

Analysis of the Home Office CIN on Mental Health v 3.0, January 2025

The following document will explore the Country Information Note on mental healthcare in Albania, examining its sources and finding areas where sources have been erroneously mischaracterised or misrepresented. It will contain relevant quotations from these sources, regarded as authoritative by the Home Office, which are likely to have application to Albanian casework. This has been updated with reference to the new CIN, released in January 2025.¹

Principal Changes in Version 3.0

- The most significant change between the December 2022 (v2.0) version and the current one is the emergence of the Albanian government's 'Mental Health Action Plan 2023-26', which is referred to frequently within the CIN. However, besides statistical measures included as background to this plan, as a political statement of intent this should not be considered a reliable source of information about the present state of mental health treatment in Albania. Factual reports will need to be cited in order to show that elements of the plan quoted in the CIN have been carried out. Important elements of the plan, for instance, include reconstruction and modernisation work at psychiatric hospitals, where poor conditions were the historic norm.² In terms of material not present within the CIN, according to the text of the 'Mental Health Action Plan 2023-26':
 - There was a marked increase in children 11-15 displaying symptoms of anxiety (irritation and nervousness) between 2014 and 2018.³
 - The overall budget of the Action Plan is estimated as 3,500,774,000 Albanian lek, which is less than £30 million (using exchange rates as of 26 February 2025).⁴ This equates to less than £10 million per year, which is around £4 *per capita* per year. This does not address the enormous gaps in mental health funding compared to neighbouring countries.⁵

¹ All references to the CIN are to: Home Office, 'Country Information Note – Albania: Mental Healthcare', v 3.0, January 2025.

<https://assets.publishing.service.gov.uk/media/67892f2393d4eae3088bd322/ALB+CIN+Mental+Healthcare.pdf>

² Rebecca Mueller, 'Mental Health Reform and Postsocialism in Albania', Master's thesis (Indiana University, 2016), pp. 24-25.

³ Ministria e Shëndetësisë dhe Mbrojtjes Sociale, 'Mental Health Action Plan Albania 2023-2026', n.d., pp. 9-10.

<https://shendetesia.gov.al/wp-content/uploads/2023/11/Albanian-Mental-Health-Action-Plan-2023-2026.pdf>

⁴ *Ibid.*, p. 38.

⁵ 'Ariel Çomo and the "deep gap" between available resources and the children's needs', *European Society of Child and Adolescent Psychiatry*, n.d. [2015].

<https://web.archive.org/web/20151127044459/http://www.escap.eu/policy/albania/>

- Of this budget, fully 1,178,585,000 ALL (34 % of the total) is marked towards existing operation of the 10 existing Community Mental Health Centres and 14 supported living homes. 531,362,000 ALL (15% of the total) is marked towards establishing 4 additional CMHC.⁶ It seems unlikely that this Action Plan will have sufficient funding to be transformative in terms of Albanian mental health care.
- The CIN uses the more recent 2023 US State Department report on human rights, rather than the then-contemporary 2021 report in v2.0.
- There is a new section (2.5) about private provision of mental healthcare.
 - Section 2.5.1 states that a list of 21 psychiatrists in Albania provided by a search on the personal data broker Fastbase is “a list of ... professionals in private practice in Albania”. However, many of the psychiatrists on this list are named as working for state psychiatric hospitals and institutions, and this list does not constitute evidence that they are available or advertising their services in private practice.
 - Section 2.5.2 cites a single example of a private psychological clinic in Tirana. No information about their pricing or accessibility is given.

Section 1

- The Council of Europe factsheet cited in 1.2.1 contains salient facts which have been omitted from the CIN.
 - The European Committee of Social Rights conclude that the Albanian state is in breach of Article 11, section 1 (Right to protection of health) due to “the provision of healthcare [being] subject to unnecessary delays”.⁷
 - The most recent full Committee conclusions on health, social security and social protection (2021) echo the UN-CRPD’s 2019 concerns regarding the “lack of progress on deinstitutionalisation and on implementing independent living arrangements, as well as a lack of disaggregated data on the number of persons with disabilities still living in institutional settings”, as well as a number of other concerns (including the funding of mental health services) about which the Committee is requesting data.⁸
 - It also discusses the impact of the Albanian government’s Action Plan for the Development of Mental Health Services 2013-2022, which has been: “the establishment and operation of a network of integrated mental health services comprising ten Community Mental Health Centres and fourteen Supported Homes that offer treatment, rehabilitation and social integration. ... The

⁶ Ibid., p. 47.

⁷ ‘Albania and the European Social Charter: Report on the situation of non-accepted provisions’, *Albania Factsheet*, March 2022 update. <https://rm.coe.int/albania-march2016-en/16805ab7c5>

⁸ European Committee of Social Rights, ‘Conclusions 2021 – Albania’, *Council of Europe*, March 2022, pp. 26-27. <https://rm.coe.int/conclusions-2021-albania-en/1680a5d9e2>

[Albanian government] report notes that the newly opened services accommodated 140 individuals.”⁹

- Section 1.3.4 omits three relevant criticisms which the UN-CRPD made of the Albanian state’s policies towards disabled people: (1) “that, based on Law No. 93/2014, the Prime Minister exclusively is in charge of the nomination and appointment of the members of the National Disability Council and that the level of representation of members of civil society in the Council is below 50 per cent” (in other words, the politicisation of the National Disability Council and its unrepresentative constitution); (2) the lack of “regular, sustainable” financial support for disabled people’s organisations, and (3) “insufficient progress made to amend all national legislation that denies or restricts the legal capacity of persons with disabilities, including the Civil Code, the Civil Procedure Code, the Family Code and the Mental Health Law, and about the lack of existing or planned mechanisms for supported decision-making”.¹⁰ The latter point (3) is potentially salient to Albanian asylum and human rights cases in which the appellant has been diagnosed with a mental health condition that might lead to the curtailment of their legal capacity under Albanian law.

Section 2

- The source that the CIN quotes in 2.1.2 regarding the changing structure of the Albanian mental health profession is likely published in a so-called ‘predatory’ or ‘counterfeit’ journal, that is, one whose peer review process is fraudulently represented.¹¹ Common characteristics of predatory journals are (1) fraudulent or unverifiable reporting of their impact factor; (2) unrealistic timelines for a genuinely peer-reviewed publication; (3) listing an editorial board of which some members do not exist or whose credentials cannot be verified; (4) publishes articles that are unrelated to its supposed subject matter; and (5) publishes articles full of easily detectable grammatical errors.¹² The *World Journal of Advanced Research and Reviews* has all of the traits listed above.
 - It describes its impact factor as being 7.8, but Exaly – one of the few scholarly databases to measure the impact factor of this journal – puts it at 0.2, with 88% of its articles not receiving a single citation.¹³

⁹ Ibid.

¹⁰ United Nations Committee on the Rights of Persons with Disabilities, ‘Concluding observations on the initial report of Albania’, 14 October 2019, accessed 12th August 2024.

<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6OkG1d%2FPPrICAqhKb7yhspdIq2SN0FynLS%2BUiWUaqofjmf0rHJ5MLWvzpC5ePiubIk65eOKd%2FNGE6rLwV%2B8UH2qHAw2phpnAZHHFMFuZbrUznINmuu8vWWy5fRMtguz>

¹¹ Susan A. Elmore, Eleanor H. Weston, ‘Predatory Journals: What They Are and How to Avoid Them’, *Toxicology Pathology*, 48, 4 (2020), 607-610.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7237319/pdf/nihms-1580666.pdf>

¹² Ibid., Table 1.

¹³ ‘About Journal WJARR’, *World Journal of Advanced Research and Reviews*, webpage, accessed 12th August 2024. <https://wjarr.com/content/about-journal-wjarr>

- The *WJARR* promises a 4-day timeline for publication, which is almost never offered by legitimate journals for a peer review process – especially given they have published over 5700 papers in the past five years.¹⁴
- Their editorial board is presented misleadingly. Dr. U. Srinivas is no longer on the faculty at Srinivas College of Pharmacy; no affiliation is given for the editor-in-chief; Luaay Abdulwahid does not have a doctorate as is claimed.¹⁵
- The most recent issue contains papers on a hugely broad range of topics from the economic regeneration of rural Chinese towns to AI's role in fraud detection to biology.¹⁶ The *WJARR*'s alleged editors do not have significant expertise outside medicine.
- Many papers and abstracts are full of glaring grammatical errors, including within the quotes which the CIN has provided (and corrected using square brackets).
- The thesis of Master's student Rebecca Mueller, quoted from in sections 2.3.2 and 2.3.3, contains several salient observations regarding mental healthcare in Albania which have been omitted. These cover a wide range of relevant aspects to migrants' cases, including treatment models and availability, social stigma and opportunities for people with mental illnesses:
 - "Beyond the detestable conditions and abuse, the strong association between institutions like the Elbasan Psychiatric Hospital and state discipline have contributed to a lasting and pervasive desire among Albanians to avoid association with the mental health sector at all costs. Stigma—partially informed by the legacy of socialist-era psychiatry—influences the progress of Albanian mental health reforms today, just as the heavily medicalized care, abuse and neglect suffered by individual residents continue to negatively impact their lives in the postsocialist period." – p. 13.¹⁷

Exaly, journal database entry, webpage, accessed 12th August 2024.

<https://exaly.com/journal/108946/world-journal-of-advanced-research-and-reviews>

¹⁴ Ibid.

For discussion of publication timescales of peer reviewed journals and the 'rapid' publication common in counterfeit journals, see Shamseer et al., 'Potential predatory and legitimate biomedical journals: can you tell the difference? A cross-sectional comparison', *BMC Medicine*, 15, 28 (2017), page 7. <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-017-0785-9>

¹⁵ 'Editorial Board of International Journal: World Journal of Advanced Research and Review', *WJARR*, webpage, accessed 12th August 2024. <https://wjarr.com/content/editorial-board>
 'Department of Pharmacognosy [Staff Directory], *Srinivas College of Pharmacy*, webpage, accessed 12th August 2024. <https://www.srinivasgroup.com/Srinivas-College-of-Pharmacy/Department-Of-Pharmacognosy>

'Teaching Staff – Medical Sciences', *University of Basra – College of Nursing*, webpage, accessed 12th August 2024. <http://en.nur.uobasrah.edu.iq/teaching-staff-medical-sciences>

¹⁶ *WJARR*, 23, 1 (July 2024). <https://wjarr.com/ArchiveIssue-2024-Vol23-Issue1>

¹⁷ Rebecca Mueller, 'Mental Health Reform and Postsocialism in Albania', Master's thesis (Indiana University, 2016), p. 13.

https://www.academia.edu/31772502/Mental_Health_Reform_and_Postsocialism_in_Albania

- “According to the SEE Mental Health Project report, psychiatrists from the Vlorë Psychiatric Hospital perceived assignment to the CMHC as a demotion, and the agreed-upon compromise—month-long CMHC ‘rotations’—was not conducive to establishing long-term out-patient treatment for individual consumers”. – p. 24.¹⁸ Furthermore, “the social and community aspects of community mental health have not been fully realized; logistical practicalities and the continued stigma against those with mental illness continue to limit the success of consumer self-advocacy.” – p. 37.¹⁹
- “Hundreds of people, including many formerly housed in Tirana, remained in residence in the Vlorë and Elbasan Psychiatric Hospitals [in 2013]. Indeed, these Hospitals were experiencing *reinstitutionalization*, with rising numbers of ‘social cases’: some individuals’ family members had finally emigrated without them; survivors of trafficking sought psychological services and, importantly, protection. Albanian media sources were running stories on the continued human rights abuses occurring in psychiatric settings. The roof of the Elbasan supported home was leaking and the Municipality refused to fix it.” – pp. 24-25.²⁰ This is especially salient to Albanian trafficking cases, demonstrating a continued risk of confinement to a traumatic and abusive psychiatric institution for returnees who have experienced trafficking.
- “In Albania, however, individuals living with a mental illness are, in practice, expressly barred from attending school and have relatively little hope of finding or keeping a partner once diagnosed, unless that partner, too, lives with a diagnosis.” – p. 29.²¹ “In Albania, schizophrenia is truly a feared condition; many young people with schizophrenia are unlawfully prevented from attending secondary school or university.” – p. 36.²² This suggests limited ability to engage in education or in private life for Albanians diagnosed with mental health conditions.
- “Albania’s remaining psychiatric beds are still concentrated in the Vlorë and Elbasan Psychiatric Hospitals. Few district hospitals house “psychiatric beds,” and by default, most psychiatric patients in need of crisis care and recovery are referred to the two residential institutions.” – pp. 30-31.²³
- “Even in Elbasan, Albania’s fourth largest city, a single visit to the CMHC can become ‘proof’ of mental illness. A home visit by Center staff is a safer way to determine the necessity of formal treatment—traditionally a last resort in Albanian society ... With few exceptions, no one utilizes mental health services unless they have become truly psychotic or have already attempted

¹⁸ Ibid., p. 24.

¹⁹ Ibid., p. 37.

²⁰ Ibid., pp. 24-25.

²¹ Ibid., p. 29.

²² Ibid., p. 36.

²³ Ibid., pp. 30-31.

suicide.” – p. 35.²⁴ This speaks to the likelihood of stigma Albanians encounter while accessing even basic mental health resources.

- “In Albania, social stigma and structural barriers limit opportunities for consumers and family caregivers like. The mental illness of one family member can make it difficult for other members to find marriage partners due to fears that future children will inherit the illness.” – p. 38.²⁵
- “With the widespread labor migration both within Albania and internationally, family supports can be weak, and assisting individuals outside of one’s family goes against cultural norms.” – p. 38.²⁶
- In “small towns and rural areas ... individuals with severe mental illness lack psychiatric care and are frequently subjected to isolation or abuse behind closed doors. In Divjake, a small coastal town far from any regional hospital or specialized services, a couple of individuals with mental illness wander around town and are accepted by residents; others spend their days in their families’ ‘back rooms’, and many never leave their homes”. – pp. 38-39.²⁷
- “Importantly, the CMHC model has the potential to provide meaningful services to individuals not served by traditional institutions: for example, those living with common mental disorders like depression and anxiety. But because of the limited number of CMHC’s that currently exist, very few individuals can access them. Elbasan’s CMHC social worker lamented the fact that her workplace did not provide funding for local travel. Trips to distant villages to identify or follow up with consumers were funded out of pocket by Center staff members (Participant #6). While locals in cities like Elbasan, Korça, and Tirana utilize community-based services, those living elsewhere continue on without any access to specialized services, twenty years after the end of the socialist period.” – p. 40.²⁸
- “Adults with intellectual disabilities, those with co-occurring mental illness and disability, trafficking survivors recovering from trauma and seeking simple protection from revictimization and retaliation, and individuals experiencing perpetual hunger and poverty in their home communities all find their way to Albania’s remaining state hospitals.” – p. 47.²⁹
- The Home Office factfinding mission cited in 2.4.2 of the CIN made the following relevant observation which was omitted from the CIN: “D and E commented that the community centres are always full. Some religious organisations also have spaces but

²⁴ Ibid., p. 35.

²⁵ Ibid., p. 38.

²⁶ Ibid.

²⁷ Ibid., pp. 38-39.

²⁸ Ibid., p. 40.

²⁹ Ibid., p. 47.

these are also always full. There are very few chances for long term support for really serious cases.”³⁰

Section 3, 4 and 5

- The responses from MedCOI relied upon in sections 4 and 5 regarding Albania cannot be verified due to their nature as a private subscription service for asylum decision makers only.
- The WHO Mental Health Atlas 2020 cited in 3.1.1 and 3.1.2 provides relevant data about mental healthcare in Albania which is omitted from the CIN.³¹
 - Some of this information supports the Home Office’s case regarding mental healthcare being available to Albanians. It states that the majority of mental healthcare accessed by Albanians is reimbursed by national health insurance schemes and free at the point of use.
 - The Mental Health Atlas suggests a high degree of institutionalisation in Albanian mental healthcare. The self-rated marker for integration of mental healthcare into primary care is somewhat below the level for functional integration. Inpatient admissions rose consistently between 2014 and 2020. Over 56% of psychological inpatients had been staying there for more than one year. The ratio between outpatient appointments and inpatient admissions is only 18 to 1. The majority of inpatient beds are in mental hospitals, rather than community mental health facilities or general hospitals.
 - The follow-up rate for those discharged from inpatient care is only 26-50%, meaning that the majority of those with psychiatric illness do not get any care following an inpatient stay.
- The undated interview with Albanian psychiatrist Ariel Çomo (which appears to have been published in 2015) quotes a statistic from the 2011 WHO Mental Health Atlas which is indicative of the relative priority and quality of mental health services, which is that Albania spent \$142 *per capita* on mental healthcare, compared to \$516 in Montenegro, \$340 in Bosnia-Herzegovina, \$444 in Macedonia and \$1280 in Greece.³²

Sections 6 and 7

- The International Trade Administration (a USA government agency)’s guide to healthcare resources in Albania, cited in the CIN at 6.1.1, states that “almost 60% [of health expenditure] is paid privately”.³³ This accords with other estimates of how

³⁰ Home Office, *Report of FFM to Albania*, 2017 (Section 7), February 2018.

https://www.ecoi.net/en/file/local/1425717/1226_1519891691_home-office-ffm-report-albania.pdf

³¹ All references in this section are from World Health Organisation, ‘Mental Health Atlas 2020: Albania country profile’, 8 October 2021. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/alb.pdf?sfvrsn=3212d7e5_6&download=true

³² ‘Ariel Çomo and the “deep gap” between available resources and the children’s needs’, *European Society of Child and Adolescent Psychiatry*, n.d. [2015].

<https://web.archive.org/web/20151127044459/http://www.escap.eu/policy/albania/>

³³ International Trade Administration, ‘Healthcare – Albania’, executive summary, accessed 20 August 2024. <https://www.trade.gov/healthcare-resource-guide-albania>

Albanian healthcare is funded. Albanians experience far higher out-of-pocket costs for healthcare than any other European nation.³⁴

- The list of medications for which the Albanian Ministry of Health will reimburse the majority (but by no means all) of the out-of-pocket cost, cited in 6.1.1 with a list of psychiatric medications covered, is limited. Of the eight common SSRI antidepressants prescribed by the NHS, only two are present in the list (fluoxetine [Prozac] and fluvoxamine).³⁵
- The high out-of-pocket healthcare costs for chronic conditions (including mental health conditions) are confirmed by the source cited in 6.2.1 (Gabrani *et al.*), an analysis thereof from 2022. This stated that:
 - 87% of those surveyed (households containing an adult who had a chronic condition) paid for some or all of their medication;³⁶
 - Drugs accounted for 62% of all household costs for those surveyed;³⁷
 - “While the reimbursed proportion [of medicines] has substantially increased, the high rate of respondents paying OOPs for medicine provides evidence of a persisting heavy burden. Although some people are exempt (pensioners, people with disabilities, those invalidated through war, people with some conditions), there is no explicit exemption from co-payments for people with common chronic conditions or for people with low incomes. There is no overall annual cap (ceiling) on out-of-pocket payments arising from medicines or for other health services. This is especially worrying as co-payments for drugs or tests may accumulate over time”.³⁸
 - “The percentage of respondents who reported paying for health care consultation was higher among those who were uninsured (52%) than among those with a valid insurance card (33%). The respective percentages of patients paying for drugs were 96% and 86%, respectively”.³⁹
 - “Respondents with health insurance were less likely to encounter OOPs over the last 8 weeks. Nevertheless, 33% of respondents with valid cards reported OOPs for consultations, as compared to 52% of those who were not insured. ... Out-of-pocket payments are occurring at all levels of health facilities, from health posts to hospitals. However, in lower -level facilities, such as PHC

³⁴ Euronews Albania, ‘WHO: Albanians pay 60% of healthcare expenses out of pocket’, 15 January 2024. <https://euronews.al/en/who-albanians-pay-60-of-healthcare-expenses-out-of-pocket/>

³⁵ Ministry of Health [Albania], ‘Vendim Nr. 491’, 24th July 2024. <https://fsdksh.gov.al/wp-content/uploads/2019/10/LBR-2024-LISTA-2-me-kufizime-23082024-R.pdf>

NHS [UK], ‘Overview - Selective serotonin reuptake inhibitors (SSRIs)’, 8 December 2021, accessed 20 August 2024. <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/ssri-antidepressants/overview/>

³⁶ Gabrani J, Schindler C, Wyss K, ‘Out of pocket payments and access to NCD medication in two regions in Albania’, *PLoS ONE*, 17, 8 (2022), p. 6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9365190/pdf/pone.0272221.pdf>

³⁷ *Ibid.*, p. 1.

³⁸ *Ibid.*, p. 11.

³⁹ *Ibid.*, p. 8.

centers and health posts, respondents were less likely to report OOPs (30% at PHC compared to 51% in polyclinics, and 41% in hospitals)."⁴⁰

- Only 86% of respondents had health insurance, and among those who lived in rural areas, this was only 69%.⁴¹ Overall enrollment in Albanian health insurance is only 60%, falling to 50% in rural areas.⁴²
- Over 75% of respondents with mental health conditions paid for either medication or consultations.⁴³
- These findings contradict the statement in paragraph 7.1.1, which relies on the WHO Mental Health Atlas (whose inconsistency with other sources was noted in 3.1.3) to assert without further evidence that “patients pay nothing for mental health services or psychotropic medications at the point of service, as patients are normally fully insured”.
- Paragraph 7.1.2 appears to contradict its own evidence. It states that: “Medicines included on the ‘List of drugs that are reimbursable from the Compulsory Health Care Insurance Fund’ are available to patients free of charge.” However, the list of reimbursable drugs cited in 6.1.1 explicitly provides a figure for the cost to the patient of almost all drugs, including the psychiatric medications listed in the CIN, since Albania’s health insurance policy expects patients to pay up to 50% of the listed price of the medication out of pocket.⁴⁴
- This is confirmed by the source cited in 7.2.1, which states: “The reimbursed drugs price will be covered at a rate of 50 % to 100 %, social categories such as pensioners, full disabled people, children 0-12 months, patients suffering from CA , TB, orphans, blind people will benefit free of charge the first alternative of each drug included in this list. Social categories such as veterans and war invalids benefit 100% free all the drugs in the reimbursable drugs list and those registered in the Republic of Albania”.⁴⁵
 - This source is, however, low-quality and its publisher (MCSER) is listed on Beall’s List, a list of likely ‘predatory’ or ‘counterfeit’ peer-reviewed journals and journal publishers.⁴⁶
 - This article is (1) full of obvious grammatical and spelling errors, (2) does not present a methodology and (3) does not present an argument, making it likely that this student work has not been properly peer-reviewed.
- Gabrani *et al.* also complicates the assertion, in paragraph 7.3.1 (which is derived from a Home Office fact-finding mission in 2017), that primary healthcare is free and

⁴⁰ Ibid., p. 12.

⁴¹ Ibid., p. 7.

⁴² Ibid., p. 3.

⁴³ Ibid., p. 8 (Figure 1).

⁴⁴ Ibid., p. 11.

⁴⁵ Fjoralba Memia, ‘Health Care Insurance System in the Republic of Albania and Development Perspective’, *Journal of Educational and Social Research*, 5, 1 (January 2015), 49-54, p. 52.

⁴⁶ Beall’s List of Potential Predatory Journals and Publishers, accessed 20 August 2024. <https://beallslist.net/> For more information regarding Beall’s List and the maintenance of this site, see Dalmeet Singh Chawla, ‘Sites warn against “predatory” journals’, *Nature*, 555 (22 March 2018), 422-423.

secondary care is free with a referral. 30% of the study's respondents did, in fact, pay for consultations at primary health clinics, and 28% paid for tests.⁴⁷ Fully 41% paid for hospital consultations.⁴⁸ 31% of those with health insurance paid for both drugs and consultations.⁴⁹ There are also informal, under-the-table payments in the Albanian healthcare system.⁵⁰

Section 8

- Section 8.1.2 cites a 2024 article from *Frontiers in Public Health*, which is a study of Balkans university students' experiences of mental health stigma. This contains some findings which are relevant to migration law decision-making which are not mentioned in the CIN:
 - "In Albania, the sporadic nature of mental health support [in universities] through workshops proved insufficient for continu[ou]s support".⁵¹
 - "In North Macedonia and Albania, the intermittent nature of mental health initiatives and the pervasive stigma around mental health discussions hinder effective community support".⁵²
 - "In Albania, the absence of proactive public health strategy for mental health means that services are sporadic and underfunded, relying heavily on non-governmental organizations and private initiatives that cannot comprehensively address the needs of the population".⁵³

Other sources cited

- The bibliography cites a report given to the UN-CRPD in 2019 authored by an association of Albanian disabled peoples' organisations. The CIN omits some observations from this report which would be highly relevant, creating a misleading positive impression of the progress of rights and conditions for those with mental health problems and neurological difficulties in Albania.
 - The report's executive summary presents conclusions which have not been adequately represented in the CIN: "This network of organizations [the authors], acknowledges in this report that Albania has made some progress during the recent years, especially since 2012 towards realizing the obligations under CRPD. However, the participating organizations in the coalition stress that this progress is mainly related to the legal and political framework which was in fact improved but has not been implemented.

⁴⁷ Gabrani J, Schindler C, Wyss K, 'Out of pocket payments and access to NCD medication in two regions in Albania', *PLoS ONE*, 17, 8 (2022), p. 8.

⁴⁸ *Ibid.*, p. 12.

⁴⁹ *Ibid.*, p. 9.

⁵⁰ *Ibid.*, p. 12.

⁵¹ Duraku *et al.*, 'Mental health awareness, stigma, and help-seeking attitudes among Albanian university students in the Western Balkans: a qualitative study', *Frontiers in Public Health*, 12 (2024), p. 6.

⁵² *Ibid.*, p. 7.

⁵³ *Ibid.*, p. 7.

People with disabilities in Albania remain significantly discriminated against in all spheres of life.” – p. 6.⁵⁴

- “There is a lack of [a] proactive role from institutions dealing with cases of discrimination, loss of community confidence in institutional solutions and lack of self-awareness about discrimination. The low level of discrimination cases before the Commissioner for Protection from Discrimination is also mentioned in the Resolution of the Parliament of the Republic of Albania of 19.4.2018, which expresses the Parliament’s concern about their low number.” – p. 10.⁵⁵
- “Also, people that are labor invalids, paraplegic and tetraplegic and blind persons, benefit from reimbursement for electricity, free public transport, tax incentives, stimulating quotas in education, while other groups which generally benefit from the Law on Economic Assistance, who are persons with intellectual disabilities, psycho-social disabilities and other physical disabilities, do not benefit from these conveniences, although they may often have even greater needs for support” . – p. 10.⁵⁶ This is highly salient to the likelihood of state support in Albania for those with psychological conditions.
- “According to the criteria set out in the standards of social care services for victims of domestic violence in public and private residential centers, women with disabilities can benefit from these services only when they are capable of caring for themselves, which in and of itself contradicts the principle of non-discrimination and ensuring reasonable accommodation.” – p. 11.⁵⁷ This affects the ability of women with mental health difficulties or psychological conditions to access domestic violence shelters and seek safety from trafficking or other forms of violence.
- “Thus, the prescription of the ‘reasonable accommodation’ has been an obligation to be fulfilled also based on the Law on Inclusion and Accessibility, but an ADRF report (2017) showed that although DCM no. 1074/2015, adopted in compliance with the Law on Inclusion and Accessibility, obliges institutions to develop a plan for removing communication and infrastructure obstacles in the provision of public services for persons with disabilities, no institution, including those addressing violence, has fulfilled this liability.” – pp. 12-13.⁵⁸ This affects access to justice for those with psychological conditions.

⁵⁴ Network of Disability Organisations [in Albania] (Albanian Disability Rights Foundation *et al.*), ‘Alternative Report to the UN Committee on the Rights of Persons with Disabilities’, 2019, p. 6. https://adrf.al/images/publications/Alternative_Report_to_the_UN_Committee_on_the_Rights_of_Persons_with_Disabilities.pdf

⁵⁵ *Ibid.*, p. 10.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*, p. 11.

⁵⁸ *Ibid.*, pp. 12-13.

- “However, studies and monitoring by civil society organizations highlight a significant lack of social, health, rehabilitation, and cultural services for children with disabilities. This is due to the lack of services in areas where children with disabilities reside, lack of family income to cover the costs of accessible transport services and often also due to the lack of accessibility of the physical infrastructure of centers providing health and social services and the lack of specialists, providers of specific services based on type of disability and individual needs. Access to health services for children with disabilities is hindered by costs and lack of services, while transport (to access the services) remains a critical deficiency”. – p. 15.⁵⁹
- “According to administrative and recent survey data, 2.5 to 4 percent of the children's population in Albania have a disability, which is certified by the Disability Assessment Commission. A quarter of these children do not have access to disability payments, and more than three-quarters have no access to social services”. – p. 16.⁶⁰
- “The Civil Code in its Article 9 deals with "psychological diseases" in relation to the legal capacity to act. It follows that even during the age of 14-18 years and for those over 18, if a person has “mental illness or mental development”, by a court decision the person’s legal capacity may be removed or restricted”. – p. 21.⁶¹
- “Independent living for people with intellectual disabilities is considered impossible for the time being and that it is coupled with a variety of barriers. Despite the readiness that persons with disabilities have to live an independent life, their decisions are made from the family or other guardians. Fear and disbelief about the skills from the part of their family and others; economic difficulties, little employment opportunities, alternatives that they have available for habitation, abandonment by family, gender, are among the main factors influencing the opportunities for them to live an independent life, enjoy a healthy emotional state, not be discriminated against and not isolated”. – p. 25.⁶²
- “To this day, the state provides an amount of money which is less than half of the minimum salary in Albania for the service of “caregiving” to some categories of persons with disabilities. Being unable to employ someone with that amount of money, family members end up doing the job on their own. This service is also very paternalistic in nature and medical model oriented as the sum is designed to be withdrawn by the ‘caregiver’ which takes away choice and control from the person with disability.” – p. 26.⁶³

⁵⁹ Ibid., p. 15.

⁶⁰ Ibid., p. 16.

⁶¹ Ibid., p. 21.

⁶² Ibid., p. 25.

⁶³ Ibid., p. 26.

- “The right to education is enjoyed by only 30% of children with disabilities, is what has been stated in the study of Save the Children and World Vision, published in April 2018, the first national study on the prevalence of disability in children 2 to 17 years old (for 10 municipalities with 4,896 children with disability, only 1,255 are enrolled in schools, which for these 10 municipalities it is 26 percent)”. – p. 27.⁶⁴ This confirms Rebecca Mueller’s statement that those with psychological disabilities are *de facto* excluded from education.
- “Access to health services for persons with disabilities is hampered by costs and lack of services, while transport to reach services remains a critical drawback”. – p. 29.⁶⁵
- “There is a lack of support for parents and family members of persons with disability, in dealing with diagnosis, acceptance of the disability, orientation to make the right decision regarding treatment, training, rehabilitation and education of their family member. They feel excluded and need psychological support”. – p. 31.⁶⁶
- “From the data provided by the National Association of Labor Invalids of the Republic of Albania,¹⁵³ it is reported that there are currently employed only 274 labor “invalids” in the public sector and 312 labor ‘invalids’ in the private sector, while the total number of labor ‘invalids’ for 2017 at urban level is n = 62,412 and at rural level n=7,304.” – p. 34.⁶⁷ This speaks to the lack of employment opportunities and economic prospects for those with psychological conditions or severe mental health problems in Albania.
- “The law ‘On Promotion of Employment’ foreseen the so-called ‘quota system’, stated that ‘every employer employing more than 24 employees is obliged to employ 1 (one) person with disabilities for every 25 employees of his staff.... The employer is given the opportunity to hire a person with severe handicap instead of five persons with a mild handicap (term used in the law). For years this law has not been implemented by both public and private employers, as evidenced by a recent monitoring report of ADRF. According to the data of this monitoring report, it is ascertained that out of the 72 public institutions contacted, 68 of them provided the required information. Moreover, only 3 of these institutions had met the quota requirement for the employment of persons with disabilities. “Reasonable accommodation in the workplace continues to be not guaranteed for employees with disabilities. This is also due to the fact that the administration employees lack the necessary professional skills to assess the needs for reasonable accommodation/ adjustment in the workplace.” – p. 35.⁶⁸

⁶⁴ Ibid., p. 27.

⁶⁵ Ibid., p. 29.

⁶⁶ Ibid., p. 31.

⁶⁷ Ibid., p. 34.

⁶⁸ Ibid., p. 35.

- “According to this [Albanian Labor] Code, the employer must provide appropriate jobs and facilities for persons with disabilities. Working hours for persons with disabilities are reduced to 6 hours per day or full 8 hours but with less demanding functions (supposedly adopted for their type of disability -only labor invalids). These facilities defined by the Medical Commission of Work Capability Assessment (MCWCA) are neither monitored nor enforced.
“... The pursuit of a job or the retention of a job position for a person with disabilities often passes through unpleasant situations related to the prejudices about the skills they can offer at work. Lack of employers' awareness of their skills and the opportunities they can show for contributing to society are a factor that curbs their employment. This lack of awareness on the part of employers can be manifested in forms of discrimination related to the employment of persons with disabilities such as prejudice, insults, slurs, and so on.” – p. 36.⁶⁹
- “In 10 of the country's municipalities, only 2.59% of people with disabilities, determined as such by disability assessment commissions, receive services. Access to services for persons with disabilities in rural areas is significantly lower than those in urban areas. Approximately half of the social services are provided outside the public state sector, and donor funding for providing services from NGOs is decreasing. In particular, services for persons over the age of 21 are at very low levels.” – p. 38.⁷⁰
- “With the legal amendments of 2014, the imposition of having 12-month payments of insurances in the last five years brought a number of other problems. All ‘labor invalids’ (persons with disabilities) who have benefited from the scheme up until before this amendment, who have not been able to get employed, are all brushed aside/excluded from the scheme. Many ‘labor invalids’ continue to be unemployed, due to lack of rehabilitation or priority treatment for employment (recall here that promotion of employment applies to persons who are not part of the insurance scheme). For a lengthy period of time, these people did not benefit from any scheme”. – p. 40.⁷¹ This speaks to the inadequacy of financial support for people with disabilities – including psychological conditions – in Albania.

⁶⁹ Ibid., p. 36.

⁷⁰ Ibid., p. 38.

⁷¹ Ibid., p. 40.