	891	-	-	891	-	-	
<b>Total cost of 4 strategic objectives</b>						<b>2,402,207</b>	<b>129,774</b>	<b>968,793</b>	<b>3,500,774</b>	<b>2,384,469</b>	<b>38,409</b>	<b>960,972</b>	<b>3,382,850</b>	<b>41,096</b>	<b>76,827</b>



