



Home Office

# Country Information Note

## Albania: Mental healthcare

Version 2.0

December 2022

# Preface

## Purpose

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of mental health care in Albania.

## Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used where possible to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.

## Independent Advisory Group on Country Information

The [Independent Advisory Group on Country Information](#) (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office's COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

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Information about the IAGCI's work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector's pages of the [gov.uk website](#).

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### **Official – sensitive: Start of section**

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### **Official – sensitive: End of section**

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### **Feedback**

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

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# Assessment

Updated: 30 November 2022

## Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach of Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

## Victims of trafficking

For information about mental health care for victims of trafficking, please see the Country Policy and Information Note on [Albania: Trafficking](#).

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# Country information

Section 1 updated: 30 November 2022

## 1. Legislation and government policy

### 1.1 Law no.44 of 2012 'On Mental Health'

1.1.1 Mental health treatment in Albania is regulated by Law no. 44 of 2012 (adopted 19 April 2012), and a series of bylaws passed in 2013 and 2014 to facilitate the implementation of its provisions<sup>1</sup>.

1.1.2 Law no. 44/2012 provides, inter alia:

#### **'Article 5:** General principles of care in mental health services

- a) Equal and non-discriminatory treatment of persons with mental health disorders, in order to respect physical integrity and human dignity.
- b) Provision of health care for persons with mental health disorders in a the least coercive environment, mainly at the community level, to avoid as much as possible displacements from the family environment to facilitate social integration and rehabilitation. Creating facilities for these persons and their families in order to include them in social life.
- c) Provision of care for persons with mental health disorders by multidisciplinary teams that respond in a complex way to medical, psychological, social and rehabilitation needs.
- d) Exercising the rights of persons with mental health disorders, in accordance with international acts, ratified by the Republic of Albania.

#### **'Article 31:** External monitoring of the mental health service

'The People's Advocate, through the National Mechanism for the Prevention of Torture, Treatment Inhuman and Degrading, acting as a separate structure under his authority, observes regularly, through periodic inspections, the respect of rights and standards that are offered to people with mental health disorders in health service settings specialized mental institution with beds, as well as presents recommendations to the relevant bodies, with aimed at improving the treatment and conditions of patients and ensuring compliance full human rights in mental health care institutions.

'The Ombudsman, through the National Mechanism for the Prevention of Torture, Inhuman and Degrading Treatment, during inspections in the mental health services of specialized with beds, is guaranteed free access to all places and environments mental health service institutions, as well as guaranteeing the receipt of any information, according to the legislation in force.

#### **'Article 33:** Review of requests/complaints from interest groups

'Institutions that offer mental health services are obliged to examine the all requests, complaints and proposals made by associations or other

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<sup>1</sup> Council of Europe, '[12th National Report on the implementation of...](#)' (page 25), 27 November 2020

voluntary groups, patients, family members or persons interested in protecting the interests of persons with mental health disorders.

‘Complaints against the response [sic] of an institution [following an initial complaint] may be appealed to the Minister of Health... Appeals against a decision of the Minister of Health are to a court [of law].’<sup>2</sup>

- 1.1.3 Certain articles of Law 44/2012 carry maximum penalties for violations committed by health professionals; these include suspensions from practice for up to 3 years and/or fines<sup>3</sup>.
- 1.1.4 See [Structure of the mental health care system](#) for further details of the provisions of Law 44/2012.

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## 1.2 Other relevant legislation

- 1.2.1 The Albanian government, in its submission to the UN Committee on the Rights of Persons with Disabilities (UN CRPD) dated 3 October 2017, noted:
- The Anti-discrimination Law includes temporary special measures for ‘expediting the real introduction and establishment of equality’ in society for those with disabilities<sup>4</sup>.
  - Law no. 9232 ‘On social housing programs’, as amended by law no. 54/2012, provides that persons with disabilities have priority in terms of eligibility for social housing<sup>5</sup>.

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## 1.3 International instruments relevant to mental health care

- 1.3.1 Albania is party to the European Convention on Human Rights [ECHR]<sup>6</sup> and the European Social Charter (November 2002)<sup>7</sup>, and has also ratified the UN Convention on the Rights of Persons with Disabilities (February 2013) and the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (May 1994)<sup>8</sup>.

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## 1.4 Government policy and special measures

- 1.4.1 In parallel with the drafting and adoption of Law 44/2012, an ‘Action Plan for the Development of Mental Health Services 2013-2022’ was developed<sup>9</sup>. The World Health Organisation (WHO) observed:

‘The aim of this strategy is for the protection of the rights of persons with special needs and mental health disorders, and the fight against exclusion and social discrimination, through an integrated network of mental health services treatment, rehabilitation and social reintegration.

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<sup>2</sup> [Law no. 44/2012](#): 19 April 2012 (unofficial translation)

<sup>3</sup> [Law no. 44/2012](#): Article 34, 19 April 2012 (unofficial translation)

<sup>4</sup> UN CRPD, [State party report](#) (paragraph 46) dated 3 October 2017

<sup>5</sup> UN CRPD, [State party report](#) (paragraph 184) dated 3 October 2017

<sup>6</sup> European Union, [EU Fundamental Rights Information System](#), accessed 23 November 2022

<sup>7</sup> Council of Europe, ‘[Albania and the European Social Charter](#)’, March 2022

<sup>8</sup> [UN Treaty Body database](#). Last accessed 23 November 2022

<sup>9</sup> UN CRPD, [State party report](#) (paragraph 46) dated 3 October 2017



‘[There are] two major strategic objectives:

1. Decentralization of mental health services through network expansion and enhancement of existing services.
2. Deinstitutionalization, by controlling the number of psychiatric beds and strengthening community mental health services.<sup>10</sup>

1.4.2 The Albanian government, in its submission to the UN Committee on the Rights of Persons with Disabilities (UN CRPD) dated 3 October 2017, noted:

- Special temporary measures, now provided for in the Anti-discrimination Law, have been implemented for ‘expediting the real introduction and establishment of equality in society’ for those with disabilities<sup>11</sup>.
- Persons with mental disabilities, as well as their carers, are eligible for a monthly social assistance allowance, as well as grants for electricity, etc. The process for securing state assistance has been simplified<sup>12</sup>.
- Law no. 9232 ‘On social housing programs’, as amended by law no. 54/2012, provides that persons with disabilities have priority in terms of eligibility for social housing<sup>13</sup>.

1.4.3 The government has, since 2010, cooperated with agencies and NGOs, including USAID and the Albanian Foundation for the Rights of Persons with Disabilities, to identify issues related to employment for persons with disabilities and to address them through interventions to enable employment. This led to the amendment of the Labour Code and the adoption of the Law ‘On employment promotion’<sup>14</sup>.

1.4.4 However, the UN Committee on the Rights of Persons with Disabilities expressed concerns about a number of issues in its ‘Concluding observations’ of 14 October 2019, including (a) lack of mainstream and disability-specific services provided at the local level; (b) the use of derogatory language against persons with disabilities in laws, policies and public discourse; (c) The lack of a clear prohibition of discrimination on the grounds of disability and the absence of sanctions and remedies in cases of discrimination; (d) The lack of a strategy to promote the rights of Roma persons with disabilities, in particular on the situation of Roma women and girls with disabilities; (e) The lack of a comprehensive gender equality policy and strategy that addresses the multiple and intersecting forms of discrimination faced by women and girls with disabilities<sup>15</sup>.

1.4.5 The UN CRPD further stated that insufficient measures had been taken, to date [2019], to deinstitutionalize persons with disabilities. The UN CRPD was concerned about reports of violence or abuse against persons housed in institutions, and the absence of effective remedies such as compensation and rehabilitation<sup>16</sup>.

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<sup>10</sup> Council of Europe, ‘[Albania and the European Social Charter](#)’ (page 25-26), March 2022

<sup>11</sup> UN CRPD, [State party report](#) (paragraph 46) dated 3 October 2017

<sup>12</sup> UN CRPD, [State party report](#) (paragraph 49) dated 3 October 2017

<sup>13</sup> UN CRPD, [State party report](#) (paragraph 184) dated 3 October 2017

<sup>14</sup> Albanian Foundation for the Rights of Persons with Disabilities, [Annual Report 2015](#), July 2016

<sup>15</sup> UN CRPD, ‘[Concluding observations](#)’, 14 October 2019

<sup>16</sup> UN CRPD, ‘[Concluding observations](#)’, 14 October 2019

## 1.5 Legal assistance

### 1.5.1 The Albanian Foundation for the Rights of Persons with Disabilities stated in their Annual Report for 2015:

‘Free legal aid program for persons with disabilities and their family members continues to provide free legal aid by lawyers specializing in the rights of persons with disabilities since 10 years [since 2005].

‘This program in 2015 has provided free legal aid in Tirana, Shkodra, Vlora and Elbasan. 514 people [with various types of disability] have received legal aid, 16 of which were cases of representation in front of courts [of law] and 7 of them were cases of discrimination of persons with disabilities ...in front of the Commissioner against Discrimination.’<sup>17</sup>

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## 1.6 Anti-LGBT+ ‘conversion therapy’

### 1.6.1 Human Rights Watch reported in May 2020 that the Albanian Order of Psychiatrists, a professional body established by legislation in 2017, had prohibited its members ‘from offering “conversion therapy,” or pseudo-therapeutic attempts to change a person’s sexual orientation or gender identity.’<sup>18</sup>

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## 1.7 Inspections of institutions

### 1.7.1 See [Law no.44 of 2012 ‘On Mental Health’](#): Article 31 of Law 44/2012.

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Section 2 updated: 30 November 2022

## 2. Structure of the mental health care system

### 2.1.1 Prior to 2012, the treatment of serious mental illnesses was only provided in psychiatric institutions. Following the adoption of Law 44/2012 and the Action Plan for the Development of Mental Health Services, measures were taken to ‘de-institutionalise’ and expand mental health treatment.

### 2.1.2 Writing in the World Journal of Advanced Research and Reviews, Musta and Bogdanova observed in October 2021:

‘The [reform undertaken] in the recent years in the field of mental health has led not only the change of services typology, but also the expand[ed] range of professionals involved in mental health services. Expanding the staff with new professionals, turning it into a multidisciplinary team composed not only of doctors and nurses, but also of psychologists, social workers, occupational therapists, etc. The establishment of new [community-based] services... is also reflected in the unknown roles that professionals must play in these services, focused not only on treatment but also on prevention and

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<sup>17</sup> Albanian Foundation for the Rights of Persons with Disabilities, [Annual Report 2015](#), July 2016

<sup>18</sup> HRW, [‘Albanian Psychologists Prohibit Anti-LGBT “Conversion Therapy”](#)’, 20 May 2020.

rehabilitation.’<sup>19</sup>

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## 2.2 Primary care

- 2.2.1 Under Law 44/2012, primary mental health care is provided by family doctors and nursing staff who exercise their activity in primary health care clinics or facilities. Doctors have a legal obligation of disclosure, referral and follow-up of patients with mental health disorders<sup>20</sup>.
- 2.2.2 Primary care is also carried out through specialised outpatient services in public or private facilities, by doctors specializing in psychiatry and by qualified nursing and other staff<sup>21</sup>.

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## 2.3 Community Health Centres and Supported Homes ('Shtëpizat')

- 2.3.1 As stated in the Albanian government's submission of October 2017 to the UN Convention on the Rights of Persons with Disabilities:
- 'The law sanctions the community approach to mental health services, in order to avoid institutionalization, community services which offer preventive, treatment and rehabilitation activities for persons with mental health disorders [Law 44/2012 Article 13]. It is important to reiterate that the mental health centers have been established and are operational only in the big cities, at the regional level, but the Action Plan for the development of mental health services in Albania (2013-2022) provides for the integrated system of health care services to be available in all regions.'<sup>22</sup> (See [Regional access to treatment](#)).
- 2.3.2 In March 2020 the Albanian Government confirmed that nine Community Mental Health Centers (community ambulatory services) and thirteen Supported Homes (community residential services), had been established since 2013. Supported Homes are functional units of mental health services, aiming the provision of residential services to individuals in a similar environment as family...<sup>23</sup>
- 2.3.3 Rebecca Mueller, of the Indiana University School of Public Health, has noted: 'Community health centres are staffed by an interdisciplinary team including at least one psychiatrist, psychiatric nurse, clinical psychologist and social worker. Staff members held office appointments and made home visits, often following up with consumers who had recently been discharged from hospital stays or were known to need extra support due to an especially difficult home situation.'<sup>24</sup>
- 2.3.4 According to an Alternative Report of 2019 to the UN CRPD by the Network of Disability Organizations, 'Compared with the needs of individuals, the

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<sup>19</sup> WJARR, Musta F. and Bogdanova M: '[Analysis of interventions and social...](#)', October 2021

<sup>20</sup> [Law no. 44/2012](#): Article 11, 19 April 2012 (unofficial translation)

<sup>21</sup> [Law no. 44/2012](#): Article 12, 19 April 2012 (unofficial translation)

<sup>22</sup> UN CRPD, [State party report](#) (paragraph 26) dated 3 October 2017

<sup>23</sup> Council of Europe, '[11th National Report on the implementation of...](#)' (page 13-14), 6 March 2020

<sup>24</sup> Mueller R., '[Mental Health Reform and Postsocialism in Albania](#)' (page 34), 1 December 2016

number of these centers is small.’<sup>25</sup>

### 2.3.5 Regarding Supported Homes, Mueller explained:

‘Most “shtëpiza” residents spend several months to perhaps two years at the Home, engaging in daily activities like communal cooking and cleaning, personal hygiene routines, walks, shopping trips, and other outings (A much touted difference between Hospital and Supported Home is the substantial amount of freedom that residents enjoy over their everyday schedules, and the fact that they can come and go as they please, without restrictions. A stay at the Home theoretically prepares residents for the next and final stage of transition: a return to life with family members in their home communities. However, a large percentage of residents across Albania’s Supported Home facilities...are “kronike” without any prospect of homecoming.’<sup>26</sup>

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## 2.4 Psychiatric hospitals and psychiatric wards in general hospitals

- 2.4.1 There are strict criteria for admission to in-patient treatment facilities, including psychiatric hospitals and psychiatric in-patient wards in general hospitals. A patient is referred by a Community Mental Health Center or a specialist doctor after all existing opportunities for health treatment in the community are exhausted and the necessary treatment is provided only through hospitalization in mental health services<sup>27</sup>. Under Law 44/2012 (Article 19), the informed consent of the patient is required; involuntary admission is only permitted in circumstances detailed in Article 20 of the same Law<sup>28</sup>.
- 2.4.2 The report of the Home Office FFM to Albania, published in February 2018, noted that there are four in-patient psychiatric facilities in Albania: Tirana, Shkoder, Elbasan and Vlore. Vlore (St Patrick’s) has 180 beds and Elbasan [Psychiatric hospital “Sadik Dinçi”] with 310 beds. Stay is limited to 3 weeks. Around 75% of people in the Vlore psychiatric hospital had chronic illnesses and had been there for many years. The other 2 facilities are psychiatric wards of larger hospitals, Tirana [University Hospital Centre ‘Mother Teresa’ has 90 psychiatric beds (10 for children/adolescents) and Shkoder 35 beds<sup>29</sup>.
- 2.4.3 Musta and Bogdanova stated in October 2021, ‘As hospitalization is the most restrictive of mental health services, its purpose is to stabilize acute symptoms so that the patient can return to the community as soon as possible, or to other services provided at that level.’<sup>30</sup>
- 2.4.4 The **Elbasan Psychiatric Hospital**, according to Musta and Bogdanova, was opened in 1963 in order to treat neurological and psychiatric patients. Before the 1990s the number of in-patients reached up to 800 people. Since then the number of users has decreased significantly and there are now 310 beds covering a population of about 1.3 million inhabitants in an area that

<sup>25</sup> Network of Disability Organizations, ‘[Alternative Report to the UN Committee...](#)’, 2019

<sup>26</sup> Mueller R., ‘[Mental Health Reform and Postsocialism in Albania](#)’ (page 32), 1 December 2016

<sup>27</sup> WJARR, Musta F. and Bogdanova M: ‘[Analysis of interventions and social...](#)’, October 2021

<sup>28</sup> [Law no. 44/2012](#): 19 April 2012 (unofficial translation)

<sup>29</sup> Home Office, [Report of FFM to Albania](#), 2017 (Section 7), February 2018

<sup>30</sup> WJARR, Musta F. and Bogdanova M: ‘[Analysis of interventions and social...](#)’, October 2021

includes districts in central and southeastern Albania. Emergency services are available; treatment/rehabilitation services are provided through wards for sub-acute patients, who need longer-term treatment than that provided in the functions of the reception service<sup>31</sup>.

- 2.4.5 Rehabilitation services at Elbasan Hospital include work with patients' families, activities for recovery of lost abilities, development of new skills, educational and psycho-educational services and pre-vocational training<sup>32</sup>.
- 2.4.6 The **University Hospital Centre 'Mother Teresa' (UHC 'Mother Teresa')** is the largest health institution in Albania. It is a public hospital complex and is financed from the Health Insurance Institute and Ministry of Health. The medical and administration staff numbers over 2,700 in total. UHC MT draws patients from all over Albania for tertiary level treatment<sup>33</sup>.
- 2.4.7 The UHC 'Mother Teresa' Department of Psychiatry treats a variety of mental disorders, including schizophrenia, personality disorders, depression, disorders related to the use of drugs, etc. It has closed wards for schizophrenic patients<sup>34</sup>.
- 2.4.8 The section on [Paediatric care](#) includes detailed information on psychiatric treatment for children at UHC 'Mother Theresa'.

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Section 3 updated: 30 November 2022

### 3. Mental health workforce

- 3.1.1 According to the World Health Organisation's Mental Health Atlas 2020, published 8 October 2021, health professionals in Albania numbered as follows:

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	46	1.60
Mental health nurses	250	8.68
Psychologists	43	1.49
Social workers	34	1.18
Other specialized mental health workers (e.g. Occupational Therapists)	20	0.69
<b>Total mental health professionals</b>	<b>393</b>	<b>13.64</b>

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- 3.1.2 For comparison: in 2021 The World Bank classified Albania as an 'upper-middle-income economy.'<sup>36</sup> The WHO Mental Health Atlas 2020 showed that

<sup>31</sup> WJARR, Musta F. and Bogdanova M: '[Analysis of interventions and social...](#)', October 2021

<sup>32</sup> WJARR, Musta F. and Bogdanova M: '[Analysis of interventions and social...](#)', October 2021

<sup>33</sup> EPTRI, '[University Hospital Mother Teresa \(UHCT\)](#)', no date.

<sup>34</sup> MedCOI responses, as listed in the [Bibliography](#)

<sup>35</sup> WHO [Mental Health Atlas 2020: Albania country profile](#), 8 October 2021

<sup>36</sup> The World Bank, '[World Bank Country and...](#)' ('Upper-middle-income economies'), 2021

countries in this economic category had, on average (median), 1.7 psychiatrists and 14.7 total mental health workers per 100,000 population<sup>37</sup>.

- 3.1.3 In apparent contrast with the data from WHO, the Order of Psychologists in the Republic of Albania, a professional body established by statute, stated in their 2017 Annual Report that their membership included 307 licenced psychologists, of whom 147 were clinical psychologists. (However, it was not made clear whether all of the members of the Order were actually based in Albania.)<sup>38</sup>
- 3.1.4 The [Institute of Cognitive Behavioural Therapy](#) confirms the availability of suitably qualified practitioners in Albania<sup>39</sup>.

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Section 4 updated: 30 November 2022

## 4. Availability of treatment for common mental health conditions

### 4.1 Introduction

- 4.1.1 The Albanian Daily News quoted a 2019 study by the Lancet Commission on Global Mental Health, which indicated that 13.8% of the Albanian population was affected by at least one form of mental health disorder, at that time<sup>40</sup>.

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### 4.2 Sources for Sections 4 and 5: MedCOI

- 4.2.1 These sections make use of medical country of origin information (COI) compiled by Project MedCOI, which was set up and operated by the immigration authorities in Belgium and the Netherlands until 31 December 2020, and since then by the European Union Agency for Asylum (EUAA).

- 4.2.2 The EUAA MedCOI sector website explains how the project has operated and currently operates:

‘EUAA MedCOI relies on a worldwide network of medical experts that provides up-to-date medical information in countries of origin. Based on this information and combined with desk research, the EUAA MedCOI Sector produces responses to individual requests from EU+ countries, general medical country reports, and maintains a portal with a specific database where the information can be found... The database is only accessible to trained personnel in EUAA and the EU+ countries’ relevant administrations...

‘The high quality and medical accuracy of the information is guaranteed by specifically trained medical advisors and research experts who also provide guidance to the users of the portal.

‘The MedCOI Sector at EUAA has incorporated all services that were previously delivered by project teams in Belgium and the Netherlands in an ERF/AMIF funded project until 31/12/2020 (MedCOI-4).’<sup>41</sup>

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<sup>37</sup> WHO, [Mental Health Atlas 2020](#) (pages 63 and 66 of the pdf), 8 October 2021

<sup>38</sup> Order of Psychologists in the Republic of Albania, ‘[Annual Report 2017](#)’, January 2018.

<sup>39</sup> Institute of Cognitive Behavioural Therapy, [Home page](#), undated

<sup>40</sup> Albanian Daily News, ‘[Anxiety Disorders - Albanians Ranked First in Region](#)’, 16 January 2019

<sup>41</sup> EUAA, ‘[EUAA MedCOI](#)’ webpage, no date



4.2.3 The UK Home Office ceased to be able to make requests to or access the database of MedCOI on 31 December 2020.

4.2.4 The UK Home Office has, however, retained copies of all MedCOI documents referred to in this note should they be required in individual cases.

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### 4.3 Anxiety and Post Traumatic Stress Disorder (PTSD)

4.3.1 WHO estimated in 2017 that 104,925 people in Albania were suffering from an anxiety disorder, equivalent to 3.8% of the population. (The comparative incidence for the UK in 2017 was 4.5%).<sup>42</sup>

4.3.2 MedCOI confirmed in January 2020 that the following specialist treatment was available at the University Medical Centre (UMC) 'Mother Teresa' in Tirana, a public hospital complex:

- Treatment of PTSD by means of cognitive behavioural therapy
- Treatment of PTSD by means of EMDR (Eye Movement Desensitisation and Reprocessing)
- Treatment of PTSD by means of narrative exposure therapy
- Outpatient treatment and follow up by a psychiatrist
- Inpatient treatment by a psychiatrist
- Outpatient treatment and follow up by a psychologist
- Inpatient treatment by a psychologist
- Assisted living / care at home by a psychiatric nurse<sup>43</sup>

4.3.3 See [Psychiatric hospitals and psychiatric wards in general hospitals](#) for further information on University Medical Centre 'Mother Teresa'.

4.3.4 See [Medication available in Albania \(as of 1 May 2022\)](#) to check for the **availability of specific medicines** in Albania.

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### 4.4 Depression

4.4.1 According to WHO estimates, 131,048 people in Albania had a depressive disorder in 2017, representing 4.8% of the population<sup>44</sup>. (For comparison, 4.5% of people in the UK were estimated to have a depressive disorder<sup>45</sup>.)

4.4.2 MedCOI confirmed in 2020 that the following treatment was available at the University Medical Centre 'Mother Teresa' in Tirana:

- Psychotherapy: cognitive behavioural therapy
- Psychotherapy other than cognitive behavioural therapy

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<sup>42</sup> WHO, '[Depression and Other Common Mental Disorders, Global Health Estimates](#)', 2017

<sup>43</sup> MedCOI (by subscription), Response dated 27 January 2020.

<sup>44</sup> WHO, '[Depression and Other Common Mental Disorders, Global Health Estimates](#)', 2017

<sup>45</sup> WHO, '[Depression and Other Common Mental Disorders, Global Health Estimates](#)', 2017

- Psychiatric clinical treatment in a closed ward/setting (not necessarily forced admittance).
  - Psychiatric treatment in the form of family therapy.
  - Outpatient treatment and follow up by a psychiatrist
  - Inpatient treatment by a psychiatrist
  - Outpatient treatment and follow up by a psychologist
  - Inpatient treatment by a psychologist<sup>46</sup>
- 4.4.3 In January 2020 MedCOI noted that at the Mental Health Centre Community, which is a public facility, psychiatric treatment in the form of group therapy (target group of similar patients) was available<sup>47</sup>.
- 4.4.4 See [Medication available in Albania \(as of 1 May 2022\)](#) to check for the **availability of specific medicines** in Albania.

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#### 4.5 Risk of suicide

- 4.5.1 According to WHO data, in 2019 Albania had a suicide rate of 4.3 per 100,000 population. This compared with, for example, 7.9 per 100,000 for the UK<sup>48</sup>.
- 4.5.2 MedCOI noted in January 2020 that the University Medical Centre of Tirana ‘Mother Teresa’ was prepared and equipped for Crisis Intervention in case of a suicide attempt<sup>49</sup>.

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#### 4.6 Chronic psychotic disorders, including schizophrenia

- 4.6.1 According to the WHO Mental Health Atlas, 21,746 cases of psychosis (inpatient or outpatient) were treated in Albania in 2020; 12,414 patients were men and 9,332 were women<sup>50</sup>.
- 4.6.2 MedCOI advised that the following treatment is available at the UCM ‘Mother Teresa’ in Tirana:
- Outpatient treatment and follow up by a psychiatrist
  - Inpatient treatment by a psychiatrist
  - Outpatient treatment and follow up by a psychologist
  - Inpatient treatment by a psychologist
  - Psychiatric clinical treatment in a closed ward/setting (not necessarily forced admittance)<sup>51</sup>.
- 4.6.3 Special outpatient services for patients with psychotic disorders, according to Musta and Bogdanova, include: ‘community-based multidisciplinary mobile

<sup>46</sup> MedCOI Response dated 27 January 2020.

<sup>47</sup> MedCOI, Response dated 27 January 2020.

<sup>48</sup> WHO, ‘[Suicide worldwide in 2019](#)’ (pages 22-26 of the pdf), 16 June 2021

<sup>49</sup> MedCOI, Response dated 27 January 2020.

<sup>50</sup> WHO [Mental Health Atlas 2020: Albania country profile](#), 8 October 2021

<sup>51</sup> MedCOI, Response dated 27 January 2020.



teams, day care centers, support homes for former chronic patients in psychiatric hospitals, support homes for psychotic patients, day care/recreation centers, etc.’<sup>52</sup>

- 4.6.4 See [Medication available in Albania \(as of 1 May 2022\)](#) to check for the **availability of specific medicines** in Albania. The section on [Psychiatric hospitals and psychiatric wards in general hospitals](#) provides details of psychiatric hospitals and psychiatric wards in general hospitals.

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## 4.7 Alcohol and drug abuse

- 4.7.1 In a MedCOI report dated February 2020 it was noted that the following treatment was available at ‘Mother Teresa’ University Hospital, Tirana:
- ‘Psychiatric treatment of alcohol drug addiction in a specialized clinic (detox)
  - ‘Psychiatric treatment of drug addiction in a specialized clinic (rehab)
  - ‘Psychiatric treatment of drug addiction; inpatient/clinical care with methadone
  - ‘Psychiatric treatment of drug addiction; outpatient care
  - ‘Psychiatric treatment of drug addiction; outpatient care with methadone
  - ‘Inpatient treatment by a psychiatrist
  - ‘Outpatient treatment and follow up by a psychiatrist’<sup>53</sup>
- 4.7.2 See [Medication available in Albania \(as of 1 May 2022\)](#) to check for the **availability of specific medicines** in Albania.

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Section 5 updated: 30 November 2022

## 5. Paediatric care

- 5.1.1 The website of the University Centre ‘Mother Teresa’, accessed in November 2022, noted under ‘Child Psychiatry Service’ (‘Shërbimi I Psikiatrisë Infantile’):

‘Our service offers a large number of clinical services (hospitalization and consultation) for children and young people suffering from: Developmental disorders; attention deficit/hyperactivity disorder; autism and other related disorders; depression; bipolar disorders; anxiety and somatoform disorders; obsessive compulsive disorders; psychotic disorders; eating disorders; post traumatic stress disorder and other stress-related disorders; behavior / personality disorders; self-injurious behaviors, suicidal attempts; problems with peers, siblings, parents and school teachers; Tourette's, etc.

‘Child and Adolescent Psychiatry Program with beds: The inpatient Child and Adolescent Psychiatry Program provides inpatient psychiatric care for a number of child and adolescent psychiatric disorders.

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<sup>52</sup> WJARR, Musta F. and Bogdanova M: [‘Analysis of interventions and social...’](#), October 2021

<sup>53</sup> MedCOI, Response dated 12 February 2020.

'Diagnosis and treatment are provided by a multi-disciplinary team headed by doctors and includes clinical psychologists, specialist doctors, nurses, social worker, other support staff. This service includes observation, assessment, diagnosis and setting a treatment plan. The treatment plan means biological therapeutic intervention (with drugs), individual or group therapy, supportive therapy with family members, etc.

'Patients' hospital stays vary from a few days to more than three weeks, depending on the purpose of hospitalization, the disorder being treated, and the condition of the patient.'<sup>54</sup>

- 5.1.2 MedCOI confirmed in November and December 2019 that the following treatment was available at UMC 'Mother Teresa':
- Outpatient treatment and follow up by a paediatric psychiatrist
  - Inpatient treatment by a paediatric psychiatrist<sup>55</sup>
  - Inpatient treatment by a child psychologist
  - Outpatient treatment and follow up by a child psychologist
  - Access to special schooling, if required
  - Home assistance / care at home by a nurse<sup>56</sup>.
- 5.1.1 The European Society for Child and Adolescent Psychiatry (ESCAP) published an undated interview with Ariel Çomo (a psychiatrist at Mother Teresa Hospital), in which Çomo stated: "Today we have fifteen working child psychiatrists, some of them also work with adults, and in the allied professions we have only three psychologists for adults and youth. This scarcity does not only go for mental health services – it is the same in other sciences and services."<sup>57</sup>
- 5.1.2 MedCOI noted in December 2019 that the Public Facility Institute for Handicapped children, near village SOS Sauk, Tirana, offered care for both combined mentally and physically handicapped persons and long-term, institutional around-the-clock care and paediatric care, such as special schooling for the mentally handicapped<sup>58</sup>.
- 5.1.3 See [Medication available in Albania \(as of 1 May 2022\)](#) to check for the **availability of specific medicines** in Albania.

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Section 6 updated: 30 November 2022

## 6. Medication available in Albania (as of 1 May 2022)

### 6.1 List of drugs that are reimbursable from the Compulsory Health Care Insurance Fund

- 6.1.1 The Ministry of Health and Social Care publishes an annual list of drugs (currently; [Vendim nr. 230, date: 13/04/2022](#)) which are registered and

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<sup>54</sup> UMC Mother Teresa, '[Child Psychiatry Service](#)' ('Shërbimi I Psikiatrisë Infantile') no date.

<sup>55</sup> MedCOI, Response dated 5 November 2019

<sup>56</sup> MedCOI, Response dated 11 December 2019.

<sup>57</sup> ESCAP, '[Ariel Çomo and the "deep gap" between available resources and the...](#)', undated.

<sup>58</sup> MedCOI, Response dated 11 December 2019

approved for marketing in Albania, **and** are sold in state hospital pharmacies, **and** for which the cost is reimbursable from the Compulsory Health Care Insurance Fund<sup>59; 60</sup>. The following are the drugs for psychiatric or neurological treatment which appeared on the list effective from 1 May 2022<sup>61</sup>:

**Antidepressants (including drugs for major depressive disorder):**

amitriptyline, desvenlafaxine, fluoxetine hcl, fluvoxamine, imipramine

**Anxiety (anxiolytics), panic disorders, sleeping problems:**

chlordiazepoxide, diazepam, lorazepam, meprobamate

**Bipolar disorder (manic depression), etc:** lithium carbonate, olanzapine, risperidone, sodium valproate

**Psychotic disorders (incl. schizophrenia):**, chlorpromazine, clozapine, haloperidol, olanzapine, paliperidone, risperidone

**Seizures, epilepsy:** carbamazepine, clonazepam, diazepam, gabapentin, lamotrigine, levetiracetam, phenobarbitone, phenytoin, pregabalin, sodium valproate, topiramate, valproic acid

**Other:** donepezil hcl, methylphenidate, vinpocetine

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## 6.2 Drugs registered in Albania, for which the cost is **not** reimbursable from the Compulsory Health Care Insurance Fund

6.2.1 As of 6 June 2022, a total of 4,067 drugs had been registered for use in Albania<sup>62</sup>. Of these about 30% are on the 'reimbursable drugs' list<sup>63</sup>. Patients or doctors are able to purchase any '**non**-reimbursable' medicines if they are available at a pharmacy in Albania, but would be required cover the cost of these 'out of pocket'<sup>64</sup>.

6.2.2 A **complete list of drugs that are registered (and obtainable) in Albania** can be found on the [website of the National Agency for Medicines and Medical Devices](#) ('Agjencia Kombetare e Barnave dhe Pajisjeve Mjekesore')<sup>65</sup>. (NOTE: Click on '**Regjistri i barnave - Shkarko**' to download the full pdf. list of medicines. The generic drug names are in **Column D**, under 'Principi Aktiv'. Use <Control.F> to find any drug name quickly.)

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Section 7 updated: 30 November 2022

## 7. Access to mental health treatment in Albania

### 7.1 Cost to the patient of treatment and medication

7.1.1 The World Health Organisation 'Mental Health Atlas 2020: Albania country profile', published 8 October 2021, advised that patients pay nothing for

<sup>59</sup> US International Trade Administration, '[Healthcare Resource Guide: Albania](#)', October 2019

<sup>60</sup> Ministry of Health, '[Vendim Nr. 230](#)', 13 April 2021

<sup>61</sup> Ministry of Health, '[Vendim Nr. 230](#)', 13 April 2021

<sup>62</sup> National Agency for Medicines and Medical Devices: [Medicines Register](#), updated to 6 June 2022

<sup>63</sup> US International Trade Administration, '[Healthcare Resource Guide: Albania](#)', October 2019

<sup>64</sup> Gabrani et al, '[Out of pocket payments and access to NCD medication in two...](#)', 10 August 2022

<sup>65</sup> National Agency for Medicines and Medical Devices, [Home page](#). No date.

mental health services or psychotropic medicines\* at the point of service, as patients are normally fully insured<sup>66</sup>. (See [The Compulsory \(Mandatory\) Health Insurance Fund](#)).

- 7.1.2 \*Medicines included on the 'List of drugs that are reimbursable from the Compulsory Health Care Insurance Fund' are available to patients free of charge. (See [Medication available in Albania \(as of 1 May 2022\)](#) for details.)

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## 7.2 The Compulsory (Mandatory) Health Insurance Fund

- 7.2.1 The Compulsory Health Insurance Fund (CMIF) was established in 2011 under Law no.10383. It covers most medical treatment services, including:

- a) medical check-ups, examinations and treatment in public primary health care centers and public hospitals;
- b) medical check-ups, examinations and treatments in [approved] private primary health care and hospital providers.
- c) drugs, medical products and treatments by contracted providers of health services.

Patients have free choice of a doctor<sup>67</sup>.

- 7.2.2 Compulsory healthcare insurance and related contributions payments are mandatory for all economically active persons residing permanently in Albania as employees, self-employed persons, unpaid family workers and other economically active persons<sup>68</sup>.

- 7.2.3 Compulsory healthcare insurance also covers the following categories of economically inactive persons, whose payment contributions are financed by the State:

- Persons who benefit from Social Insurance Institute
- Persons who receive social assistance or disability payments in accordance with relevant legislation
- Persons registered as unemployed
- Children under 18 years
- Pupils and students under the age of 25 years, provided they do not have income from economic activities
- Categories of persons as defined by special laws

Any persons who are not included in Compulsory Health Insurance are entitled to voluntarily join the compulsory scheme<sup>69</sup>.

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<sup>66</sup> WHO, '[Mental Health Atlas 2020: Albania country profile](#)', 8 October 2021

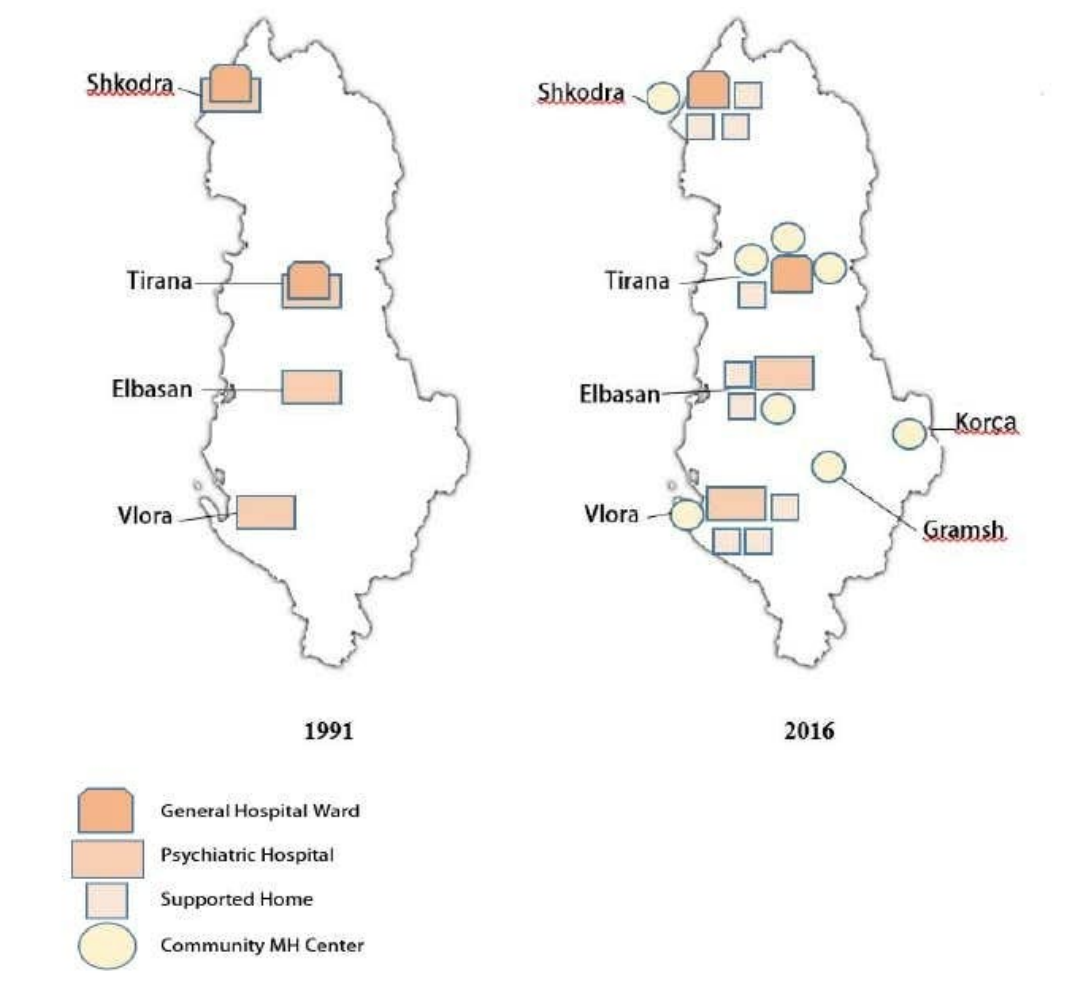
<sup>67</sup> Journal of Educational and Social Research, '[Health Care Insurance...](#)', January 2015

<sup>68</sup> Journal of Educational and Social Research, '[Health Care Insurance...](#)' (page 51), January 2015

<sup>69</sup> Journal of Educational and Social Research, '[Health Care Insurance...](#)' (page 51), January 2015

### 7.3 Regional access to treatment

7.3.1 The following table shows the locations of general hospitals with psychiatric wards, psychiatric hospitals, community mental health centres and 'supported homes', as of 1991 and 2016<sup>70</sup>:



7.3.2 The Home Office FFM report, published in February 2018, noted that people who live in remote areas are usually referred to specialist teams by their GPs. Primary health care is offered for free, whether or not the person has insurance. If a patient follows the referral system, they can access secondary health services free of charge<sup>71</sup>.

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## 8. Cultural context and societal attitudes (stigma)

8.1.1 The Journal of European Psychiatry published a study in March 2020 to assess attitudes towards people with mental health problems in Albania. The authors noted, 'More recent definitions of stigma focus on the results of stigma – the prejudice, avoidance, rejection and discrimination directed at

<sup>70</sup> Meuller R. '[Mental Health Reform and Postsocialism in Albania](#)' (page 21), 1 December 2016

<sup>71</sup> Home Office, '[Report of FFM to Albania](#)', February 2018

people believed to have an illness, disorder or other trait perceived to be undesirable.’ The study found that a higher percentage of the respondents showed a prejudice towards people with schizophrenia, as against alcoholics or people with diabetes<sup>72</sup>.

- 8.1.2 The US Department of State 2021 Country Report on Human Rights Practices, published in April 2022, noted: ‘There were no known reports of violence, harassment, or physical abuse against those with [mental or other] disabilities.’<sup>73</sup>

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<sup>72</sup> Journal of European Psychiatry, ‘[Stigmatization of mental health problems in...](#)’, 23 March 2020

<sup>73</sup> US Department of State, ‘[Country Reports on Human Rights Practices 2021](#)’, 12 April 2022

# Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Overview of the mental health care system
  - Law and policy on mental health
  - Compulsory treatment
  - Mental health workforce
  - Psychiatric and general hospitals
  - Community care
  - Inspections
- Accessibility
  - Costs of treatment and medication
  - State health insurance
  - Regional
- Treatment for common mental health conditions
  - Anxiety
  - PTSD
  - Depression
  - Chronic psychotic disorders
  - Alcohol and drug abuse
- Paediatric care
- Societal attitudes (stigma)
- Medication available in Albania

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# Bibliography

## Sources cited

Albanian Daily News, 'Anxiety Disorders- Albanians Ranked First in Region', 16 January 2019. Last accessed: 1 April 2020

Albanian Foundation for the Rights of Persons with Disabilities (Fondacionit Shqiptar për të Drejtat e Personave me Aftësi të Kufizuara), [Annual Report 2015](#), July 2016. Last accessed 25 November 2022

Albanian government: Ministry of Health and Social Care:

['Decision No. 230'](#) (Vendim Nr. 230') of 13 April 2022. (List of Drugs Reimbursable from the Mandatory Care Insurance Fund.) Last accessed 25 November 2022.

[National Agency for Medicines and Medical Devices](#): ('Agjencia Kombetare e Barnave dhe Pajisjeve Mjekesore'): Medicines Register ('Regjistri i barnave'), updated to 6 June 2022. Last accessed 29 November 2022

Albanian Parliament, [Law no. 44 of 2012 'For Mental Health'](#), 19 April 2012.

Council of Europe:

['11th National Report on the implementation of the European Social Charter'](#), 6 March 2020. Last accessed: 23 November 2022

['12th National Report on the implementation of the European Social Charter'](#), 27 November 2020. Last accessed: 23 November 2022

['Albania and the European Social Charter'](#), March 2022. Last accessed: 23 November 2022

European Journal of Social Sciences Education and Research, Memia F.: ['The Benefits of Mandatory Health Insurance. The Institutional Approach in Albania'](#), Vol 2, Issue 1, 2015. Last accessed 23 November 2022

European Paediatric Translational Research Infrastructure (EPTRI), ['University Hospital Mother Teresa \(UHCT\)'](#), no date. Last accessed 24 November 2022

European Union, [EU Fundamental Rights Information System](#), no date. Last accessed 23 November 2022

Gabrani et al, ['Out of pocket payments and access to NCD medication in two regions in Albania'](#), 10 August 2022

Home Office, [Report of a Fact-Finding Mission to Albania](#), 31 October to 7 November 2017, published February 2018. Last accessed 28 November 2022

Human Rights Watch (HRW), ['Albanian Psychologists Prohibit Anti-LGBT "Conversion Therapy"'](#), 20 May 2020. Last accessed 25 November 2022

Institute of Cognitive Behavioural Therapy, [Home page](#), no date. Last accessed 26 November 2022



Journal of Educational and Social Research, Memia F.: '[Health Care Insurance System in the Republic of Albania and Development Perspective](#)', January 2015. Last accessed 23 November 2022

Journal of European Psychiatry, Jupe T. et al: '[Stigmatization of mental health problems in Albania, ways of diminishing it](#)', researched 2017; published online 23 March 2020. Last accessed 23 November 2022

MedCOI (by subscription):

Response dated 12 February 2020. Last accessed: 30 December 2020

Response dated 27 January 2020. Last accessed: 30 December 2020

Response dated 11 December 2019. Last accessed: 30 December 2020

Response dated 5 November 2019. Last accessed: 30 December 2020

Meuller R., University of Indiana: '[Mental Health Reform and Postsocialism in Albania](#)', 1 December 2016. Last accessed 29 November 2022

Network of Disability Organizations in Albania, '[Alternative Report to the UN Committee on the Rights of Persons with Disabilities](#)', 2019. Last accessed 29 November 2022

Order of Psychologists in the Republic of Albania, '[Annual Report 2017](#)', January 2018. Last accessed 29 November 2022

United Nations Convention on the Rights of Persons with Disabilities (UN CRPD):

[Initial report submitted by Albania under article 35 of the Convention \[CRPD/C/ALB/1\]](#), 'State Party Report', 3 October 2017. Last accessed 23 November 2022

[Concluding observations on the initial report of Albania \[CRPD/C/ALB/CO/1\]](#), 14 October 2019. Last accessed 23 November 2022

[UN Treaty Body database, Albania](#), no date. Last accessed 23 November 2022

United States Department of State, '[Country Reports on Human Rights Practices 2021](#)', 12 April 2022. Last accessed 25 November 2022

United States International Trade Administration, '[Healthcare Resource Guide: Albania](#)', October 2019. Last accessed 30 November 2022

University Medical Centre (UMC) 'Mother Teresa', Tirana:

[Home page](#), no date. Last accessed 23 November 2022

[Child Psychiatry Service](#) ('Shërbimi I Psikiatrisë Infantile'), no date. Last accessed 23 November 2022

The World Bank, '[World Bank Country and Lending Groups](#)', 2021. Last accessed 30 November 2022

World Health Organisation (WHO),

[Depression and Other Common Mental Disorders, Global Health Estimates](#), 2017. Last accessed 25 November 2022

[Mental Health Atlas 2020: Albania country profile](#), 8 October 2021. Last accessed 24 November 2022.

[‘Suicide Worldwide in 2019’](#), 16 January 2021. Last accessed 30 November 2022

World Journal of Advanced Research and Reviews (WJARR), Musta F. and Bogdanova M: [‘Analysis of interventions and social work services in the Psychiatric Hospital “Sadik Dinci” Elbasan, Albania’](#), October 2021. Last accessed 24 November 2022

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## Sources consulted but not cited

Albania: Ministry of Health, [‘Plani I Veprimit Për Zhvillimin E Shërbimeve Të Shëndetit Mendor Në Shqipëri 2013-2022’](#) (Action Plan For Development Of Mental Health Services In Albania 2013-2022), 2013. Last accessed: 21 November 2022

Albanian Helsinki Committee, [Report on the situation of human rights of persons deprived of liberty in state police stations, in detention and prisons as well as in psychiatric hospitals](#), January 2016. Last accessed: 29 November 2022

Austrian Economics Centre, [“Free” Health Care Is the Wrong Path for Albania](#), no date, <https://www.austriancenter.com/free-health-care-albania/>. Last accessed: 24 November 2022

Conorzio Per Valutazioni Biologiche E Farmacologiche, [‘University Hospital Centre “Mother Teresa”](#)’, no date. Last accessed: 17 February 2020

Taylor, A: [‘Albanian Mental Health Sector: Underfunded, Understaffed, and Not Understanding’](#), 1 September 2022. Last accessed 8 November 2022

World Health Organisation,

[‘Mental Health Action Plan 2013-2020’](#), 2013. Last accessed: 21 November 2022

[World Health Statistics 2022](#), 30 May 2022. Last accessed 22 November 2022

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# Version control

## Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **8 December 2022**

Official – sensitive: Start of section

The information on this page has been removed as it is restricted for internal Home Office use.

Official – sensitive: End of section

## Changes from last version of this note:

Updated country information provided.

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